



Account Services

Monthly Statement

TEMUJIN 2 NY, LLC DBA SUPERCUTS
800 Westchester Avenue
Rye Brook, NY 10573

Invoice Number: TEM2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXE	Employee Only	2	\$495.83	\$991.66
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$1,021.10

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDRIOLA, PATRICIA	2021-09-01	0893OPENAXE	EE	\$495.83
BARTICCIOTTO, JULI	2022-01-01	GUARDLOW	EE	\$29.44
BARTICCIOTTO, JULI	2022-01-01	0893OPENAXE	EE	\$495.83

MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0