



BILLING STATEMENT

Statement No: _____
Statement Date: _____
Due Date: _____

BILL TO

COVERAGE / SERVICE PERIOD

Start Date: _____

End Date: _____

Client ID: _____

BENEFITS ADMIN SERVICE DESCRIPTION	RATE / PEPM	VOLUME / QTY	AMOUNT

Subtotal: _____
Adjustments: _____
Total Due: _____

PAYMENT REMITTANCE SLIP (PLEASE DETACH AND RETURN WITH PAYMENT)

Client Name:

Statement No:

Amount Enclosed:

Payment Method:

Check Number:

Authorized Sign:
