



### Billing Summary

Invoice No.: 0201507808255      Group Name: HOWARD BRAUNSTEIN FILMS L  
 Group Number: 491511

Billing Period: 08/01/2015 to 09/01/2015  
 Date Billed: 07/01/2015  
 Due Date: 08/01/2015

### Billing Summary

	Net Amount Due	Amount Paid	Balance
Prior Billing			
BLUE CROSS	\$1,525.00	\$0.00	\$1,525.00
<b>SubTotal</b>			
Current Billing			
BLUE CROSS	\$1,525.00	\$0.00	\$1,525.00
<b>SubTotal</b>			

\$1,525.00 - Paid

\$1,525.00  
 \$3,050.00

**Total Amount Due**

### Membership Detail

ID#	Subscriber	Product	Contract Type	No Cov	Rate* Chg	Subscriber Amount	Dep Amount	Premium Amount
630A54082	BRAUNSTEIN, HOWARD R	SOLN 5000	FAM	05		\$576.00	\$718.00	\$1,294.00
630A54082	BRAUNSTEIN, HOWARD R	DENTALPPO	FAM	05		\$71.00	\$160.00	\$231.00
<b>Membership Detail Subtotal</b>						<b>\$647.00</b>	<b>\$878.00</b>	<b>\$1,525.00</b>

### \*Rate Change Legend:

B=New Age Rate C=New Area Category D=New Age Rate & Area Category  
 E=Next Bill Reflects New Age Rate F=New Area Category & Next Bill Reflects New Age Rate  
 T=Tobacco Use Premium Adjustment

### State Continuation Contract(s)

ID#	Subscriber Name	Product	End Date
631A78512	BOUTROUS, VICTOR	DED4000	05/01/16
631A78512	BOUTROUS, VICTOR	DENTALPPO	05/01/16

003539

GL / Prod: 825700000  
 Desc: Aug Health Insurance  
 Code: \_\_\_\_\_  
 Approval: \_\_\_\_\_  
 Acct: MR  
 Exec/UPM: \_\_\_\_\_

ENTERED  
 7/1/15  
 MR

POSTED  
 Date: \_\_\_\_\_  
 Dr: \_\_\_\_\_  
 Cr: \_\_\_\_\_  
 Initial: \_\_\_\_\_

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