



Account Services

Monthly Statement

HOLIDAY INN EXPRESS & SUITES WARRENTON
410 Holiday Court
WARRENTON, VA 20186

Invoice Number: HOL2022-04
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
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$103.30

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

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410 Holiday Court
WARRENTON, VA 20186

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROOKS, CHRISTOPHER	2022-01-01	GUARDLOW	EE	\$29.44
BROOKS, CHRISTOPHER	2022-01-01	VSP	EE	\$8.75
GLASCOCK, MATTHEW	2020-05-01	VSP	EE	\$8.75
GREEN, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
GREEN, JENNIFER	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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