



Member ID: SHP1

A-TEK Inc.

If you have questions regarding this bill, please call 855-444-3122,

REMINDER: If premiums due are not received within the grace period, coverage will be terminated for non-payment of premiums. Any premium billing you may receive for coverage after the termination date is void.

To add dependents or delete coverage, please go to www.healthcare.gov.

Policy is underwritten by CareFirst

Return Bottom Portion with Payment

Please remit payment with a copy of billing statement to:

CareFirst BlueChoice
PO Box 79749
Baltimore, MD 21279-0749

Policy Number: 00000044	
Invoice Number:	28
Invoice Date:	07/11/2016
Period:	08/01/2016- 08/31/2016
DUE DATE:	08/01/2016

Billing Summary	
Total Premium:	\$11.00
Total Adjustments:	\$0.00
Current Month Total:	\$11.00
Outstanding Balance:	\$0.00
Total Due:	\$11.00

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Invoice Date:	07/11/2016
Due Date:	08/01/2016
Total Due:	\$11.00

Subscriber	Policy	Product	Plan	Coverage	From/To	Subscriber	Spouse	Child(ren)	Fees/Dues	Total
TOM BAKER	000000 44	MEDICAL	Catastr ophic HMO	INSURED	08/01/2016 - 08/31/2016	\$11.00	\$0.00	\$0.00	\$0.00	\$11.00