

SAMPLE INVOICE

For Billing Questions Call: 1-855-355-5777

[REDACTED]
[REDACTED]
[REDACTED]

Customer # [REDACTED]
Coverage Period: 06/01/2014-06/30/2014
Payment Due: 05/31/2014
Invoice Date: 05/06/2014
Invoice # [REDACTED]

Please review this invoice carefully. If you have any enrollment discrepancies or inquiries please contact Customer Service Monday – Friday 8am to 8pm Saturday 9am to 1pm at 1-855-355-5777 OR visit our portal at nystateofhealth.ny.gov to make enrollment changes.

NY State of Health Payment Coupon

Customer # AC000012345
Billing Period: 06/01/2014-06/30/2014
Payment Due: 05/31/2014
Invoice Date: 05/06/2014
Invoice # [REDACTED]

Balance Forward:	\$0.00
Current Premium:	\$2,629.76
Amount Due:	\$2,629.76
Total Amount Enclosed:	

Make Checks payable to: NY State of Health
Please include your Customer Number on your check.

NY State of Health
Payment Processing
PO Box 8000
Rensselaer, New York 12144-8000

AC000 [REDACTED]

Employee #	Name	Contract Type	Plan Type	Coverage Date	Employer Contribution	Employee Contribution	Total Amount
Balance Forward: \$0.00							
Insurance Carrier: [REDACTED]							
Group 53499							
HX0000	[REDACTED]	Family	Low	06/01-06/30/14	\$69.64	\$0.00	\$69.64
HX0000	[REDACTED]	Employee	Low	06/01-06/30/14	\$19.41	\$0.00	\$19.41
Group 53499 Total: \$89.05							
Total: \$89.05							
Insurance Carrier: [REDACTED]							
Group 00100968							
HX0000	[REDACTED]		Gold	06/01-06/30/14	\$348.57	\$348.57	\$697.14
HX0000	[REDACTED]		Gold	06/01-06/30/14	\$536.01	\$536.01	\$1,072.02
HX0000	[REDACTED]		Gold	06/01-06/30/14	\$188.08	\$188.08	\$376.16
HX0000	[REDACTED]		Gold	06/01-06/30/14	\$188.08	\$188.08	\$376.16
Group 00100968 Total: \$2,521.46							
Total: \$2,521.46							
Insurance Carrier: [REDACTED]							
Group X00006X0							
HX0000	[REDACTED]	Employee	Low	06/01-06/30/14	\$19.25	\$0.00	\$19.25
Group X00006X0 Total: \$19.25							
Total: \$19.25							
Total: \$2,629.76							
Total Premium Due: \$2,629.76							