BILL SUMMARY	Date	Activity	Total Due	
Previous Amount Billed			\$.00	
Payments				
NONE		.00		
Adjustments				
NONE		.00		
Total Payments and Adjustments			\$.00	
Remaining Balance	<u> </u>		\$.00	
Fees				
Current Charges		4,414.08		

## Total Fees

Allocated Taxes and Fees:

Subscriber Fee Adjustments

Total Amount Due \* \$4,414.08 \* Total Amount Due includes the effects of Health Insurer and Reinsurance fees, plus any federal and state taxes applicable to these fees,

> In order to properly apply your payment and an remitting your payment:

111111 0000222222 01-01

If remitting by check, please use the payme and envelope that is provided with your Bill

\$155.60

If remitting electronically via wire, please in following in the description field of the tran

Total Amount Due \*

\* Total Amount Due includes the effects of Health Insurer Allocated Taxes and Fees: \$155.60

ssible disruption of service, please note the following instructions when

\$4,414.08