The billing process

We are a prepaid health plan. As such, premiums are due on the first of each month for that month's coverage. Billing statements are available on the 15th and 20th day of each month for the following month's premium. Delinquency letters are sent if the premium payment is not made by the due date.

Online billing now available

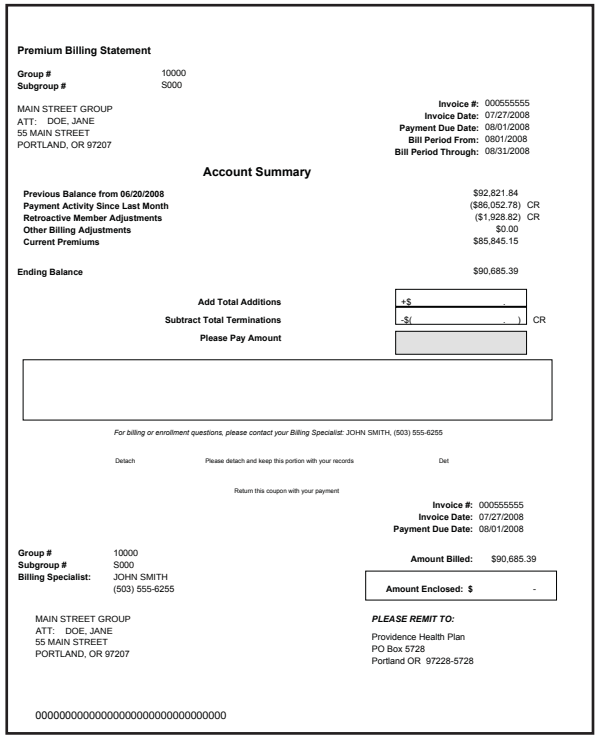
To make your enrollments and billing easier, register for **Providence e-Enroll and e-Bill.** These services will help you electronically manage your company's enrollment, billing, reconciliation and payment tasks. Benefits include:

- Faster response times with streamlined billing and payment receipt processes
- Reduced print, postage and paper costs by storing and paying invoices electronically
- Fewer errors, with easy review and reconciliation
- Convenient billing adjustments and plan management 24/7

To get acquainted with Providence e-Enroll and e-Bill, consult the quick-start guide and tips included in this manual.

Or, view a demo online by following the link in your employer toolkit at www.providence.org/healthplans/employers.

You also can register for e-Enroll and e-Bill by following the "Register" link in the "Employers Toolkit" at the same address.



Premium Billing Statement

Group # 10000
Subgroup # S000

MAIN STREET GROUP
ATT: DOE, JANE
55 MAIN STREET
PORTLAND, OR 97207

Invoice #: 000555555
Invoice Date: 07/27/2008
Payment Due Date: 08/01/2008
Bill Period From: 0801/2008
Bill Period Through: 08/31/2008

Account Summary

Previous Balance from 06/20/2008	$92,821.84
Payment Activity Since Last Month	($86,052.78) CR
Retroactive Member Adjustments	($1,928.82) CR
Other Billing Adjustments	$0.00
Current Premiums	$85,845.15
Ending Balance	$90,685.39
Add Total Additions	+$.
Subtract Total Terminations	-$(.) CR
Please Pay Amount	

For billing or enrollment questions, please contact your Billing Specialist: JOHN SMITH, (503) 555-6255

Detach Please detach and keep this portion with your records Det

Return this coupon with your payment

Invoice #: 000555555
Invoice Date: 07/27/2008
Payment Due Date: 08/01/2008

Group # 10000
Subgroup # S000
Billing Specialist: JOHN SMITH
(503) 555-6255

Amount Billed: $90,685.39

Amount Enclosed: $ -

MAIN STREET GROUP
ATT: DOE, JANE
55 MAIN STREET
PORTLAND, OR 97207

PLEASE REMIT TO:
Providence Health Plan
PO Box 5728
Portland OR 97228-5728

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PROVIDENCE
Health Plan