


Premium Billing Statement


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Invoice Date: 03/01/2018

GROUP NAME
ATTN: BILLING CONTACT
MAILING ADDRESS
CITY, STATE, ZIP CODE

Payment Options

 **Pay Online** - Go to
<https://phpcws.providence.org/Employers>

 **Pay by Mail**
Please include the coupon below with your check
and return in the enclosed envelope.

Account Summary

Group Number: 123456
Subgroup Number: S001

Previous Balance from 12/11/2017	\$1,781.55
Amount Paid	(\$3,563.10) CR
Retroactive Member Adjustments	\$0.00
Other Billing Adjustments	\$0.00
Current Premiums	\$1,781.55

Total Amount Due \$0.00

Bill Period From: 02/01/2018
Bill Period To: 02/28/2018

Payment Due Date: 02/01/2018

Important Message

The amount listed by the "Total Amount Due" is due on the first of the month.

For billing or enrollment questions, please contact:

Please detach and keep this portion with your records.

Return this coupon with your payment.

Detach this coupon to remit with mailed payment

GROUP NAME
Group #: 123456
Subgroup #: S001

MAILING ADDRESS
CITY, STATE, ZIP CODE

MAKE CHECKS PAYABLE TO:
Providence Health Plan

Invoice Date: 03/01/2018
Payment Due Date: 02/01/2018

TOTAL AMOUNT DUE	AMOUNT ENCLOSED
\$0.00	

Providence Health Plan
PO Box 4167
Portland, OR 97208-4167

Payments and enrollment changes made after this date will be reflected on the next invoice

Billed amount since previous invoice

Payments received since previous invoice

Retroactive adjustments made since previous invoice

Payment Amount Due

Consist of previous payments, adjustments, and current premiums

- Contact your billing team for discrepancies