



Name 000001  
Address

City, State, Zip

SPECIAL MESSAGE WILL BE PRINTED HERE.

PAYMENT(S) MADE AFTER DUE DATE MAY NOT SHOW ON BILL.  
FOR INQUIRIES CALL CUSTOMER SERVICES 1-800-662-6667.

| Subscriber ID                                                                                                  | Group      | Invoice Number | Date Billed | Coverage Period |            | Due Date       |
|----------------------------------------------------------------------------------------------------------------|------------|----------------|-------------|-----------------|------------|----------------|
|                                                                                                                |            |                |             | From            | Thru       |                |
| XXXXXXXXXX                                                                                                     | XXXXXXXXXX | XXXXXXXXXXXXXX | 02/01/2002  | 03/01/2002      | 03/31/2002 | 03/01/2002     |
|                                                                                                                |            |                |             |                 |            | Amount         |
| Previous Balance.....                                                                                          |            |                |             |                 |            | \$ 300.00      |
| Payment(s) Received Since Last Invoice.....                                                                    |            |                |             |                 |            | \$ (100.00)    |
| Balance Forward.....                                                                                           |            |                |             |                 |            | \$ 200.00      |
| Current Premium.....                                                                                           |            |                |             |                 |            | \$ 300.00      |
| <b>MI Claims Tax .....</b>                                                                                     |            |                |             |                 |            | <b>0.00</b>    |
| Adjustment Description                                                                                         |            |                |             |                 |            |                |
| <b>LATE ENROLLMENT PENALTY CURRENT</b>                                                                         |            |                |             |                 |            | <b>\$ 7.70</b> |
| EARLY PAYMENT DISCOUNT RETRO                                                                                   |            |                |             |                 |            | \$ (4.40)      |
| <b>Retroactive Adjustments</b>                                                                                 |            |                |             |                 |            |                |
| Add                                                                                                            |            |                |             | 01/01/2002      | 01/31/2002 | \$ 100.00      |
| Term                                                                                                           |            |                |             | 12/01/2001      | 12/31/2001 | \$ (100.00)    |
| Add                                                                                                            |            |                |             | 11/01/2001      | 11/30/2001 | \$ 100.00      |
| Add                                                                                                            |            |                |             | 10/01/2001      | 10/31/2001 | \$ 100.00      |
| Term                                                                                                           |            |                |             | 09/01/2001      | 09/30/2001 | \$ (100.00)    |
| <b>Other Adjustments</b>                                                                                       |            |                |             |                 |            |                |
| AdjustmentReason1                                                                                              |            |                |             |                 |            | \$ 100.00      |
| Member details exist that are not listed on your Invoice. For details contact our Customer Service Department. |            |                |             |                 |            |                |
| Balance Due.....                                                                                               |            |                |             |                 |            | \$ 803.30      |

(tear here)

(tear here)

DO NOT FOLD OR STAPLE. PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT

**PAYMENT COUPON**

Make check payable to BLUE CARE NETWORK OF MICHIGAN. Include your GROUP and SUBSCRIBER NUMBER(s) on the check and mail in the enclosed envelope to:

**BLUE CARE NETWORK**  
P.O. BOX 33608  
DETROIT MI 48232-5608

| SUBSCRIBER ID | GROUP      | INVOICE NUMBER | COVERAGE PERIOD          |
|---------------|------------|----------------|--------------------------|
| XXXXXXXXXX    | XXXXXXXXXX | XXXXXXXXXXXXXX | 03/01/2002 to 03/31/2002 |

3 XXXXXXXX 0000 XXXXXXXX 00000000 000000&0330 2

|                     |
|---------------------|
| AMOUNT<br>ENCLOSED: |
|---------------------|

|                                                             |                            |           |
|-------------------------------------------------------------|----------------------------|-----------|
| YOUR PAYMENT WILL BE<br>LATE IF NOT RECEIVED BY: 03/01/2002 | PLEASE PAY<br>THIS AMOUNT: | \$ 803.30 |
|-------------------------------------------------------------|----------------------------|-----------|