ABC HEALTH PLAN

Summary (as of MM/DD/YYYY)

Total Charges	$50.00
Previously Paid	– $0.00

Total Balance Due Date	**$50.00** MM/DD/YYYY

DATE	DESCRIPTION	CHARGES
Member: John Doe | **Member ID:** 1234567		
MM/DD/YYYY	Dental Plan	$50.00
Total Balance		**$50.00**

Total Balance Due Date	**$50.00** MM/DD/YYYY

TOTAL BALANCE	CURRENT	30-60 DAYS	60-90 DAYS	90+ DAYS
$50.00	$50.00	$0.00	$0.00	$0.00