

# Self-Billing Premium Invoice - Provider and ESL

Policyholder: \_\_\_\_\_

Policy 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
<b>Subtotal</b>			

Back adjustments (adjustments to actualize prior month estimates)			
Coverage type	Estimated enrollment	Contract rate	Premium payable
<b>Subtotal</b>			

**Premium Payable:**

EFT Date: \_\_\_\_\_

EFT Trace Number: \_\_\_\_\_