

CDCS HEALTH CLAIMS INC.

58 Lisgar St. 3rd Flr, P3E 3L7; Sudbury, Ontario P.O. Box 156, Stn 'B' P3E 4N5;

1 (705) 675-2222

Monthly Paid Claims Invoice Statement

Group #:

Phone:

671-

Fax:

671-

Invoice Date: Sep 30, 2017 **Invoice Number:**

Carrier Code:

533 0

Due Date

Oct 17, 2017

Email Contact:

Paid (Claims by	Month of 9	Service
Month of Servi	ice Carrier	Submitted	Paid
Sep-2017	0	\$313.00	\$250.40
Recieved to F	aid 16-3	30 2	\$250.40

Current Month Paid Claims Dollars Averages

	Single	Family	Total
Paid Claims	\$0.00	\$250.40	\$250.40
# Active	2	10	12
Average	\$0.00	\$25.04	\$20.87

Processed This			Month			Clair	ned Th	is Month
	# Claims:	# F	Procs: # Emplo		oyees	# Patients		
	2		3			2	!	2
TOTAL PPT \$5.44		1	TOT	AL PST			TOTAL	GST/HST
			\$20.03					\$4.95
		GST	Registr	stration # 87240 5337		240 5337		

unt Funds \$700		
\$0		
\$381		

CORPOR		
	INVOICE	DATA
	Submitted	\$313.00
	Patient Paid	\$62.60
	Paid Claims Premium Tax	\$250.40 \$5.01
	PST	\$20.03
	Admin. Adj. Claims Total	<u>\$275.44</u>
	\$0.00 Admin.	\$21.25
	Premium Tax	\$0.43
	PST	\$0.00
-	GST/HST	\$2.76
1	Administration Total	<u>\$24.44</u>
	Commission	\$16.81
-	Premium Tax	\$0.00
	PST	\$0.00
-	GST/HST	\$2.19
-	Commission Total	<u>\$19.00</u>
	Adjustments	\$0.00
-	Current Minus GST/HST	\$313.93
-	GST/HST	\$4.95
	Current Total	<u>\$318.88</u>

Covered @ Mth-End / Flex Amounts

Single: Family: 10 Total: 12

Statement data

Previous Balance Payments Rec'd * Outstanding * Interest Current Total **Current Balance** \$969.82 \$969.82 \$0.00 \$0.00 \$318.88 \$318.88 You have elected UNFUNDED for rst tax purposes.

Current **Amount Due** \$318.88

Payment is due by 17 Oct, 2017

			-		
Claims	Advanced	 Current Balance 	=	Available for claims in progress	Claims in progress
Account Funds	\$700	\$318.88		\$381	\$0
			THE PERSON NAMED IN		+-

Report Date:

Invoice Number:

533

Group Number:

Carrier Code: