

Self-Billing Premium Invoice - MER (Period Certain)

Company: _____

Contract Number: _____

Invoice Date: _____

Invoice Number: _____

| Current month premium (based upon estimated enrollment as of the due date) | | | |
|--|----------------------|---------------|-----------------|
| Coverage type | Estimated enrollment | Contract rate | Premium payable |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Subtotal | | | |

| Back adjustments (adjustments to actualize prior month estimates) | | | |
|---|----------------------|---------------|-----------------|
| Coverage type | Estimated enrollment | Contract rate | Premium payable |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Subtotal | | | |

Premium Payable: _____

EFT Date: _____

EFT Trace Number: _____