

Self-Billing Premium Invoice - MER (Period Certain)

Company: _____

Contract Number: _____

Invoice Date: _____

Invoice Number: _____

Current month premium (based upon estimated enrollment as of the due date)			
Coverage type	Estimated enrollment	Contract rate	Premium payable
Subtotal			

Back adjustments (adjustments to actualize prior month estimates)			
Coverage type	Estimated enrollment	Contract rate	Premium payable
Subtotal			

Premium Payable: _____

EFT Date: _____

EFT Trace Number: _____