



601 SW Second Ave  
 Portland, OR 97204  
 (503) 228-6554, toll-free 877-337-0647

**Billing Statement**

Group/Subgroup: 10000000 0001

Billing Date	For Coverage Beginning
04/10/2013	04/01/2013

**Class: 0001**                      **Description: Class Active Employees**

Subscriber ID #	Subscriber SSN	Employee Name	Coverage Date	Medical							Total
T72479762	555333111	Doe, John	04/01/2013	\$19.00							\$19.00

ABC Company  
 Active Employees  
 123 SW Anywhere Street  
 Portland, OR 97204



moda HEALTH  
 601 SW Second Ave  
 Portland, OR 97204  
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**Billing Statement Totals**

Group/Subgroup: 10000000 0001

Billing Date	For Coverage Beginning
04/10/2013	04/01/2013

Benefit Type	Subscriber Count	Subscriber Premium	Dependent Count	Dependent Premium		
Medical	1	\$19.00	0	\$0.00	Total this bill	\$19.00
					Outstanding Balance	\$0.00
					As of 04/10/2013	
					Due Date:	04/01/2013
					Please Pay This Amount	\$19.00

ABC Company  
 Active Employees  
 123 SW Anywhere Street  
 Portland, OR 97204

**Group ID:** 10000000 **Group Name:** ABC Company **Subgroup ID:** 0001 **Subgroup Name:** Active Employees

**Billing Change Form for Month of** \_\_\_\_\_

**Adds** (New enrollments, dependent adds, and adding coverage) - Applications Required for Adds

Subgroup	Effective Date	Subscriber Name	Subscriber ID / SSN	Description of Change	Adjustment Amount	Comment
Total for Adds					\$	

**Terms** (Termination of subscribers, dependents or coverage)

Subgroup	Termination Date	Subscriber Name	Subscriber ID / SSN	Description of Change	Adjustment Amount	Comment
Total for Terminations					\$	

**Changes** (Changes in eligibility, benefits, or subgroup)

Subgroup	Change Effective Date	Subscriber Name	Subscriber ID / SSN	Description of Change	Adjustment Amount	Comment
Total for Changes					\$	

**Instructions:** Please total changes by subgroup and transfer the amounts to the Moda Health Billing Summary form. Return Billing Change Forms and the Moda Health Billing Summary form with your payment. If you have more changes than this form can accommodate, please copy this form.

Billing and Eligibility Contact:



## Moda Health Billing Summary

10000000

Due Date : 04/01/2013

Bill Date : 04/10/2013

Month of Coverage : 04/01/2013

Bill Summary							Adjustment Worksheet <small>(Complete only if making adjusted payment - not if paying in full)</small>				
Group	Sub-group	Current Month Amount	Retroactive Amount	Subgroup Total	Outstanding From Prior Month	Total Due	Adjustment for Adds (+)	Adjustment for Terms (-)	Adjustment for Transfers-Out (-)	Adjustment Transfers - In (+)	Adjusted Total (Total due +/- Adjustments)
10000000	0001	\$19.00	\$0.00	\$19.00	\$0.00	\$19.00					

	<b>Subtotal</b>	\$19.00	\$0.00	\$19.00
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**Please retain this copy for your records**

ABC Company  
Active Employees  
123 SW Anywhere Street  
Portland, OR 97204

Invoice Number: 131000000115    Billing and Eligibility Contact:



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Active Employees  
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