

Billing Statement

January 14, 2014

Business Partner Name
Recipient Name
Address
City, State, Zip

Statement Date:

This is the capitation amount owed to the Carriers. This is not a bill to be returned to

Carrier	Description	Billing Month	Capitation Amount
Carrier Name	Total Capitation for:	February 2014	
	Health Plan Name		\$0.00
	Health Plan Name		\$0.00
	Total		\$0.00

Total due no later than: February 05, 2014

\$0.00

The Capitation payments are to be paid in full no later than the 5th of each month.

To view a detailed listing of your agency's Monthly Billing Roster, please log on to
The Monthly Billing Roster can be located within the Billing and Payment Summary section.

Remit payment to the Carrier:

Carrier Name
Address
City, State, Zip

cc: Carrier Name



Provided by SPUN

Billing Statement

REMITTANCE SLIP

Please send remittance to the following address:

CarrierName
Address
City, State, Zip

Statement Date:
Due Date:
Amount Due:

Amount Enclosed: \$ _____



Provided by SPUN