



Account Services

Monthly Statement

SURESTAY PLUS BY BEST WESTERN BUCKHANNON
2 Northridge Dr
BUCKHANNON, WV 26201

Invoice Number: SUR2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

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

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2 Northridge Dr
BUCKHANNON, WV 26201

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REED, SHAWNA	2020-10-01	GUARDHIGH	EE	\$47.61
REED, SHAWNA	2020-10-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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