



## Account Services

### Monthly Statement

AMADA SENIOR CARE MESA  
1660 S ALMA SCHOOL RD  
MESA, AZ 85210

Invoice Number: AMA2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0574OPENAXE	Employee Only	1	\$487.36	\$487.36
			GRAND TOTAL	\$487.36

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PATMOS, KRISTINE	2022-01-01	0574OPENAXE	EE	\$487.36

## MEDICAL PLAN COUNTS

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