



## Account Services

### Monthly Statement

MANHATTAN SPACES  
133 W 72nd St Rm 201  
NEW YORK, NY 10023

Invoice Number: MAN2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1536OPENAXE	Employee Only	1	\$653.81	\$653.81
1536OPENAXE	Family	1	\$1,961.43	\$1,961.43
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,739.74

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERNARDES, JOSE	2020-08-01	1536OPENAXE	FAM	\$1961.43
BERNARDES, JOSE	2020-10-01	GUARDLOW	FAM	\$100.74
BERNARDES, JOSE	2021-12-01	VSP	FAM	\$23.76
SAMAD, WAQAR	2020-08-01	1536OPENAXE	EE	\$653.81

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	1