



Group Health Plan of:
 Cannonsburg Water District
 Tim Webb
 1606 Cannonsburg Rd
 Ashland, KY 41102

Invoice

Customer Number: KY000399
Account ID: 6707013443
Invoice Number: 670700733816
Invoice Date: 08/05/2024
Due Date: 08/08/2024
Amount Due: \$329.17

Your Payment will be withdrawn from your account on the Invoice Due Date.

For billing questions, please contact Shawn Booher at (513)336-3310 or shawn.booher@anthem.com

Summary of Charges

<u>Retention Fees</u>	<u>Coverage Period</u>	<u>Amount</u>
Total Retention Fees		\$0.00
<u>Claim Charges/Credits</u>	<u>Coverage Period</u>	<u>Amount</u>
Claims - Medical	07/01/2024 - 07/31/2024	\$329.17
Total Claim Charges/Credits		\$329.17
<u>Other Charges/Credits</u>	<u>Coverage Period</u>	<u>Amount</u>
Total Other Charges/Credits		\$0.00
<u>Amount Due for Current Invoice</u>		\$329.17

An interest fee may be assessed for payments received after the invoice due date.