

Self-Billing Premium Invoice - HMO and Carve-Outs

Reinsured:

Agreement 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: