

Group ID: 00238068
SubGroup ID: 0000

3

Invoice Number: 146546799



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

Billing for: Magoffin County Water
PO Box 490
Salyersville, KY 41465

Due Date: 12/01/2023
Billing Date: 11/21/2023
Coverage Period From: 12/01/2023
Through: 12/31/2023

Group ID: 00238068
SubGroup ID: 0000

Invoice Number: 146546799

Account Summary

11/02/2023 Previous Total Due \$1,010.50
Payment (\$1,010.50)

Outstanding Balance as of 11/21/2023 \$0.00
Current Invoice \$1,010.50
Total Due \$1,010.50

Please Pay This Amount

For billing questions, please call 1-888-290-9159.

THIS STATEMENT IS FOR YOUR RECORDS ONLY AND REFLECTS PREMIUMS DEDUCTED THROUGH ELECTRONIC FUND TRANSFER (EFT).

- + Remember to PAY AS BILLED - pay the total amount shown as due on the bill.
- + Do not add or delete members by writing on your bill - your payment goes to an automatic deposit box that cannot read your changes.
- + Submit membership changes to Anthem as they occur. We will adjust your premiums, when applicable, on a future bill.

IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM

Please be advised that if Anthem does not receive the group premium payment within the 30 day grace period following the premium payment due date, the group health coverage will be terminated effective on the last date through which full premiums were paid. This notice serves as the 30-day notice of termination required by law.

IMPORTANT NOTICE: If this bill reflects an outstanding premium balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right to automatically terminate your group's coverage for failure to timely pay premiums.

IMPORTANT NOTICE: Remember to audit your bill monthly to verify the information is correct. Anthem will not accept any requests for retroactive additions, changes or terms beyond 60 days. Fax your Membership ADDITIONS/CHANGES/TERMINATIONS to 1-800-844-6367

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Current Subscriber Details

SubGroup ID: 0000

SubGroup Name: Magoffin County Water

Subscriber	Subscriber ID	Plan	Volume	Subscriber	Dependent	Total
Salyer, Jimmy	184M61589	Health 1		\$518.15	\$0.00	\$518.15
Shepherd, Andrew	211W09580	Health 1		\$492.35	\$0.00	\$492.35
Subtotal for 0000				\$1,010.50	\$0.00	\$1,010.50

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ENV [1,163] 3 of 3 B 4