



# Invoice for the Month Ending: 05/31/2010

Insert co name

Insert name and address

Your Contact

Insert contact name

Invoice Date: 06/10/2010

Base Group: xxxxx

Published: 07/06/2010

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Inv. I D	Invoice Name	Line of Business	Group Liability	
<b>NASCO Claims</b>				
001	Detroit	Dental	\$246.00	
		Facility	\$55,273.12	
		Professional	\$2,762.07	
		<b>Sub-total for Detroit</b>		<b>\$58,281.19</b>
002	Troy	Dental	\$6,404.40	
		Facility	\$34,782.38	
		Hearing	\$1,274.00	
		Professional	\$42,373.06	
		<b>Sub-total for Troy</b>		<b>\$84,833.84</b>
003	Monroe	Dental	\$6,509.70	
		Facility	\$27,497.21	
		Professional	\$13,277.71	
		<b>Sub-total for Monroe</b>		<b>\$47,284.62</b>
999	Undefined*	Professional	\$7.81	
		<b>Sub-total for Undefined*</b>		<b>\$7.81</b>
		<b>Total Medical Claims (for xxxxx):</b>		<b>\$190,407.46</b>

**NASCO Claims MI Tax Assessment**

001	Detroit	Tax – Dental	\$2.46	
		Tax – Facility	\$52.73	
		Tax - Professional	\$27.62	
		<b>Sub-total for Tax Detroit</b>		<b>\$82.81</b>
002	Troy	Tax – Dental	\$64.04	
		Tax – Facility	\$347.82	
		Tax – Hearing	\$12.74	
		Tax - Professional	\$423.73	
		<b>Sub-total for Tax Troy</b>		<b>\$848.33</b>
003	Monroe	Tax – Dental	\$65.09	
		Tax – Facility	\$274.97	
		Tax - Professional	\$132.77	
		<b>Sub-total for Tax Monroe</b>		<b>\$472.83</b>
		<b>Total NASCO Claims MI Tax Assessment:</b>		<b>\$1,403.97</b>

**Medco Claims Cycle End Date 05/14/2010**

002	Troy	Drug	\$8,285.37	
003	Monroe	Drug	\$5,612.61	
		<b>Total Medco Claims (for xxxxx):</b>		<b>\$13,897.98</b>

**Medco Claims MI Tax Assessment**

002	Troy	Tax - Drug	\$79.88	
003	Monroe	Tax - Drug	\$52.31	
		<b>Total Medco Claims MI Tax Assessment:</b>		<b>\$132.19</b>

**VSP Claims Cycle End Date 05/31/2010**

001	Detroit	Vision	\$496.29	
002	Troy	Vision	\$9,053.46	
		<b>Total VSP Claims (for xxxxx):</b>		<b>\$9,549.75</b>

\*See attached listing for exceptions caused by undefined department numbers.



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## VSP Claims MI Tax Assessment

001	Detroit	Tax – Vision	\$40.97	
002	Troy	Tax – Vision	\$82.47	
<b>Total VSP Claims MI Tax Assessment (for xxxxx ):</b>				<b>\$123.44</b>

## Dental Claims Cycle End Date 05/14/2010

002	Troy	Dental	\$285.37	
003	Monroe	Dental	\$612.61	
<b>Total Dental Claims (for xxxxx ):</b>				<b>\$897.98</b>

## Dental Claims MI Tax Assessment

002	Troy	Tax – Dental	\$9.88	
003	Monroe	Tax – Dental	\$2.31	
<b>Total Dental Claims MI Tax Assessment:</b>				<b>\$12.19</b>

*\*See attached listing for exceptions caused by undefined department numbers.*



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**Admin and Stop Loss Fees**

001	Detroit	05/14/2010	Admin Fees (\$99.00 x 8)	\$792.00	
			Stop Loss Fees (\$88.00 x 8)	\$704.00	
			<b>Sub-total for Michigan/Indiana:</b>		<b>\$1,496.00</b>
002	Troy	05/14/2010	Admin Fees (\$99.00 x 216)	\$21,384.00	
			Stop Loss Fees (\$88.00 x 216)	\$19,008.00	
			<b>Sub-total for Ohio:</b>		<b>\$40,392.00</b>
003	Monroe	05/14/2010	Admin Fees (\$99.00 x 158)	\$15,642.00	
			Stop Loss Fees (\$88.00 x 158)	\$13,904.00	
			<b>Sub-total for Tennessee:</b>		<b>\$29,546.00</b>
			<b>Total Admin Charges (for xxxxx):</b>		<b>\$37,818.00</b>
			<b>Total Stop Loss Charges (for xxxxx):</b>		<b>\$33,616.00</b>
<b>Other Charges</b>					
		05/07/2010	GME for May 2010	\$560.00	
			Excess Stop Loss Credits – 3/10	(\$25,220.60)	
			<b>Sub-total for Other Charges:</b>		<b>(\$24,660.60)</b>

**Insert Company Name**

**Total Billed for this period:**

**\$263,186.17**

\*See attached listing for exceptions caused by undefined department numbers.