



COVERAGE PERIOD
09/01/2005 to 09/30/2005

PAGE NO
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INVOICE NUMBER
000000000001

BCN CLIENT NAME
BCN CLIENT STREET ADDRESS
BCN CLIENT CITY, STATE AND ZIP

GROUP
12345678

SUBSCRIBERS	MEMBERS
213	362

DATE BILLED
08/12/2005

PREVIOUS BALANCE	\$	0.0
PAYMENT(S) RECEIVED SINCE LAST INVOICE	\$	(0.0)
ADJUSTMENTS (Details on Page 2)	\$	(0.0)
MI CLAIMS TAX ASJUSTMENTS (Details on Page 2)	\$	(0.0)
CURRENT PREMIUM	\$	0.0
MI CLAIMS TAX	\$	0.0
BALANCE DUE BY: 09/01/2005		\$ 0.0

FOR BILLING INQUIRIES, PLEASE CALL 800 970-6684

PLEASE REMIT PAYMENT EQUAL TO THE BALANCE DUE AMOUNT.
ANY AMOUNT PAID THAT IS DIFFERENT THAN THE BALANCE DUE CAN RESULT IN REJECTED CLAIMS FOR YOUR EMPLOYEES.
PLEASE USE AN ENROLLMENT CHANGE OF STATUS FORM AND SEND ALL MEMBERSHIP CHANGES AS THEY OCCUR TO:
BLUE CARE NETWORK OF MICHIGAN
ATTN: MEMBERSHIP DEPARTMENT - MC C411
20500 CIVIC CENTER DRIVE
SOUTHFIELD, MI 48076

OR FAX THE ENROLLMENT CHANGE OF STATUS FORM TO: 877 218-1466

KEEP THIS PORTION FOR YOUR RECORDS

(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/or SUBGROUP NUMBER(s) on the check and mail in the enclosed envelope to:
BLUE CARE NETWORK OF MICHIGAN
P.O. BOX 33608
DETROIT MI 48232-5608

BCN CLIENT NAME

GROUP	INVOICE NUMBER	COVERAGE PERIOD
12345678	000000000001	09/01/2005 to 09/30/2005

1 00100798 0000 000000000 00000000 00022307342 8

AMOUNT ENCLOSED:

YOUR PAYMENT WILL BE LATE IF NOT RECEIVED BY: 09/01/2005	PLEASE PAY THIS AMOUNT:	\$ 0.0
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