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## BLUE CROSS BLUE SHIELD OF MICHIGAN ASC BILLING DEPARTMENT A.S.C. INVOICE

**INTERNATIONAL GROUP NUMBER: 00XXX** ORIGINAL EFFECTIVE DATE ==> 01/01/03 GROUP CODE: 000 FH CONTRACT END DATE ==> 12/31/11 **BILLING MONTH ==> JULY 2011 BEGINNING ASC BALANCE** \$5,000.00 ACCOUNT BAL. BEFORE CURRENT CHARGES 5,000.00 **PAYMENTS** .00 RECEIVED = YTD BILLED BLUE CROSS CLAIMS ==> 0 | 100.00 236.28 **BLUE SHIELD CLAIMS ==>** 0 | 100.00 375.22 ADVANCE DEPOSIT .00 .00 TOTAL CURRENT CHARGES = 200.00 **MI CLAIMS TAX ASSESSMENT** 2.00 TOTAL CURRENT BILL =====> \$5,202.00

- \* TOTAL AMOUNT DUE BY THE 28TH OF THE MONTH
- $^{\ast}$  PLEASE DEDUCT ALL PAYMENTS MADE THAT ARE NOT REFLECTED. ON THIS INVOICE FROM THE TOTAL AMOUNT DUE.
- \* NON-PAYMENT OF THIS BILL WILL RESULT IN CANCELLATION OF THIS POLICY RETROACTIVE TO THE LAST DATE FOR WHICH FULL PAYMENT WAS MADE

IF THERE ARE QUESTIONS CONCERNING THIS INVOICE, CONTACT THE LOCAL ASC ACCOUNTING DEPT. PH:(313)225-8228

MAIL YOUR REGULAR OR OVERNIGHT PAYMENT TO: BLUE CROSS BLUE SHIELD OF MICHIGAN 600 LAFAYETTE E. MAIL CODE 1002

ATTENTION: ASC

**DETROIT, MICHIGAN 48226** 

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