WALL TOWNSHIP PUBLIC SCHOOLS
OFFICE OF THE BUSINESS ADMINISTRATOR/BOARD SECRETARY
PO Box 1199
Wall, New Jersey 07719-1199

Brian J. Smyth
Custodian of Records

Phone: 732-556-2016
FAX: 732-556-2102

April 12, 2024

Betsy Cross
Re: OPRA 24-109

opra+request-60597-d08c5186@requests.opramachine.com

Good afternoon,

The Wall Township Board of Education is in receipt of your emailed request for records dated April 11, 2024, wherein you requested records as follows:

> "PO/Bill from Horizon Blue Cross Blue Shield for January 2024, February 2024 and March 2024.
> PO/Bill from Brown & Brown (HEALTH BROKER) for January 2024, February 2024 and March 2024."

In response to your request for immediate access for the above, attached please find responsive records consisting of 90 pages of invoices for Horizon Blue Cross Blue Shield and PO's and invoices for Brown & Brown (Health Broker) for January, February, and March of 2024.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Wall Township Board of Education to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, be-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Brian J. Smyth
Custodian of Records

BJS/dc

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

ACCOUNT NUMBER: 949243227 STATEMENT DATE:02/28/24 PAYMENT DUE DATE: 03/13/24

| SUMMARY OF TRANSACTIONS | PREVIOUS BALANCE | - | PAYMENT | + | CURRENT BILLINGS | + | NET ADJUSTMENTS | = | PAY THIS AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | $139,884.00 | | $566,769.38 | | $98,240.39 | | $759,879.87 | | $431,234.88 |

## SUMMARY OF ACCOUNT

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| PREVIOUS BALANCE | | | 01/26/24 | $139,884.00 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 01/29/24 | -$131,497.90 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/07/24 | -$105,859.49 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/12/24 | -$118,928.85 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/16/24 | -$129,920.60 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/20/24 | -$57,966.13 |
| PAYMENT CREDIT TRANSFER | | 01-86321 | 02/21/24 | -$14,545.59 |
| PAYMENT CREDIT TRANSFER | | 01-86321 | 02/21/24 | -$8,050.82 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 01-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $2,893.53 |

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Horizon.

Horizon Blue Cross Blue Shield of New Jersey

STATEMENT DATE: 02/28/24
ACCOUNT NUMBER: 949243227
INVOICE NUMBER 303839721
GRP# 86321

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE | AMOUNT ENCLOSED |
|---|---|---|---|---|
| -$426,885.38 | $858,120.26 | $431,234.88 | 03/13/24 | 58130.34 S/L |

ATTN: MS. DAWN CHOMA
WALL TOWNSHIP PUBLIC SCHOOLS - RX
1620 18TH AVE.
WALL NJ 07719

HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 10130
NEWARK, NJ 07101-3130

☐ CHECK IF NEW ADDRESS

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE |
|---|---|---|---|
| -$426,885.38 | $858,120.26 | $431,234.88 | 03/13/24 |

STATEMENT DATE: 02/28/24

ACCOUNT NUMBER: 949243227

INVOICE NUMBER 303839721

SUMMARY OF ACCOUNT(CONTINUES)

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | A4-BOE TAX | 01-86321 | 02/28/24 | $9,300.01 |
| ADJUSTMENTS TO 01/01/24 | HORIZON POS | 02-86321 | 02/28/24 | $640.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 02-86321 | 02/28/24 | $75,028.70 |
| CAPITATION | | | | $1,246.65 |
| CLAIMS PAID | | | | $514,308.18 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 02-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $180,184.29 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 02-86321 | 02/28/24 | $1,219.50 |
| BILL 01/01/24-02/01/24 | CARECOOR_PED DEC23 | 02-86321 | 02/28/24 | $2.00 |
| BILL 01/01/24-02/01/24 | CARECOOR_OSC DEC23 | 02-86321 | 02/28/24 | $61.25 |
| BILL 01/01/24-02/01/24 | CARECOOR-ACO DEC23 | 02-86321 | 02/28/24 | $23.50 |
| BILL 01/01/24-02/01/24 | OON CLAIM REPRICING | 02-86321 | 02/28/24 | $31.25 |
| BILL 01/01/24-02/01/24 | OON Claim Repricing | 02-86321 | 02/28/24 | $7,910.59 |
| BILL 01/01/24-02/01/24 | ITS FEE NOV23-revs | 02-86321 | 02/28/24 | $6.55 |
| BILL 01/01/24-02/01/24 | ITS FEE NOV2023 | 02-86321 | 02/28/24 | $0.06 |
| BILL 01/01/24-02/01/24 | FRAUD STLMNT DEC2023 | 02-86321 | 02/28/24 | -$13.43 |
| BILL 01/01/24-02/01/24 | CareCoor-PED Dec23 | 02-86321 | 02/28/24 | $40.00 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 02-86321 | 02/28/24 | $1,312.75 |
| BILL 01/01/24-02/01/24 | CareCoor-EOC Dec23 | 02-86321 | 02/28/24 | -$5,077.29 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 03-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 03-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 04-86321 | 02/28/24 | $233.71 |
| CAPITATION | | | | $4.96 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 04-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 04-86321 | 02/28/24 | $7.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 06-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 06-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 07-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 07-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 08-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 08-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 09-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 09-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 10-86321 | 02/28/24 | $2,570.81 |
| CAPITATION | | | | $67.54 |
| CLAIMS PAID | | | | $7,717.65 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 10-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $15,249.88 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 11-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

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| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | HORIZON POS | 12-86321 | 02/28/24 | $3,973.07 |
| CAPITATION | | | | $94.47 |
| CLAIMS PAID | | | | $24,343.64 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 12-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $13,071.57 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 12-86321 | 02/28/24 | $35.00 |
| BILL 01/01/24-02/01/24 | OON Claim Repricing | 12-86321 | 02/28/24 | $230.86 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 12-86321 | 02/28/24 | $143.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 13-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 13-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 14-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 14-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 15-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 15-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 16-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 16-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 17-86321 | 02/28/24 | $0.00 |

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| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 17-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 18-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 18-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 19-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 19-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 20-86321 | 02/28/24 | $233.71 |
| CAPITATION | | | | $3.72 |
| CLAIMS PAID | | | | $623.61 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 20-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 20-86321 | 02/28/24 | $5.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 21-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 21-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 22-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 22-86321 | 02/28/24 | $0.00 |

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| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| CLAIMS PAID | | | | $0.00 |
| ADJUSTMENTS TO 01/01/24 | HORIZON POS | 40-86321 | 02/28/24 | -$640.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 40-86321 | 02/28/24 | $233.71 |
| CAPITATION | | | | $3.72 |
| CLAIMS PAID | | | | $66.46 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 40-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | CareCoor-EOC Dec23 | 40-86321 | 02/28/24 | $724.08 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 40-86321 | 02/28/24 | $4.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 41-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 41-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 45-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 45-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 50-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 50-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 57-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 57-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

Horizon.

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| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | HORIZON POS | 60-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 60-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 61-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 61-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 62-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 62-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 63-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 63-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 64-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 64-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 65-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 65-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | HORIZON POS | 72-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 72-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| TOTAL AMOUNT DUE | | | | $431,234.88 |
| TOTAL ADVANCED DEPOSIT ON HAND | | | | $306,857.00 |
| TOTAL CLAIMS PAID FOR CURRENT YEAR | | | | $0.00 |

IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL, PLEASE CALL 1-800-225-1955.

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

ACCOUNT NUMBER: 949243227 STATEMENT DATE:02/28/24 PAYMENT DUE DATE: 03/13/24

| SUMMARY OF TRANSACTIONS | PREVIOUS BALANCE | - | PAYMENT | + | CURRENT BILLINGS | + | NET ADJUSTMENTS | = | PAY THIS AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | $139,884.00 | | $566,769.38 | | $98,240.39 | | $759,879.87 | | $431,234.88 |

## SUMMARY OF ACCOUNT

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| PREVIOUS BALANCE | | | 01/26/24 | $139,884.00 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 01/29/24 | -$131,497.90 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/07/24 | -$105,859.49 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/12/24 | -$118,928.85 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/16/24 | -$129,920.60 |
| PAYMENT RECEIVED, THANK YOU | | 01-86321 | 02/20/24 | -$57,966.13 |
| PAYMENT CREDIT TRANSFER | | 01-86321 | 02/21/24 | -$14,545.59 |
| PAYMENT CREDIT TRANSFER | | 01-86321 | 02/21/24 | -$8,050.82 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 01-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $2,893.53 |

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Horizon.

Horizon Blue Cross Blue Shield of New Jersey

STATEMENT DATE: 02/28/24
ACCOUNT NUMBER: 949243227
INVOICE NUMBER 303839721
GRP# 86321

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE | AMOUNT ENCLOSED |
|---|---|---|---|---|
| -$426,885.38 | $858,120.26 | $431,234.88 | 03/13/24 | 34143.37 TPA |

ATTN: MS. DAWN CHOMA
WALL TOWNSHIP PUBLIC SCHOOLS - RX
1620 18TH AVE.
WALL NJ 07719

HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 10130
NEWARK, NJ 07101-3130

☐ CHECK IF NEW ADDRESS

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE |
|---|---|---|---|
| -$426,885.38 | $858,120.26 | $431,234.88 | 03/13/24 |

STATEMENT DATE: 02/28/24

ACCOUNT NUMBER: 949243227

INVOICE NUMBER 303839721

SUMMARY OF ACCOUNT(CONTINUES)

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | A4-BOE TAX | 01-86321 | 02/28/24 | $9,300.01 |
| ADJUSTMENTS TO 01/01/24 | HORIZON POS | 02-86321 | 02/28/24 | $640.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 02-86321 | 02/28/24 | $75,028.70 |
| CAPITATION | | | | $1,246.65 |
| CLAIMS PAID | | | | $514,308.18 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 02-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $180,184.29 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 02-86321 | 02/28/24 | $1,219.50 |
| BILL 01/01/24-02/01/24 | CARECOOR_PED DEC23 | 02-86321 | 02/28/24 | $2.00 |
| BILL 01/01/24-02/01/24 | CARECOOR_OSC DEC23 | 02-86321 | 02/28/24 | $61.25 |
| BILL 01/01/24-02/01/24 | CARECOOR-ACO DEC23 | 02-86321 | 02/28/24 | $23.50 |
| BILL 01/01/24-02/01/24 | OON CLAIM REPRICING | 02-86321 | 02/28/24 | $31.25 |
| BILL 01/01/24-02/01/24 | OON Claim Repricing | 02-86321 | 02/28/24 | $7,910.59 |
| BILL 01/01/24-02/01/24 | ITS FEE NOV23-revs | 02-86321 | 02/28/24 | $6.55 |
| BILL 01/01/24-02/01/24 | ITS FEE NOV2023 | 02-86321 | 02/28/24 | $0.06 |
| BILL 01/01/24-02/01/24 | FRAUD STLMNT DEC2023 | 02-86321 | 02/28/24 | -$13.43 |
| BILL 01/01/24-02/01/24 | CareCoor-PED Dec23 | 02-86321 | 02/28/24 | $40.00 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 02-86321 | 02/28/24 | $1,312.75 |
| BILL 01/01/24-02/01/24 | CareCoor-EOC Dec23 | 02-86321 | 02/28/24 | -$5,077.29 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 03-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 03-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 04-86321 | 02/28/24 | $233.71 |
| CAPITATION | | | | $4.96 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 04-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 04-86321 | 02/28/24 | $7.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 06-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 06-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 07-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 07-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 08-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 08-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 09-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 09-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 10-86321 | 02/28/24 | $2,570.81 |
| CAPITATION | | | | $67.54 |
| CLAIMS PAID | | | | $7,717.65 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 10-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $15,249.88 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 11-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | HORIZON POS | 12-86321 | 02/28/24 | $3,973.07 |
| CAPITATION | | | | $94.47 |
| CLAIMS PAID | | | | $24,343.64 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 12-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $13,071.57 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 12-86321 | 02/28/24 | $35.00 |
| BILL 01/01/24-02/01/24 | OON Claim Repricing | 12-86321 | 02/28/24 | $230.86 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 12-86321 | 02/28/24 | $143.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 13-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 13-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 14-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 14-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 15-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 15-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 16-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 16-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 17-86321 | 02/28/24 | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 17-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 18-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 18-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 19-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 19-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 20-86321 | 02/28/24 | $233.71 |
| CAPITATION | | | | $3.72 |
| CLAIMS PAID | | | | $623.61 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 20-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 20-86321 | 02/28/24 | $5.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 21-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 21-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 22-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 22-86321 | 02/28/24 | $0.00 |

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Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| CLAIMS PAID | | | | $0.00 |
| ADJUSTMENTS TO 01/01/24 | HORIZON POS | 40-86321 | 02/28/24 | -$640.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 40-86321 | 02/28/24 | $233.71 |
| CAPITATION | | | | $3.72 |
| CLAIMS PAID | | | | $66.46 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 40-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | CareCoor-EOC Dec23 | 40-86321 | 02/28/24 | $724.08 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 40-86321 | 02/28/24 | $4.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 41-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 41-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 45-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 45-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 50-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 50-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 57-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 57-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

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Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | HORIZON POS | 60-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 60-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 61-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 61-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 62-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 62-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 63-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 63-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 64-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 64-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 65-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 65-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | HORIZON POS | 72-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 72-86321 | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| TOTAL AMOUNT DUE | | | | $431,234.88 |
| TOTAL ADVANCED DEPOSIT ON HAND | | | | $306,857.00 |
| TOTAL CLAIMS PAID FOR CURRENT YEAR | | | | $0.00 |

IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL, PLEASE CALL 1-800-225-1955.

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

ACCOUNT NUMBER: 688259214 STATEMENT DATE:02/28/24 PAYMENT DUE DATE: 03/13/24

| SUMMARY OF TRANSACTIONS | PREVIOUS BALANCE | - | PAYMENT | + | CURRENT BILLINGS | + | NET ADJUSTMENTS | = | PAY THIS AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | -$351,002.35 | | -$229,009.26 | | $44,474.09 | | $259,668.82 | | -$275,868.70 |

SUMMARY OF ACCOUNT

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| PREVIOUS BALANCE | | | 01/26/24 | -$351,002.35 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 01/29/24 | -$59,321.71 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/07/24 | -$58,906.33 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/12/24 | -$17,731.74 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/16/24 | -$64,641.15 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/20/24 | -$28,408.33 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 00-8515D | 02/28/24 | $35,626.03 |
| CAPITATION | | | | $413.11 |
| CLAIMS PAID | | | | $216,128.75 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 00-8515D | 02/28/24 | $0.00 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

STATEMENT DATE: 02/28/24
ACCOUNT NUMBER: 688259214
INVOICE NUMBER 303839033
GRP# 8515D

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE | AMOUNT ENCLOSED |
|---|---|---|---|---|
| -$580,011.61 | $304,142.91 | -$275,868.70 | 03/13/24 | 30217.64 S/C |

ATTN: MS.DAWN CHOMA
WALL TOWNSHIP PUBLIC SCHOOLS EDU
1620 18TH AVENUE
WALL NJ 07719

HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 10130
NEWARK, NJ 07101-3130

☐ CHECK IF NEW ADDRESS

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE |
|---|---|---|---|
| -$580,011.61 | $304,142.91 | -$275,868.70 | 03/13/24 |

STATEMENT DATE: 02/28/24

ACCOUNT NUMBER: 688259214

INVOICE NUMBER 303839033

SUMMARY OF ACCOUNT(CONTINUES)

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| CLAIMS PAID | | | | $37,755.88 |
| BILL 01/01/24-02/01/24 | A4-BOE TAX | 00-8515D | 02/28/24 | $3,754.92 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 00-8515D | 02/28/24 | $309.00 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 00-8515D | 02/28/24 | $467.50 |
| BILL 01/01/24-02/01/24 | CareCoor-PED Dec23 | 00-8515D | 02/28/24 | $2.00 |
| BILL 01/01/24-02/01/24 | OON Claim Repricing | 00-8515D | 02/28/24 | $794.07 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 01-8515D | 02/28/24 | $213.50 |
| CAPITATION | | | | $1.24 |
| CLAIMS PAID | | | | $189.62 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 01-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $46.23 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 01-8515D | 02/28/24 | $5.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 03-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 03-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 04-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 04-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| ADJUSTMENTS TO 01/01/24 | HORIZON POS | 05-8515D | 02/28/24 | -$1,067.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 05-8515D | 02/28/24 | $3,252.32 |
| CAPITATION | | | | $23.57 |
| CLAIMS PAID | | | | $4,559.33 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 05-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $1,618.59 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 05-8515D | 02/28/24 | $23.50 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 05-8515D | 02/28/24 | $26.25 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 08-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 08-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 09-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 09-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| TOTAL CREDIT BALANCE | | | | -$275,868.70 |
| TOTAL ADVANCED DEPOSIT ON HAND | | | | $0.00 |
| TOTAL CLAIMS PAID FOR CURRENT YEAR | | | | $0.00 |

IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL, PLEASE CALL 1-800-225-1955.

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

ACCOUNT NUMBER: 688259214 STATEMENT DATE:02/28/24 PAYMENT DUE DATE: 03/13/24

| SUMMARY OF TRANSACTIONS | PREVIOUS BALANCE | - | PAYMENT | + | CURRENT BILLINGS | + | NET ADJUSTMENTS | = | PAY THIS AMOUNT |
|---|---|---|---|---|---|---|---|---|---|
| | -$351,002.35 | | -$229,009.26 | | $44,474.09 | | $259,668.82 | | -$275,868.70 |

## SUMMARY OF ACCOUNT

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| PREVIOUS BALANCE | | | 01/26/24 | -$351,002.35 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 01/29/24 | -$59,321.71 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/07/24 | -$58,906.33 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/12/24 | -$17,731.74 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/16/24 | -$64,641.15 |
| PAYMENT RECEIVED, THANK YOU | | 00-8515D | 02/20/24 | -$28,408.33 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 00-8515D | 02/28/24 | $35,626.03 |
| CAPITATION | | | | $413.11 |
| CLAIMS PAID | | | | $216,128.75 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 00-8515D | 02/28/24 | $0.00 |

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Horizon.

Horizon Blue Cross Blue Shield of New Jersey

STATEMENT DATE: 02/28/24
ACCOUNT NUMBER: 688259214
INVOICE NUMBER 303839033
GRP# 8515D

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE | AMOUNT ENCLOSED |
|---|---|---|---|---|
| -$580,011.61 | $304,142.91 | -$275,868.70 | 03/13/24 | 7809.71 |

TPA

ATTN: MS.DAWN CHOMA
WALL TOWNSHIP PUBLIC SCHOOLS EDU
1620 18TH AVENUE
WALL NJ 07719

HORIZON BLUE CROSS BLUE SHIELD OF NJ
PO BOX 10130
NEWARK, NJ 07101-3130

☐ CHECK IF NEW ADDRESS

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| PAST DUE AMOUNT | CURRENT MONTH CHARGES | PAY THIS AMOUNT | DUE DATE |
|---|---|---|---|
| -$580,011.61 | $304,142.91 | -$275,868.70 | 03/13/24 |

STATEMENT DATE: 02/28/24

ACCOUNT NUMBER: 688259214

INVOICE NUMBER 303839033

SUMMARY OF ACCOUNT(CONTINUES)

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| CLAIMS PAID | | | | $37,755.88 |
| BILL 01/01/24-02/01/24 | A4-BOE TAX | 00-8515D | 02/28/24 | $3,754.92 |
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 00-8515D | 02/28/24 | $309.00 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 00-8515D | 02/28/24 | $467.50 |
| BILL 01/01/24-02/01/24 | CareCoor-PED Dec23 | 00-8515D | 02/28/24 | $2.00 |
| BILL 01/01/24-02/01/24 | OON Claim Repricing | 00-8515D | 02/28/24 | $794.07 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 01-8515D | 02/28/24 | $213.50 |
| CAPITATION | | | | $1.24 |
| CLAIMS PAID | | | | $189.62 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 01-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $46.23 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 01-8515D | 02/28/24 | $5.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 03-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 03-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 04-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 04-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| ADJUSTMENTS TO 01/01/24 | HORIZON POS | 05-8515D | 02/28/24 | -$1,067.50 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 05-8515D | 02/28/24 | $3,252.32 |
| CAPITATION | | | | $23.57 |
| CLAIMS PAID | | | | $4,559.33 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 05-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $1,618.59 |

Horizon.

Horizon Blue Cross Blue Shield of New Jersey

| DESCRIPTION | PRODUCT | GROUP NUMBER: | DATE | AMOUNT |
|---|---|---|---|---|
| BILL 01/01/24-02/01/24 | CareCoor-ACO Dec23 | 05-8515D | 02/28/24 | $23.50 |
| BILL 01/01/24-02/01/24 | CareCoor-OSC Dec23 | 05-8515D | 02/28/24 | $26.25 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 08-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 08-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | HORIZON POS | 09-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| BILL 01/01/24-02/01/24 | PRESCRIPTION | 09-8515D | 02/28/24 | $0.00 |
| CLAIMS PAID | | | | $0.00 |
| TOTAL CREDIT BALANCE | | | | -$275,868.70 |
| TOTAL ADVANCED DEPOSIT ON HAND | | | | $0.00 |
| TOTAL CLAIMS PAID FOR CURRENT YEAR | | | | $0.00 |

IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL, PLEASE CALL 1-800-225-1955.

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 01/01/2024 to 01/07/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $129,555.99 |
| 86321 | 0010 | | 075 | $2,024.75 |
| 86321 | 0012 | | 075 | $7,830.92 |
| | | **TOTAL: HEALTH** | | **$139,411.66** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $190.00 |
| 86321 | 0002 | | | $13,303.17 |
| 86321 | 0010 | | | $252.11 |
| 86321 | 0012 | | | $4,884.90 |
| | | **TOTAL: RX** | | **$18,630.18** |
| | | **GRAND TOTAL:** | | **$158,041.84** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fablo
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 01/01/2024 to 01/07/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $47,743.06 |
| 8515D | 0005 | | 001 | $531.22 |
| | | **TOTAL: HEALTH** | | **$48,274.28** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $4,287.34 |
| 8515D | 0005 | | | $1.80 |
| | | **TOTAL: RX** | | **$4,289.14** |
| | | **GRAND TOTAL:** | | **$52,563.42** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 01/08/2024 to 01/14/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $224,422.33 |
| 86321 | 0010 | | 075 | $1,492.81 |
| 86321 | 0012 | | 075 | $5,571.65 |
| 86321 | 0020 | | 187 | $204.00 |
| 86321 | 0040 | | 075 | $33.23 |
| | | **TOTAL: HEALTH** | | **$231,724.02** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $69.74 |
| 86321 | 0002 | | | $25,879.00 |
| 86321 | 0010 | | | $2,375.56 |
| 86321 | 0012 | | | $1,545.99 |
| | | **TOTAL: RX** | | **$29,870.29** |
| | | **GRAND TOTAL:** | | **$261,594.31** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 01/08/2024 to 01/14/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $61,014.26 |
| 8515D | 0005 | | 001 | $723.80 |
| | | **TOTAL: HEALTH** | | **$61,738.06** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $8,830.69 |
| 8515D | 0005 | | | $1,185.39 |
| | | **TOTAL: RX** | | **$10,016.08** |
| | | **GRAND TOTAL:** | | **$71,754.14** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 01/15/2024 to 01/21/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $60,429.69 |
| 86321 | 0010 | | 075 | $918.85 |
| 86321 | 0012 | | 075 | $3,162.03 |
| 86321 | 0020 | | 187 | $206.90 |
| | | **TOTAL: HEALTH** | | **$64,717.47** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $2,346.13 |
| 86321 | 0002 | | | $61,784.83 |
| 86321 | 0010 | | | $1,951.85 |
| 86321 | 0012 | | | $697.62 |
| | | **TOTAL: RX** | | **$66,780.43** |
| | | **GRAND TOTAL:** | | **$131,497.90** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719.

Subject: Billing for the week of 01/15/2024 to 01/21/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $48,003.29 |
| 8515D | 0001 | | 075 | $189.62 |
| 8515D | 0005 | | 001 | $226.71 |
| | | **TOTAL: HEALTH** | | **$48,419.62** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $10,778.90 |
| 8515D | 0005 | | | $123.19 |
| | | **TOTAL: RX** | | **$10,902.09** |
| | | **GRAND TOTAL:** | | **$59,321.71** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 01/22/2024 to 01/28/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $62,490.84 |
| 86321 | 0010 | | 075 | $2,313.92 |
| 86321 | 0012 | | 075 | $7,454.50 |
| 86321 | 0040 | | 075 | $33.23 |
| | | **TOTAL: HEALTH** | | **$72,292.49** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $36.18 |
| 86321 | 0002 | | | $24,635.52 |
| 86321 | 0010 | | | $8,798.26 |
| 86321 | 0012 | | | $97.04 |
| | | **TOTAL: RX** | | **$33,567.00** |
| | | **GRAND TOTAL:** | | **$105,859.49** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fablo
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 01/15/2024 to 01/21/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $48,003.29 |
| 8515D | 0001 | | 075 | $189.62 |
| 8515D | 0005 | | 001 | $226.71 |
| | | **TOTAL: HEALTH** | | **$48,419.62** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $10,778.90 |
| 8515D | 0005 | | | $123.19 |
| | | **TOTAL: RX** | | **$10,902.09** |
| | | **GRAND TOTAL:** | | **$59,321.71** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 01/29/2024 to 01/31/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***A4-BOE TAX*** | | | | |
| 8515D | 0000 | | | $3,754.92 |
| | | **TOTAL: A4-BOE TAX** | | **$3,754.92** |
| ***CAPITATION*** | | | | |
| 8515D | 0000 | | | $413.11 |
| 8515D | 0001 | | | $1.24 |
| 8515D | 0005 | | | $23.57 |
| | | **TOTAL: CAPITATION** | | **$437.92** |
| ***CareCoor-ACO Dec23*** | | | | |
| 8515D | 0000 | | | $309.00 |
| 8515D | 0005 | | | $23.50 |
| | | **TOTAL: CareCoor-ACO Dec23** | | **$332.50** |
| ***CareCoor-OSC Dec23*** | | | | |
| 8515D | 0000 | | | $467.50 |
| 8515D | 0001 | | | $5.00 |
| 8515D | 0005 | | | $26.25 |
| | | **TOTAL: CareCoor-OSC Dec23** | | **$498.75** |
| ***CareCoor-PED Dec23*** | | | | |
| 8515D | 0000 | | | $2.00 |
| | | **TOTAL: CareCoor-PED Dec23** | | **$2.00** |
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $12,183.10 |
| 8515D | 0005 | | 001 | $499.31 |
| | | **TOTAL: HEALTH** | | **$12,682.41** |
| ***OON Claim Repricing*** | | | | |
| 8515D | 0000 | | | $794.07 |
| | | **TOTAL: OON Claim Repricing** | | **$794.07** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $4,752.60 |
| 8515D | 0001 | | | $46.23 |
| 8515D | 0005 | | | $271.56 |
| | | **TOTAL: RX** | | **$5,070.39** |
| | | **GRAND TOTAL:** | | **$23,572.96** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 01/22/2024 to 01/28/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $47,185.04 |
| 8515D | 0005 | | 001 | $2,578.29 |
| | | **TOTAL: HEALTH** | | **$49,763.33** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $9,106.35 |
| 8515D | 0005 | | | $36.65 |
| | | **TOTAL: RX** | | **$9,143.00** |
| | | **GRAND TOTAL:** | | **$58,906.33** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 01/29/2024 to 01/31/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***A4-BOE TAX*** | | | | |
| 86321 | 0001 | | | $9,300.01 |
| | | **TOTAL: A4-BOE TAX** | | **$9,300.01** |
| ***CAPITATION*** | | | | |
| 86321 | 0002 | | | $1,246.65 |
| 86321 | 0004 | | | $4.96 |
| 86321 | 0010 | | | $67.54 |
| 86321 | 0012 | | | $94.47 |
| 86321 | 0020 | | | $3.72 |
| 86321 | 0040 | | | $3.72 |
| | | **TOTAL: CAPITATION** | | **$1,421.06** |
| ***CareCoor-ACO Dec23*** | | | | |
| 86321 | 0002 | | | $1,219.50 |
| 86321 | 0004 | | | $7.50 |
| 86321 | 0010 | | | $23.50 |
| 86321 | 0012 | | | $143.50 |
| 86321 | 0040 | | | $4.00 |
| | | **TOTAL: CareCoor-ACO Dec23** | | **$1,398.00** |
| ***CareCoor-EOC Dec23*** | | | | |
| 86321 | 0002 | | | ($ 5,077.29) |
| 86321 | 0055 | | | $724.08 |
| | | **TOTAL: CareCoor-EOC Dec23** | | **($ 4,353.21)** |
| ***CareCoor-OSC Dec23*** | | | | |
| 86321 | 0002 | | | $1,312.75 |
| 86321 | 0010 | | | $61.25 |
| 86321 | 0012 | | | $35.00 |
| 86321 | 0020 | | | $5.00 |
| | | **TOTAL: CareCoor-OSC Dec23** | | **$1,414.00** |
| ***CareCoor-PED Dec23*** | | | | |
| 86321 | 0002 | | | $40.00 |
| 86321 | 0010 | | | $2.00 |
| | | **TOTAL: CareCoor-PED Dec23** | | **$42.00** |
| ***FRAUD STLMNT DEC2023*** | | | | |
| 86321 | 0002 | | | ($ 13.43) |
| | | **TOTAL: FRAUD STLMNT DEC2023** | | **($ 13.43)** |
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $37,409.33 |
| 86321 | 0010 | | 075 | $967.32 |
| 86321 | 0012 | | 075 | $324.54 |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| 86321 | 0020 | | 187 | $212.71 |
| | | **TOTAL: HEALTH** | | **$38,913.90** |
| ***ITS FEE NOV2023*** | | | | |
| 86321 | 0002 | | | $.06 |
| | | **TOTAL: ITS FEE NOV2023** | | **$.06** |
| ***ITS FEE NOV23-reverse*** | | | | |
| 86321 | 0002 | | | $6.55 |
| | | **TOTAL: ITS FEE NOV23-reverse** | | **$6.55** |
| ***OON Claim Repricing*** | | | | |
| 86321 | 0002 | | | $7,910.59 |
| 86321 | 0010 | | | $31.25 |
| 86321 | 0012 | | | $230.86 |
| | | **TOTAL: OON Claim Repricing** | | **$8,172.70** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $251.48 |
| 86321 | 0002 | | | $54,581.77 |
| 86321 | 0010 | | | $1,872.10 |
| 86321 | 0012 | | | $5,846.02 |
| | | **TOTAL: RX** | | **$62,551.37** |
| | | **GRAND TOTAL:** | | **$118,853.01** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 02/01/2024 to 02/04/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $17,731.74 |
| | | **TOTAL: HEALTH** | | **$17,731.74** |
| | | **GRAND TOTAL:** | | **$17,731.74** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 02/01/2024 to 02/04/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $114,978.61 |
| 86321 | 0010 | | 075 | $1,055.77 |
| 86321 | 0012 | | 075 | $2,738.47 |
| 86321 | 0020 | | 187 | $156.00 |
| | | **TOTAL: HEALTH** | | **$118,928.85** |
| | | **GRAND TOTAL:** | | **$118,928.85** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 02/05/2024 to 02/11/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $82,943.44 |
| 86321 | 0010 | | 075 | $479.62 |
| 86321 | 0012 | | 075 | $4,826.82 |
| 86321 | 0020 | | 187 | $1,172.26 |
| | | **TOTAL: HEALTH** | | **$89,422.14** |
| ***RX*** | | | | |
| 86321 | 0002 | | | $37,365.38 |
| 86321 | 0010 | | | $940.12 |
| 86321 | 0012 | | | $2,192.96 |
| | | **TOTAL: RX** | | **$40,498.46** |
| | | **GRAND TOTAL:** | | **$129,920.60** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fablo
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 02/05/2024 to 02/11/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $52,401.23 |
| 8515D | 0001 | | 075 | $94.81 |
| 8515D | 0005 | | 001 | $924.28 |
| | | **TOTAL: HEALTH** | | **$53,420.32** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $10,889.95 |
| 8515D | 0005 | | | $330.88 |
| | | **TOTAL: RX** | | **$11,220.83** |
| | | **GRAND TOTAL:** | | **$64,641.15** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 02/12/2024 to 02/18/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $42,989.21 |
| 8515D | 0005 | | 001 | $1,852.09 |
| | | **TOTAL: HEALTH** | | **$44,841.30** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $13,080.84 |
| 8515D | 0005 | | | $910.68 |
| | | **TOTAL: RX** | | **$13,991.52** |
| | | **GRAND TOTAL:** | | **$58,832.82** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 02/12/2024 to 02/18/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $76,580.39 |
| 86321 | 0010 | | 075 | $1,760.55 |
| 86321 | 0012 | | 075 | $10,827.51 |
| 86321 | 0020 | | 187 | $3,350.34 |
| | | **TOTAL: HEALTH** | | **$92,518.79** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $1,034.70 |
| 86321 | 0002 | | | $26,177.94 |
| 86321 | 0010 | | | $3,253.74 |
| 86321 | 0012 | | | $1,532.05 |
| | | **TOTAL: RX** | | **$31,998.43** |
| | | **GRAND TOTAL:** | | **$124,517.22** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fablo
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 02/19/2024 to 02/25/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $103,883.07 |
| 86321 | 0010 | | 075 | $10,098.63 |
| 86321 | 0012 | | 075 | $12,051.02 |
| 86321 | 0020 | | 187 | $12,133.54 |
| | | **TOTAL: HEALTH** | | **$138,166.26** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $749.91 |
| 86321 | 0002 | | | $57,865.40 |
| 86321 | 0010 | | | $3,502.06 |
| 86321 | 0012 | | | $308.75 |
| | | **TOTAL: RX** | | **$62,426.12** |
| | | **GRAND TOTAL:** | | **$200,592.38** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 02/19/2024 to 02/25/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $30,097.67 |
| 8515D | 0001 | | 075 | $94.81 |
| 8515D | 0005 | | 001 | $433.73 |
| | | **TOTAL: HEALTH** | | **$30,626.21** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $230.50 |
| 8515D | 0005 | | | ($ 148.91) |
| | | **TOTAL: RX** | | **$81.59** |
| | | **GRAND TOTAL:** | | **$30,707.80** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Sally Jo Michaels
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 02/26/2024 to 02/29/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***A4-BOE TAX*** | | | | |
| 8515D | 0000 | | | $19.97 |
| | | **TOTAL: A4-BOE TAX** | | **$19.97** |
| ***CAPITATION*** | | | | |
| 8515D | 0000 | | | $418.30 |
| 8515D | 0001 | | | $1.26 |
| 8515D | 0005 | | | $16.40 |
| | | **TOTAL: CAPITATION** | | **$435.96** |
| ***CareCoor-ACO Jan24*** | | | | |
| 8515D | 0000 | | | $260.50 |
| 8515D | 0005 | | | $18.50 |
| | | **TOTAL: CareCoor-ACO Jan24** | | **$279.00** |
| ***CareCoor-OSC Jan24*** | | | | |
| 8515D | 0000 | | | $511.25 |
| 8515D | 0001 | | | $5.00 |
| 8515D | 0005 | | | $26.25 |
| | | **TOTAL: CareCoor-OSC Jan24** | | **$542.50** |
| ***CareCoor-PED Jan24*** | | | | |
| 8515D | 0000 | | | $2.00 |
| | | **TOTAL: CareCoor-PED Jan24** | | **$2.00** |
| ***EOC Jan24*** | | | | |
| 8515D | 0000 | | | $102.91 |
| | | **TOTAL: EOC Jan24** | | **$102.91** |
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $6,298.56 |
| 8515D | 0005 | | 001 | $204.46 |
| | | **TOTAL: HEALTH** | | **$6,503.02** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $7,883.83 |
| 8515D | 0005 | | | $806.73 |
| 8515D | 0006 | | | $1,503.62 |
| | | **TOTAL: RX** | | **$10,194.18** |
| | | **GRAND TOTAL:** | | **$18,079.54** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Sally Jo Michaels
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 02/26/2024 to 02/29/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***A4-BOE TAX*** | | | | |
| 86321 | 0001 | | | $8,182.57 |
| | | **TOTAL: A4-BOE TAX** | | **$8,182.57** |
| ***ADVANCE DEPOSIT*** | | | | |
| 86321 | 0001 | | | $4,466.00 |
| | | **TOTAL: ADVANCE DEPOSIT** | | **$4,466.00** |
| ***CAPITATION*** | | | | |
| 86321 | 0002 | | | $1,243.98 |
| 86321 | 0004 | | | $5.04 |
| 86321 | 0010 | | | $91.34 |
| 86321 | 0012 | | | $91.91 |
| 86321 | 0020 | | | $3.78 |
| 86321 | 0040 | | | ($ 2.50) |
| | | **TOTAL: CAPITATION** | | **$1,433.55** |
| ***CareCoor-ACO Jan24*** | | | | |
| 86321 | 0002 | | | $718.50 |
| 86321 | 0004 | | | $5.00 |
| 86321 | 0010 | | | $23.50 |
| 86321 | 0012 | | | $82.50 |
| 86321 | 0040 | | | $4.00 |
| | | **TOTAL: CareCoor-ACO Jan24** | | **$833.50** |
| ***CareCoor-OSC Jan24*** | | | | |
| 86321 | 0002 | | | $1,374.00 |
| 86321 | 0010 | | | $55.00 |
| 86321 | 0012 | | | $35.00 |
| 86321 | 0020 | | | $5.00 |
| | | **TOTAL: CareCoor-OSC Jan24** | | **$1,469.00** |
| ***CareCoor-PED Jan24*** | | | | |
| 86321 | 0002 | | | $40.00 |
| 86321 | 0010 | | | $2.00 |
| | | **TOTAL: CareCoor-PED Jan24** | | **$42.00** |
| ***EOC Jan24*** | | | | |
| 86321 | 0002 | | | $2,319.58 |
| 86321 | 0012 | | | $14.79 |
| | | **TOTAL: EOC Jan24** | | **$2,334.37** |
| ***FRAUD STLMNT JAN2024*** | | | | |
| 86321 | 0002 | | | ($ 2.87) |
| | | **TOTAL: FRAUD STLMNT JAN2024** | | **($ 2.87)** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $178,585.72 |
| 86321 | 0010 | | 075 | $1,390.31 |
| 86321 | 0012 | | 075 | $1,633.55 |
| 86321 | 0020 | | 187 | $865.80 |
| | | **TOTAL: HEALTH** | | **$182,475.38** |
| ***ITS FEE FEB2024*** | | | | |
| 86321 | 0002 | | | $3.42 |
| | | **TOTAL: ITS FEE FEB2024** | | **$3.42** |
| ***RECOVERY Feb24*** | | | | |
| 86321 | 0002 | | | $498.25 |
| | | **TOTAL: RECOVERY Feb24** | | **$498.25** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $1,069.93 |
| 86321 | 0002 | | | $38,158.52 |
| 86321 | 0010 | | | $6,470.73 |
| 86321 | 0012 | | | $1,970.83 |
| 86321 | 0040 | | | $457.12 |
| | | **TOTAL: RX** | | **$48,127.13** |
| ***STOP LOSS-HEALTH*** | | | | |
| 86321 | 0001 | | | ($ 9,947.72) |
| | | **TOTAL: STOP LOSS-HEALTH** | | **($ 9,947.72)** |
| | | **GRAND TOTAL:** | | **$239,914.58** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fabio
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 03/01/2024 to 03/03/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $24,965.83 |
| 86321 | 0010 | | 075 | $93.00 |
| 86321 | 0012 | | 075 | $2,373.71 |
| 86321 | 0020 | | 187 | $82.95 |
| | | **TOTAL: HEALTH** | | **$27,515.49** |
| | | **GRAND TOTAL:** | | **$27,515.49** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fablo
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 03/01/2024 to 03/03/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $4,403.95 |
| | | **TOTAL: HEALTH** | | **$4,403.95** |
| | | **GRAND TOTAL:** | | **$4,403.95** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: MS. Michelle Fablo
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 03/04/2024 to 03/10/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $106,124.77 |
| 86321 | 0010 | | 075 | $3,116.60 |
| 86321 | 0012 | | 075 | $10,249.58 |
| | | **TOTAL: HEALTH** | | **$119,490.95** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $.00 |
| 86321 | 0002 | | | $21,658.21 |
| 86321 | 0010 | | | $24.86 |
| 86321 | 0012 | | | $1,352.49 |
| | | **TOTAL: RX** | | **$23,035.56** |
| | | **GRAND TOTAL:** | | **$142,526.51** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Ms. Michelle Fabio
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 03/04/2024 to 03/10/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $21,718.91 |
| 8515D | 0001 | | 075 | $94.81 |
| 8515D | 0005 | | 001 | $185.92 |
| | | **TOTAL: HEALTH** | | **$21,999.64** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $20,943.04 |
| 8515D | 0005 | | | $1,435.25 |
| 8515D | 0006 | | | $25.42 |
| | | **TOTAL: RX** | | **$22,403.71** |
| | | **GRAND TOTAL:** | | **$44,403.35** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Sally Jo Michaels
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

Subject: Billing for the week of 03/11/2024 to 03/17/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

| Wire Payments: | ACH Credit: |
|---|---|
| Account # 20162-000383-14 | Account # 20162-000383-14 |
| ABA # 121000248 | ABA # 121000248 |

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $25,930.74 |
| 8515D | 0005 | | 001 | $766.00 |
| | | **TOTAL: HEALTH** | | **$26,696.74** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $7,379.96 |
| | | **TOTAL: RX** | | **$7,379.96** |
| | | **GRAND TOTAL:** | | **$34,076.70** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Sally Jo Michaels
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

Subject: Billing for the week of 03/11/2024 to 03/17/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

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Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $330,452.20 |
| 86321 | 0010 | | 075 | $1,513.10 |
| 86321 | 0012 | | 075 | $19,970.89 |
| 86321 | 0040 | | 075 | $57.92 |
| | | **TOTAL: HEALTH** | | **$351,994.11** |
| ***RX*** | | | | |
| 86321 | 0001 | | | $205.36 |
| 86321 | 0002 | | | $24,158.64 |
| 86321 | 0010 | | | $3,113.61 |
| 86321 | 0012 | | | $1,618.14 |
| | | **TOTAL: RX** | | **$29,095.75** |
| | | **GRAND TOTAL:** | | **$381,089.86** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Sally Jo Michaels
WALL TOWNSHIP B.O.E.
1620 18TH AVE
WALL NJ 07719

8 6321

Subject: Billing for the week of 03/18/2024 to 03/24/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 86321 | 0002 | | 075 | $86,153.48 |
| 86321 | 0010 | | 075 | $1,707.82 |
| 86321 | 0012 | | 075 | $8,447.57 |
| | | **TOTAL: HEALTH** | | **$96,308.87** |
| ***RX*** | | | | |
| 86321 | 0002 | | | $64,630.34 |
| 86321 | 0010 | | | $1,923.95 |
| 86321 | 0012 | | | $1,847.36 |
| 86321 | 0040 | | | $21.25 |
| | | **TOTAL: RX** | | **$68,422.90** |
| | | **GRAND TOTAL:** | | **$164,731.77** |

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

Attn: Sally Jo Michaels
Wall Township B.O.E.
1620 18th Ave
Wall NJ 07719

$45,150

Subject: Billing for the week of 03/18/2024 to 03/24/2024

Please remit your payment within 24 hours to Wells Fargo Bank.

Wire Payments:
Account # 20162-000383-14
ABA # 121000248

ACH Credit:
Account # 20162-000383-14
ABA # 121000248

Claim payments are due to Horizon BCBSNJ within 24 hours, otherwise a late fee will be charged each month until payment is received. Horizon BCBSNJ will assess an interest charge of 1.5 points above the Prime Rate taken from the Federal Reserve Statistical Release Form H.15(519). If you have authorized Horizon BCBSNJ to debit your account via regularly scheduled payments each billing period, late fee interest charges are not applicable.

If you have any questions, please call your Group Contact.

Cassandra McQueen
(973)466-4339

Horizon BCBSNJ
3 Penn Plaza East
Newark, NJ 07105-2200

| GROUP | SECTION | DEPARTMENT | PACKAGE CODE | AMOUNT PAID |
|---|---|---|---|---|
| ***HEALTH*** | | | | |
| 8515D | 0000 | | 075 | $87,858.30 |
| 8515D | 0001 | | 075 | $672.86 |
| 8515D | 0005 | | 001 | $794.84 |
| | | **TOTAL: HEALTH** | | **$89,326.00** |
| ***RX*** | | | | |
| 8515D | 0000 | | | $10,569.95 |
| 8515D | 0005 | | | ($ 64.48) |
| 8515D | 0006 | | | $8.62 |
| | | **TOTAL: RX** | | **$10,514.09** |
| | | **GRAND TOTAL:** | | **$99,840.09** |

VENDOR NO. 21397

# PURCHASE ORDER
# WALL TOWNSHIP
## BOARD OF EDUCATION

P.O. BOX #1199
WALL, NEW JERSEY 07719
TELEPHONE (732) 556-2021 • FAX (732) 556-2102
AS A POLITICAL SUBDIVISION OF THE STATE OF NEW JERSEY, WE ARE
**TAX EXEMPT**

BUDGET YEAR
2023->2024

**PURCHASE ORDER NUMBER**
24-00458
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE: 07/01/2023

VENDOR:
HORIZON BLUE CROSS & BLUE SHLD
PO BOX 1738
NEWARK, NJ 07101-1738

SHIP TO:
Attn To : BRIAN SMYTH
ADMINISTRATION
WALL BRD OF EDUCATION
1620 18TH AVE BLDG A
WALL, NJ 07719

| CONTROL NUMBER | ORDER DESCRIPTION | |
|---|---|---|
| Open Market | | |

| QUANTITY ORDERED | CATALOG / UNIT | ITEM DESCRIPTION / ACCOUNT NUMBER | UNIT PRICE | EXTENSION |
|---|---|---|---|---|
| 1 | Each | 2023-2024 THIRD PARTY ADMINISTRATION<br><br>BUDGETED ITEM<br><br>7230 / 11-000-291-270-001 ($273,374.00)<br><br>7368/11-000-291-270-001- ($273,374.00) | 273,374.00 | 273,374.00<br><br>$273,374.00 |

STATE CONTRACT # 82693/82736 EXP: N/A RECEIVED BY _____

**NOTICE TO VENDOR OR CONTRACTOR**

1. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY DELIVERY OF MATERIALS.
2. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED.
3. INVOICES, ON FORMS PROVIDED BY THE BOARD OF EDUCATION MUST BE FORWARDED TO THE SECRETARY.
4. PLEASE SUBMIT INVOICE AS SOON AS ORDER IS COMPLETED.
5. CHEMICALS MUST BE LABELED ACCORDING TO THE RIGHT TO KNOW LEGISLATION.
6. IMPORTANT - PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

**ORDER INVALID UNLESS SIGNED BY SECRETARY OF BOARD OF EDUCATION**

BUSINESS ADMINISTRATOR



**ALL INVOICING TO: PO BOX 1199, WALL, NJ 07719**

**SCHOOL'S COPY**

# PURCHASE ORDER

# WALL TOWNSHIP
## BOARD OF EDUCATION

P.O. BOX #1199
WALL, NEW JERSEY 07719
TELEPHONE (732) 556-2021 • FAX (732) 556-2102

AS A POLITICAL SUBDIVISION OF THE STATE OF NEW JERSEY, WE ARE
**TAX EXEMPT**

VENDOR NO. 21397

BUDGET YEAR
2023->2024

**PURCHASE ORDER NUMBER**
24-01854
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE: 02/29/2024

VENDOR:

HORIZON BLUE CROSS & BLUE SHLD
PO BOX 1738
NEWARK, NJ 07101-1738

SHIP TO:

Attn To : BRIAN SMYTH
ADMINISTRATION
WALL BRD OF EDUCATION
1620 18TH AVE BLDG A
WALL, NJ 07719

| CONTROL NUMBER | ORDER DESCRIPTION | |
|---|---|---|
| Open Market | | |

| QUANTITY ORDERED | CATALOG / UNIT | ITEM DESCRIPTION / ACCOUNT NUMBER | UNIT PRICE | EXTENSION |
|---|---|---|---|---|
| 1 | Each | JANUARY 1, 2024 - JUNE 30, 2024<br>STOP LOSS INSURANCE<br><br>BUDGETED ITEM<br><br>7230 - 11-000-291-270-001<br>($565,000.00)<br><br>7368/11-000-291-270-001-<br>($565,000.00) | 565,000.00 | 565,000.00<br><br>$565,000.00 |

STATE CONTRACT # 82693/82736 EXP: N/A RECEIVED BY _____

**NOTICE TO VENDOR OR CONTRACTOR**

1. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY DELIVERY OF MATERIALS.
2. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED.
3. INVOICES, ON FORMS PROVIDED BY THE BOARD OF EDUCATION MUST BE FORWARDED TO THE SECRETARY.
4. PLEASE SUBMIT INVOICE AS SOON AS ORDER IS COMPLETED.
5. CHEMICALS MUST BE LABELED ACCORDING TO THE RIGHT TO KNOW LEGISLATION.
6. IMPORTANT - PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

**ORDER INVALID UNLESS SIGNED BY SECRETARY OF BOARD OF EDUCATION**

BUSINESS ADMINISTRATOR



**ALL INVOICING TO: PO BOX 1199, WALL, NJ 07719**

FILE COPY

MGL PRINTING SOLUTIONS
908-665-1899 W006-03 C

Horizon

Horizon Blue Cross Blue Shield of New Jersey

**WALL TOWNSHIP PUBLIC SCHOOLS**
**GROUP # 8515D**

**To:** **Agnese Brattoli**
**WALL TOWNSHIP PUBLIC SCHOOLS**
**1620 18th AVE.**
**WALL NJ 07719**

**STATEMENT DATE:** **2/28/2024**
**DUE DATE:** **3/14/2024**

**ADMIN EXPENSES FOR 01/2024**

| | | | |
|---|---|---|---|
| | **Admin Fee** | **$** | **38,024.35** |
| **TOTAL AMOUNT DUE** | **GRAND TOTAL** | **$** | **38,024.35** |

Horizon

Horizon Blue Cross Blue Shield of New Jersey

WALL TOWNSHIP PUBLIC SCHOOLS
GROUP # 86321

To: Agnese Brattoli
WALL TOWNSHIP PUBLIC SCHOOLS
1620 18th AVE.
WALL NJ 07719

STATEMENT DATE: 2/28/2024
DUE DATE: 3/14/2024

ADMIN EXPENSES FOR 01/2024

| | | | |
|---|---|---|---|
| | Admin Fee | $ | 82,273.71 |
| TOTAL AMOUNT DUE | GRAND TOTAL | $ | 82,273.71 |

VENDOR NO. 293291

# PURCHASE ORDER
# WALL TOWNSHIP
## BOARD OF EDUCATION

P.O. BOX #1199
WALL, NEW JERSEY 07719
TELEPHONE (732) 556-2021 • FAX (732) 556-2102

AS A POLITICAL SUBDIVISION OF THE STATE OF NEW JERSEY, WE ARE
**TAX EXEMPT**

BUDGET YEAR
2023->2024

**PURCHASE ORDER NUMBER**
24-00054
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE: 07/01/2023

VENDOR:

BROWN & BROWN METRO, INC
56 LIVINGSTON AVE
#230
ROSELAND, NJ 07068-1733

SHIP TO:

Attn To : B SMYTH
ADMINISTRATION
WALL BRD OF EDUCATION
1620 18TH AVE BLDG A
WALL, NJ 07719

| CONTROL NUMBER | ORDER DESCRIPTION |
|---|---|
| Other | health bene broker - 22-23 |

| QUANTITY ORDERED | CATALOG / UNIT | ITEM DESCRIPTION / ACCOUNT NUMBER | UNIT PRICE | EXTENSION |
|---|---|---|---|---|
| 1 | Each | 2023 - 2024 HEALTH BENEIFTS BROKER CONSULTING FEES<br><br>BUDGETED ITEM - APPROVED AT 5/16/23 BOARD MEETING<br><br>7368/11-000-291-270-001- ($55,000.00) | 55,000.00 | 55,000.00<br><br>$55,000.00 |

STATE CONTRACT # EXP: N/A RECEIVED BY

**NOTICE TO VENDOR OR CONTRACTOR**

1. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY DELIVERY OF MATERIALS.
2. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED.
3. INVOICES, ON FORMS PROVIDED BY THE BOARD OF EDUCATION MUST BE FORWARDED TO THE SECRETARY.
4. PLEASE SUBMIT INVOICE AS SOON AS ORDER IS COMPLETED.
5. CHEMICALS MUST BE LABELED ACCORDING TO THE RIGHT TO KNOW LEGISLATION.
6. IMPORTANT - PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

**ORDER INVALID UNLESS SIGNED BY SECRETARY OF BOARD OF EDUCATION**

BUSINESS ADMINISTRATOR



**ALL INVOICING TO: PO BOX 1199, WALL, NJ 07719**

**SCHOOL'S COPY**

**Brown and Brown Metro LLC**
56 Livingston Ave, Suite 230
Roseland, NJ 07068
Phone: 973-549-1900 Fax: 973-549-1000

**Wall Township BOE**
Dawn Choma
PO Box 1199
Wall, NJ 07719

# INVOICE NO. 224424



| ACCOUNT NO. | OP | DATE |
|---|---|---|
| WALLB01 | LA | 01/03/2024 |

Agency Fee

| POLICY # | LOAN # |
|---|---|
| FEE | |

COMPANY
*Fees in Lieu of Com's

PRODUCER
Dominick S Cinelli

| EFFECTIVE | EXPIRATION | BALANCE DUE ON |
|---|---|---|
| 07/01/2023 | 06/30/2024 | 01/31/2024 |

| AMOUNT PAID | AMOUNT DUE |
|---|---|
| | $4,583.33 |

Please send checks to: Brown & Brown Metro LLC, PO Box 746540, Atlanta, GA 30374-6540.
Overnight Address: Brown & Brown Metro LLC, Lockbox 746540, 6000 Feldwood Road College Park, GA 30349
Pay online at https://bbmetro.epaypolicy.com. ACH/Wire information is below.

| Itm # | Eff Date | Trn | Type | Description | | Amount |
|---|---|---|---|---|---|---|
| 971301 | 07/01/23 | AFE | AFEE | Jan 2024 Fee Installment | *Fees in Lieu of Com's | $4,583.33 |
| | | | | **Invoice Balance:** | | $4,583.33 |

Acct 898033991466 ABA: 063100277 (ACH); 026009593 (Wire)
Bank of America NA 1 Bryant Park New York, NY 10036

**PAY ONLINE: https://bbmetro.epaypolicy.com/**

**Brown and Brown Metro LLC**
56 Livingston Ave, Suite 230
Roseland, NJ 07068
Phone: 973-549-1900 Fax: 973-549-1000

**Wall Township BOE**
Dawn Choma
PO Box 1199
Wall, NJ 07719

# INVOICE NO. 224441



| ACCOUNT NO. | OP | DATE |
|---|---|---|
| WALLB01 | LA | 02/05/2024 |

Agency Fee

| POLICY # | LOAN # |
|---|---|
| FEE | |

COMPANY
*Fees in Lieu of Com's

PRODUCER
Dominick S Cinelli

| EFFECTIVE | EXPIRATION | BALANCE DUE ON |
|---|---|---|
| 07/01/2023 | 06/30/2024 | 02/29/2024 |

| AMOUNT PAID | AMOUNT DUE |
|---|---|
| | $4,583.33 |

Please send checks to: Brown & Brown Metro LLC, PO Box 746540, Atlanta, GA 30374-6540.
Overnight Address: Brown & Brown Metro LLC, Lockbox 746540, 6000 Feldwood Road College Park, GA 30349
Pay online at https://bbmetro.epaypolicy.com. ACH/Wire information is below.

| Itm # | Eff Date | Trn | Type | Description | | Amount |
|---|---|---|---|---|---|---|
| 973240 | 07/01/23 | AFE | AFEE | Feb 2024 Fee Installment | *Fees in Lieu of Com's | $4,583.33 |
| | | | | **Invoice Balance:** | | $4,583.33 |

Acct 898033991466 ABA: 063100277 (ACH); 026009593 (Wire)
Bank of America NA 1 Bryant Park New York, NY 10036

**PAY ONLINE: https://bbmetro.epaypolicy.com/**

**Brown and Brown Metro LLC**
56 Livingston Ave, Suite 230
Roseland, NJ 07068
Phone: 973-549-1900 Fax: 973-549-1000

**Wall Township BOE**
Dawn Choma
PO Box 1199
Wall, NJ 07719

# INVOICE NO. 224460



| ACCOUNT NO. | OP | DATE |
|---|---|---|
| WALLB01 | LA | 03/04/2024 |

Agency Fee
POLICY # LOAN #
FEE
COMPANY
*Fees in Lieu of Com's
PRODUCER
Dominick S Cinelli

| EFFECTIVE | EXPIRATION | BALANCE DUE ON |
|---|---|---|
| 07/01/2023 | 06/30/2024 | 03/31/2024 |

| AMOUNT PAID | AMOUNT DUE |
|---|---|
| | $4,583.33 |

Please send checks to: Brown & Brown Metro LLC, PO Box 746540, Atlanta, GA 30374-6540.
Overnight Address: Brown & Brown Metro LLC, Lockbox 746540, 6000 Feldwood Road College Park, GA 30349
Pay online at https://bbmetro.epaypolicy.com. ACH/Wire information is below.

| Itm # | Eff Date | Trn | Type | Description | Amount |
|---|---|---|---|---|---|
| 975229 | 07/01/23 | AFE | AFEE | March 2024 Fee Installment *Fees in Lieu of Com's | $4,583.33 |
| | | | | **Invoice Balance:** | $4,583.33 |

Acct 898033991466 ABA: 063100277 (ACH); 026009593 (Wire)
Bank of America NA 1 Bryant Park New York, NY 10036

**PAY ONLINE: https://bbmetro.epaypolicy.com/**