



Account Services

Monthly Statement

QUALITY INN SELINGROVE
613 N. SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

Invoice Number: QUA2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$52.92

** Prices vary in PRISM.
Individual prices shown in census.

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613 N. SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FILBERT, MICHAEL	2020-01-01	VSP	ES	\$14.73
REMPHREY, KENDRA	2022-01-01	GUARDLOW	EE	\$29.44
REMPHREY, KENDRA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	0