



ABC COMPANY
 JANE DOE
 12345 E. STREET
 DETROIT MI 48226

COVERAGE PERIOD	
01-01-11	to 12-01-11

PAGE NO.
1

GROUP	SUFFIX
12345	010

SUBSCRIBERS
50

DATE BILLED
07-11-11

PAID TO
08-01-11

INTERNAL USE ONLY	
EDP	
01	13
TEAM	
191	10
AGENT	
01247	

PREVIOUS BALANCE \$ 0.00
 PAYMENT(S) RECEIVED (Detailed on page 2) 4,012.46CR
 MEMBERSHIP CHANGES/ADJUSTMENTS (Detailed on page 2) 32.44
 CURRENT CHARGES 3,244.05

CREDIT BALANCE THROUGH 08-11-11 ► \$ 735.97 CR

FOR BILLING INQUIRIES, PLEASE CALL 1-800-414-3458

YOUR ACCOUNT HAS A CREDIT BALANCE -- NO PAYMENT IS DUE
 If your credit balance is more than three times your current charges, you can request a refund or apply the credit to another group suffix by calling us at 1-800-414-3458.

- * This bill includes the Michigan Claims Tax Assessment. The amount for this tax is shown in the Membership Changes/Adjustments section of the bill.
- * Please mail your payments to the address on the payment coupon portion of the group invoice. Continue to include your payment coupons with your premium payments, and pay as billed.
- * Please send all e-mail and faxes relating to your membership changes to BCBSM before your payment due date. This will allow the appropriate time for processing your request.
- * Effective 5-1-2010, fax changes to: (866) 900-2619 or (866) 900-2829

KEEP THIS PORTION FOR YOUR RECORDS

(tear here)

(tear here)

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

Make check payable to **BLUE CROSS BLUE SHIELD OF MICHIGAN**. Include your **GROUP** and **SUFFIX NUMBER(s)** on the check and mail in the enclosed envelope or to:

PAYMENT COUPON



BLUE CROSS BLUE SHIELD OF MICHIGAN
 P.O. BOX 553914
 DETROIT MI 48255-3914

DRC/THE LIBERTY FUND

GROUP	SFX	SEC	TEAM	AGENT	COVERAGE PERIOD
12345	010	01	22	0111	01-01-11 to 12-01-11

123456789874563210000000000000111

AMOUNT ENCLOSED:

YOUR ACCOUNT HAS A CREDIT BALANCE -- NO PAYMENT IS DUE

Summary of Changes:

The top of the first page of the statement summarizes charges for the current period and contains information necessary to correctly identify your group plan.

Payment Coupon:

The payment coupon is located on the bottom of the first page of the billing statement. When making your payment, detach this coupon and send it with your payment. If you receive more than one bill, please include the coupon for each group suffix being billed. You may use one check for your payment, but you must list the group suffix numbers on your check and corresponding payments on your voucher.

Any amount paid that is different from the balance due may delay processing of your payment and membership changes.

Late payments or payments different from the balance due can result in rejected claims for your employees.

Payment Activity Detail:

The top of this page shows payment activity for the previous billing cycle(s).

Membership Changes/Adjustments:

This is a detail listing of the individual enrollment changes made to your membership records as listed on the membership change worksheet that accompanied your last payment. We urge you to carefully review this list to verify that all membership changes have been accurately recorded.

Current Charges Detail:

This section shows all employees enrolled for coverage through your organization and the monthly rate charged for each. This page is for your reference only, please do not indicate any membership changes on this page.

Per Diem Charges - all Account Activity effective on a date different from your group's days digit (billing cycle date) will be prorated. Per Diem charges for prorated activities are based on the monthly premium for the requested service multiplied by 12 then dividing the sum by 365.

Monthly Rate x 12 = Annual Rate then Annual Rate 365 = Per Diem Rate

Non-payment of this bill will result in cancellation of this policy no less than 30 days from the due date.



**Blue Cross
Blue Shield
of Michigan**

GROUP NAME ABC COMPANY	GROUP 12345	SUFFIX 010	TEAM 22	COVERAGE PERIOD 01-01-11 to 12-01-11	PAGE NO 2	EDP 01 14
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PAYMENT DETAIL

PAYMENT RECEIVED: 03-10-11 \$ 4,012.46CR
 TOTAL PAYMENT RECEIVED \$ 4,012.46CR

MEMBERSHIP CHANGES/ADJUSTMENTS

SUBSCRIBER NAME	CONTRACT NUMBER	SERVICE CODE	EFFECTIVE DATE	TYPE OF CHANGE	FROM	TO	RATE	MTHS DAYS	TOTAL CHARGES
██████████	*** **4 379	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	\$ 360.45 00M	\$	0.00
██████████	*** **6 636	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **1 912	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **4 023	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **4 331	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **6 168	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **4 542	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **0 685	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
██████████	*** **0 067	AKVD J44V 01G0 10	3-01-11	NEW HIRE	3-01-11	3-01-11	360.45 00M		0.00
MI CLAIMS TAX ASS'T									32.44
TOTAL MEMBERSHIP CHANGES/ADJUSTMENTS SINCE LAST STATEMENT: \$									32.44

CURRENT CHARGES DETAIL

SUBSCRIBER NAME	CONTRACT NUMBER	BADGE	SERVICE CODE	TYPE OF CONTRACT	PREMIUM
██████████	*** **4 379		AKVD J44V 01G0 10 1	PERSON REGULAR	\$ 360.45
██████████	*** **6 636		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **1 912		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **4 023		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **4 331		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **6 168		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **4 542		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **0 685		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
██████████	*** **0 067		AKVD J44V 01G0 10 1	PERSON REGULAR	360.45
TOTAL	9 SUBSCRIBERS				\$ 3,244.05