

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
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: