



Account Services

Monthly Statement

4707-SENIOR HELPERS - CHATTANOOGA
7151 Lee Hwy.
CHATTANOOGA, TN 37421

Invoice Number: 4702022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$6.30
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$35.74

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASH, HEATHER	2022-01-01	ADD		\$2.10
LARKIN, PAULA	2022-01-01	ADD		\$4.20
LARKIN, PAULA	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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