

Payments

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Bill / Payment Information

Primary Insured:	AMARA, ANITHA	ID Number:	096059700
Payment Due Date:	12/29/2020	Payment Frequency:	Monthly
Total Amount Due:	\$497.33	Payment Type:	Credit Card
To Pay Period Of:	12/29/20 to 12/29/20	Plan Year:	2020

This premium may include state and federal taxes and fees under the Affordable Care Act.

If your current payment is set up as credit card, please note it may be a few days after the first of the month before the deduction is taken, due to the volume of payments processed at this time.

Payment Breakdown

Payment Type	Amount
Insurance Payment:	\$493.33
Assoc. Fee:	\$4.00
Totals:	\$497.33

Account Activity

Posted Date	Payment For	Premium	Fees	Fund	Dental	Other	Payment Amt
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Posted Date	Payment For	Premium	Fees	Fund	Dental	Other	Payment Amt
12/1/2020	Nov 2020	\$493.33	\$4.00	\$0.00		\$0.00	\$497.33
11/2/2020	Oct 2020	\$493.33	\$4.00	\$0.00		\$0.00	\$497.33
10/1/2020	Sep 2020	\$493.33	\$4.00	\$0.00		\$0.00	\$497.33
9/1/2020	Aug 2020	\$493.33	\$4.00	\$0.00		\$0.00	\$497.33
8/3/2020	Jul 2020	\$493.33	\$4.00	\$0.00		\$0.00	\$497.33
6/29/2020	Jun 2020	\$493.33	\$4.00	\$0.00		\$0.00	\$497.33