



Account Services

Monthly Statement

SCOOTERS COFFEE KINGSPORT
4287 Fort Henry Dr
KINGSPORT, TN 37663

Invoice Number: SCO2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1815OPENAXE	Employee Only	1	\$536.10	\$536.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$574.29

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

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4287 Fort Henry Dr
KINGSPORT, TN 37663

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORELOCK, CASSIDY	2022-02-01	GUARDLOW	EE	\$29.44
MORELOCK, CASSIDY	2022-02-01	1815OPENAXE	EE	\$536.10
MORELOCK, CASSIDY	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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