



MotivHealth  
PO Box 709718  
Sandy, UT 84070

Invoice Number 10001  
Billing Month September  
Due Date 10/05/2022  
Bill Total \$500.00

My Fake Company  
123 Elm  
Salt Lake City UT, 84101  
Attn: John Doe

Premium Billing Detail  
Unit: Unit One

Member Id	Name	Month	Plan ID	Option ID	Coverage Type	Total Costs
000011111	Smith, Sam	September	10001100	1000110001	Employee + Family	\$500.00
000011111	Smith, Sam	August	10001100	1000110001	Employee + Family	\$500.00

Totals for Unit: Unit One

Unit Total Employees	Unit Total Premiums	Unit Retros	Unit Total
1	\$500.00	\$500.00	\$1,000.00

Other Charges

Item Type	Amount	Description
random charge	\$50.00	Some random charge

Invoice Totals

Total Employees	Total Premiums	Retros	Other Charges	Previous Balance	Unpaid Amount	Invoice Total	Total Due
1	\$500.00	\$500.00	\$50.00	\$500.00	\$100.00	\$1,050.00	\$1,650.00