

Payments

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Bill / Payment Information

Primary Insured:	KANDIMALLA, ANIRUDH REDDY	ID Number:	096512938
Payment Due Date:		Payment Frequency:	Monthly
Total Amount Due:		Payment Type:	Direct Bill
To Pay Period Of:		Plan Year:	2021

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

Account Activity

Posted Date	Payment For	Premium	Fees	Fund	Dental	Other	Payment Amt
10/3/2021	Nov 2021	\$98.79	\$4.00	\$0.00		\$0.00	\$102.79
10/3/2021	Oct 2021	\$98.81	\$24.00	\$0.00		\$0.00	\$122.81