

3 OF 4

Billing Summary

Invoice No.: 020221020	0899	Group Name: Group Number:	SHARPSBURG W A60937	ATER DISTRICT	
	Billing Period:	11/01/2022 to 12/	/01/2022	22 I	and the second secon
	Date Billed:	10/01/2022			
	Due Date:	11/01/2022			
Billing Summary					
Prior Billing ANTHEM	Net Amount Due \$2,095.65	Amount Paid \$2,095.65	Balance \$0.00		
SubTotal				\$0.00	
Current Billing					
ANTHEM	\$2,095.65	\$0.00	\$2,095.65		
SubTotal				\$2,095.65	
Total Amount Due				\$2,095.65	

Membership Detail

ID#	Subscriber	Product	Volume	Contract Type	No Cov	Rate* Chg	Subscriber Amount	Dep Amount	Premium Amount
885M84801	HANEY, DELORIS G	LIFE	\$12,500.00	EE	01		\$40.13	\$0.00	\$40,13
358M84802	PURVIS, RICKY C	LIFE	\$25K	EE	01	E	\$30.75	\$0.00	\$30.75
358M84802	PURVIS, RICKY C	GD 655E		EE	01		\$1,417.20	\$0.00	\$1,417.20
727M84802	PURVIS, JAMES S	LIFE	\$16,250.00	EE	01		\$50.05	\$0.00	\$50.05
452M82522	2 SEXTON, SHANIA L	GD 655E		EE	01		\$557.52	\$0.00	\$557.52
Membersh	ip Detail Subtotal						\$2,095.65	\$0.00	\$2,095.65

*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

pd. 10-17-22 CR. # 10196

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Reimburse: James Purvis

Medicare148.50Prescription116.03Supplement58.70

TOTAL \$323.23

Pd. 12-21-21 CR. # 9938

Reimburse: Gayle Haney

Medicare207.90BCBS159.07Silver Script58.70

Medicare D 12.30

TOTAL

1.

\$437.97

Pd. 3-30-21 CR. # 9685