

Physicians Health Plan
P.O. Box 30377
Lansing, MI 48909-7877

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202002180117

Electronic Service Requested

SINGLE PIECE

393 0.7338 SP 0.500



LLPS, Inc.
ATTN: Michael Bishop
6323 W SAGINAW HWY STE E
LANSING, MI 48917-2492

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Questions? Please call us at:
Accounting (888) 892-0009
Enrollment (517) 364-8320



1 OF 2

ENV 393

Invoice Date: 02/17/2020
Group Number: L0001596
Sub-group Number: 1000
Invoice Number: 200480080
Payment Due Date: 03/01/2020
Billing Period: 03/01/20-03/31/20

Group Invoice

Class: Active

Coverage Dates	Subscriber	ID Number	Tier	Amount
03/01/20-03/31/20	BLAIS, AMBER N	xxxxx0959	Double	730.17
03/01/20-03/31/20	Bishop, Michael A	xxxxx8095	Family	1,772.67
03/01/20-03/31/20	FATA, PAUL	xxxxx2083	Double	2,028.25
03/01/20-03/31/20	Fata, Anthony F	xxxxx4690	Double	1,793.57
03/01/20-03/31/20	Fata, Joseph	xxxxx8771	Family	1,720.09
03/01/20-03/31/20	Fata, Justin M	xxxxx1034	Family	1,614.59
03/01/20-03/31/20	Fata, Scott P	xxxxx5031	Single	425.50
03/01/20-03/31/20	Fata, Thomas A	xxxxx9370	Family	1,664.39
03/01/20-03/31/20	LIST, TODD M	xxxxx9000	Single	445.00
03/01/20-03/31/20	Shoemaker, Rebecca F	xxxxx1019	Single	439.43
				12,633.66

Invoice Totals

Previous Balance	Payments Received	Current Premium	Enrollment Adjustments	Other Charges	Claims Assessment	Total Due
12,633.66	12,218.66	12,633.66	0.00	0.00	0.00	13,048.66

Important Messages

PLEASE PAY TOTAL AMOUNT DUE TO ENSURE THERE ARE NO LAPSES IN COVERAGE DUE TO NON-PAYMENT.

The Affordable Care Act (ACA) taxes are included in all premium rates that are effective on and after January 1, 2014. The Michigan Claims Assessment will continue to be billed and will either be included in your premium rates or shown separately on your invoice. Please note that premium rates are subject to change for updates to these taxes and fees.

If you have any questions about your invoice, please contact PHYSICIANS HEALTH PLAN at the NUMBERS listed above.
We appreciate your business! ***PLEASE INCLUDE COUPON WITH YOUR PAYMENT***