

Start date: 04/01/2013; End date: 04/18/2013; Policy #: 6457

Policy #: 6457
Plan description: \$1500 Ded - Test Health Care Plan
Plan administrator: Blue Cross Blue Shield

Remitter PIN	Remitter name	Trans date	Tran type	Trans amount	Paid thru dt	Prem bal due
30095274	Sheila M. Test	04/16/2013	094045	475.00	10/31/2013	.00
30095275	Test Organization	04/17/2013	094045	475.00	06/30/2013	.00

***** END OF REPORT *****