

BCBSM LOGO

INTERNAL USE ONLY	
EDP	
25	6

Group Name
123 MAIN STREET
NOVI, MI 48375

000001

COVERAGE PERIOD
09-01-13 through 09-30-13

PAGE NO
1

GROUP	DIVISION
006001802	7000

SUBSCRIBER
11

DATE BILLED
09-01-11

PAID THROUGH
05-31-13

PREVIOUS BALANCE.....	\$	76064.00
PAYMENT(S) RECEIVED (Page 3)		0.00
MEMBERSHIP CHANGES/ADJUSTMENTS (Included on Page 4)		1010.00
MI CLAIMS TAX ADJUSTMENTS (Included on Page 4)		10.10
PREMIUM CHARGE AMOUNT (Included on Page 5)		8530.00
MI CLAIMS TAX (Included on Page 5)		85.30

TOTAL BALANCE DUE BY: 09/26/2013 \$ 85699.40

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

* AS OF MARCH 31, 2011, YOU ARE REQUIRED TO MAKE YOUR PAYMENTS THROUGH COMERICA BANK INSTEAD OF BANK OF AMERICA. PLEASE MAKE YOUR PAYMENT TO THE NEW ADDRESS SHOWN ON YOUR COUPON.

* Please mail your payments to the address on the payment coupon portion of the group invoice. Include your payment coupons with your premium payments, and pay the amount billed.

* Please fax all membership changes to 1-866-900-2619 or 1-866-900-2829 before your payment due date. This will give us sufficient time to process your request.

KEEP THE ABOVE PORTION FOR YOUR RECORDS

(Tear here)

(Tear here)

Make check payable to:

BLUE CROSS BLUE SHIELD OF MICHIGAN.

PAYMENT COUPON

Include your GROUP and DIVISION NUMBER(s) On the check and mail in the enclosed envelope to:

ALICIA'S DELINQ & RECON #3

BLUE CROSS BLUE SHIELD OF MICHIGAN
PO BOX 674416
DETROIT MI 48267-4416

GROUP	DIVISION	COVERAGE PERIOD
006001802710	7000	09-01-13 through 09-30-13

Not including this coupon with your payment could delay posting of your payment by 10 days and may delay access to your benefits.

6744160060018027107000130926000008644994x

AMOUNT ENCLOSED:

YOUR PAYMENT WILL BE	PLEASE PAY
LATE IF NOT RECEIVED BY: 09-26-13	THIS AMOUNT: \$ 85699.40

M0134AJUL 09

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

SUMMARY OF CHARGES:

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 division being billed. You may use one check for your payment, but you must list the group division 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 (use worksheet provided).

Enrollment Change of Status Form:

The Membership change worksheet is used to record contract enrollment changes for your group plan. It is useful to keep a copy of this worksheet for your files. Changes must be accompanied by supporting documents such as **Enrollment Change of Status Form**.

Per Diem Charges - all Account Activity is effective for the portion of the month which the contract is in effect. Per Diem charge for prorated activities are based on the monthly premium for the requested service.

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

Sample



**Blue Cross
Blue Shield**
of Michigan

GROUP NAME	GROUP	DIVISION	COVERAGE PERIOD	PAGE NO	EDP
	006001802	7000	09-01-13 through 09-30-13	3	25 8

PAYMENT DETAIL

TOTAL PAYMENT RECEIVED \$

0.00

PAYMENT RECEIVED:

Sample



**Blue Cross
Blue Shield
of Michigan**

GROUP NAME	GROUP	DIVISION	COVERAGE PERIOD	PAGE NO	EDP
[REDACTED]	006001802	7000	09-01-13 through 09-30-13	4	25 9

MEMBERSHIP CHANGES/ADJUSTMENTS

MEMBER NAME	CONTRACT NUMBER	BENEFIT PACKAGE	ADJUSTMENT EFFECTIVE	ADJUSTMENT END	ADJUSTMENT REMARKS	TOTAL CHARGES
	*****		08-31-11	08-31-11	ADMIN FEE	1020.10
TOTAL MEMBERSHIP CHANGES/ADJUSTMENTS SINCE LAST STATEMENT:						\$ 1020.10

Sample



**Blue Cross
Blue Shield**
of Michigan

GROUP NAME	GROUP	DIVISION	COVERAGE PERIOD	PAGE NO	EDP
[REDACTED]	006001802	7000	09-01-13 through 09-30-13	5	25 10

CURRENT CHARGE DETAILS

MEMBER NAME	CONTRACT NUMBER	BENEFIT PACKAGE	PACKAGE RATE TIER DETAIL	EMP STATUS	EMP REF-ID	DEPT ID	TOTAL CHARGES
[REDACTED]	XXXXX0270	M0000195	FAMILY COVERAGE, THREE OR MORE	0			1,400.00
[REDACTED]	XXXXX0001	M0000195	ONE PERSON REGULAR COVERAGE	6	12345	001	450.00
[REDACTED]	XXXXX0004	M0000195	ONE PERSON REGULAR COVERAGE	M	111111111111	002	450.00
[REDACTED]	XXXXX0274	M0000195	FAMILY COVERAGE, THREE OR MORE	3	ADD REF ID	002	1,400.00
[REDACTED]	XXXXX0002	M0000195	ONE PERSON REGULAR COVERAGE	0	22346	002	450.00
[REDACTED]	XXXXX0271	M0000195	ONE PERSON REGULAR COVERAGE	0	0101010101	003	450.00
[REDACTED]	XXXXX0003	M0000195	ONE PERSON REGULAR COVERAGE	0	11222	003	450.00
[REDACTED]	XXXXX0272	M0000195	TWO PERSON REGULAR COVERAGE	1	123-6	003	975.00
[REDACTED]	XXXXX0273	M0000195	TWO PERSON REGULAR COVERAGE	0	12-21	2222222222	765.00
[REDACTED]	XXXXX0005	M0000195	TWO PERSON REGULAR COVERAGE	0	0000000000	2222222222	765.00
[REDACTED]	XXXXX0006	M0000195	TWO PERSON REGULAR COVERAGE	0	1000000000	2222222222	975.00
11 Subscriber(S)							8615.30
							8,530.00

Sample