



HENRY,O.E.	M	\$1,453.82	\$685.43	\$90.07		\$2,229.32
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Feb

HENRY, O.E. | M

\$1,453.82	\$685.43	\$90.07		\$1,629.32	\$2,225.22
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[illegible]

\$1,453.82	\$685.43	\$90.07		\$2,229.32
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\$1,453.82	\$685.43	\$90.07		\$2,229.32
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		HENRY,O.E.	M	\$1,453.82	\$685.43	\$90.07		\$795.96		\$2,229.32
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[illegible]

Account Number	Account Name	Member	Bill Type	Due Date	Address
[REDACTED]	TOWNSHIP OF OZ	[REDACTED]	REGULAR	05/01/18	[REDACTED]

Adjustments							
BROWN,E.	F	\$1,389.89	\$736.98	\$90.07		\$2,216.94	

[REDACTED]

01/15/2014 PASKITT, A M

	\$1,389.89	\$736.98	\$90.07		\$2,216.94
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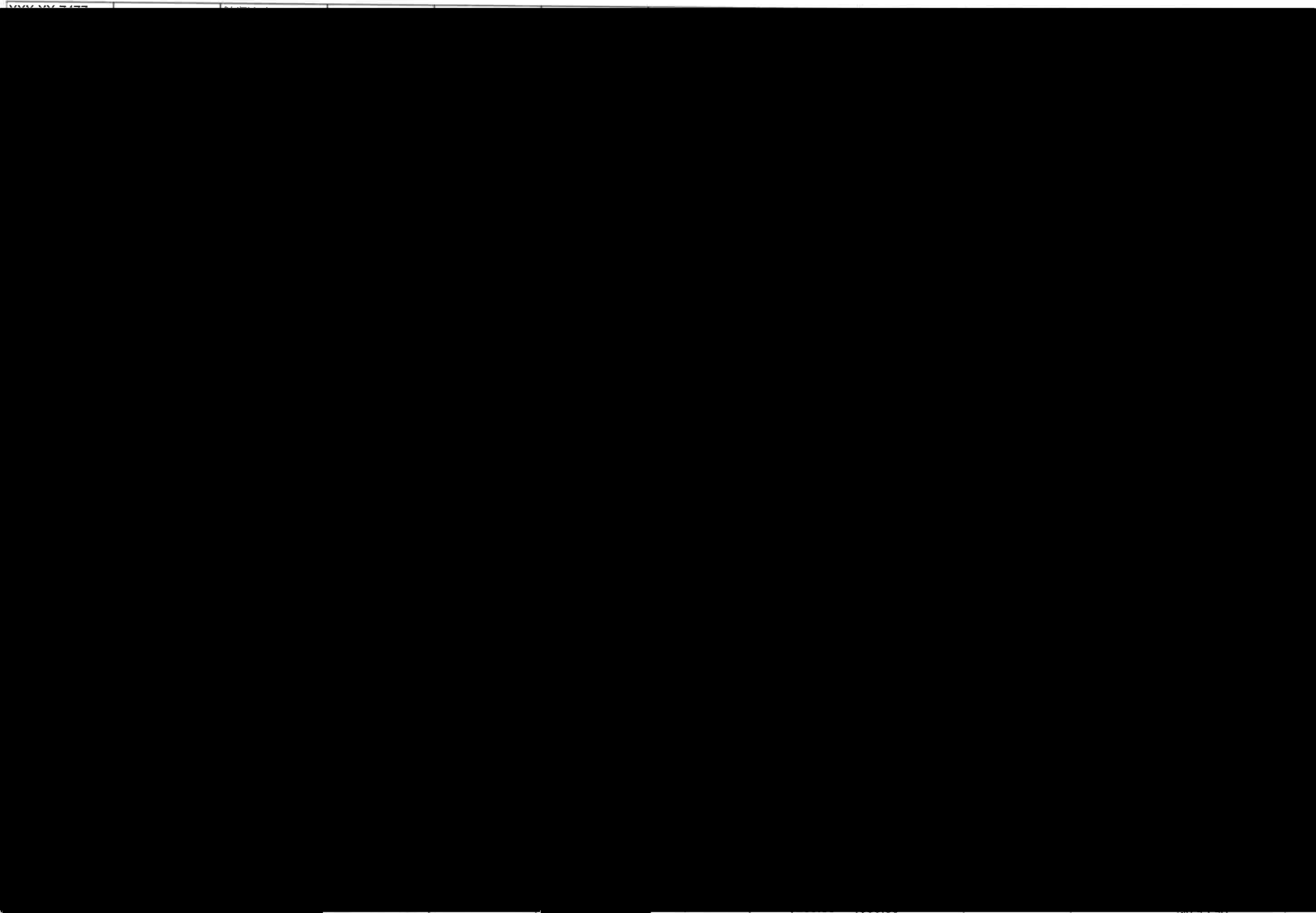
[REDACTED]

[REDACTED]

[illegible][illegible]

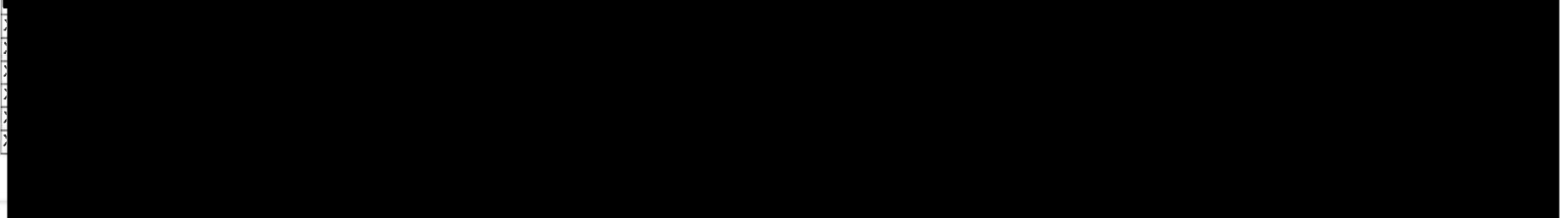
HENRY,O.E.	\$1,453.82	\$685.43	\$90.07			\$2,229.32
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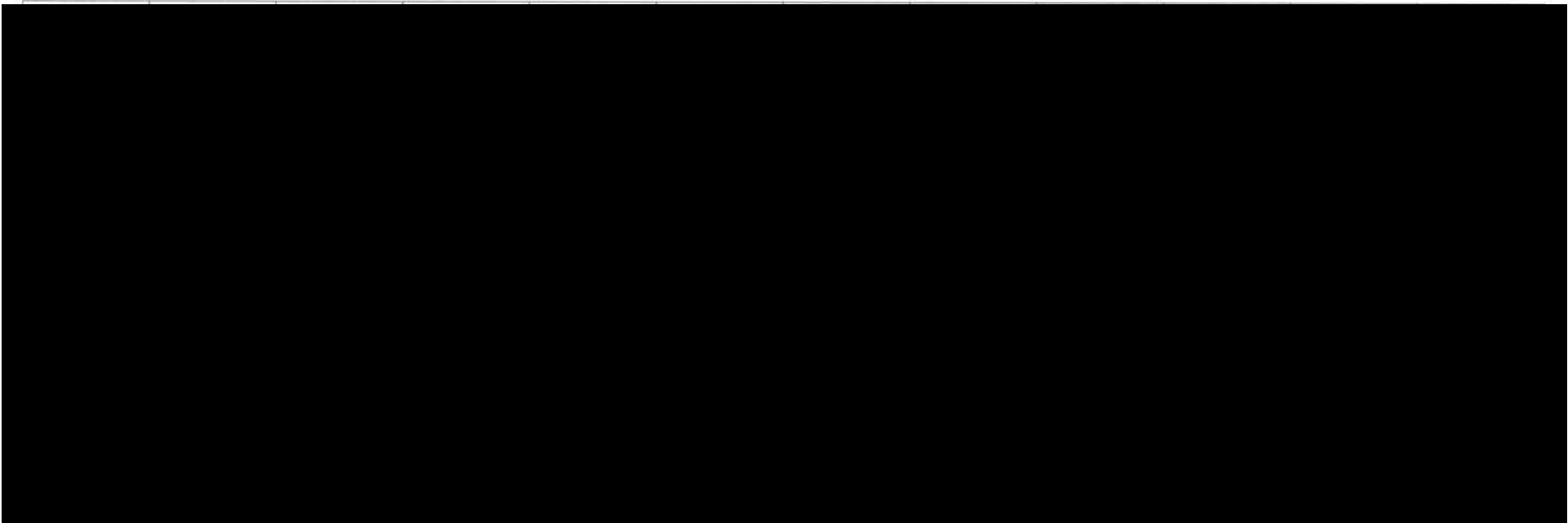
HENRY,O.E.		M		\$1,453.82	\$685.43	\$90.07			\$2,229.32



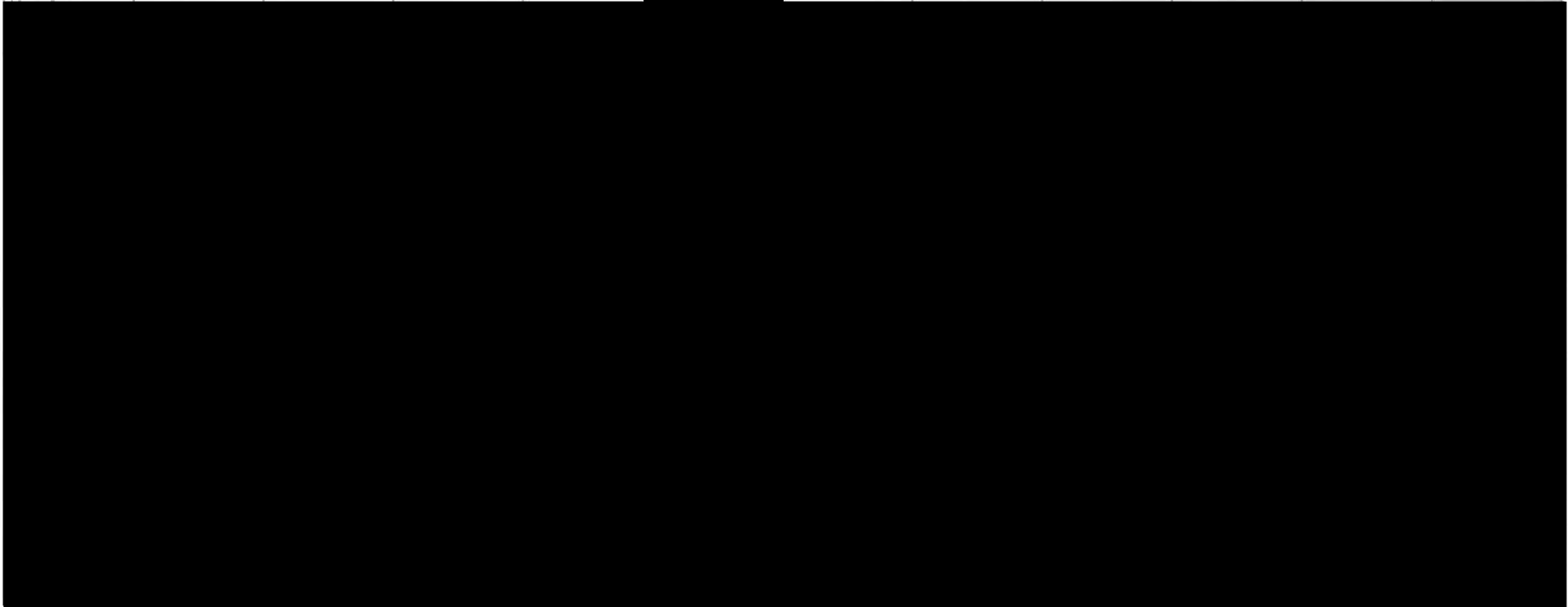
HENRY,O.E.	M
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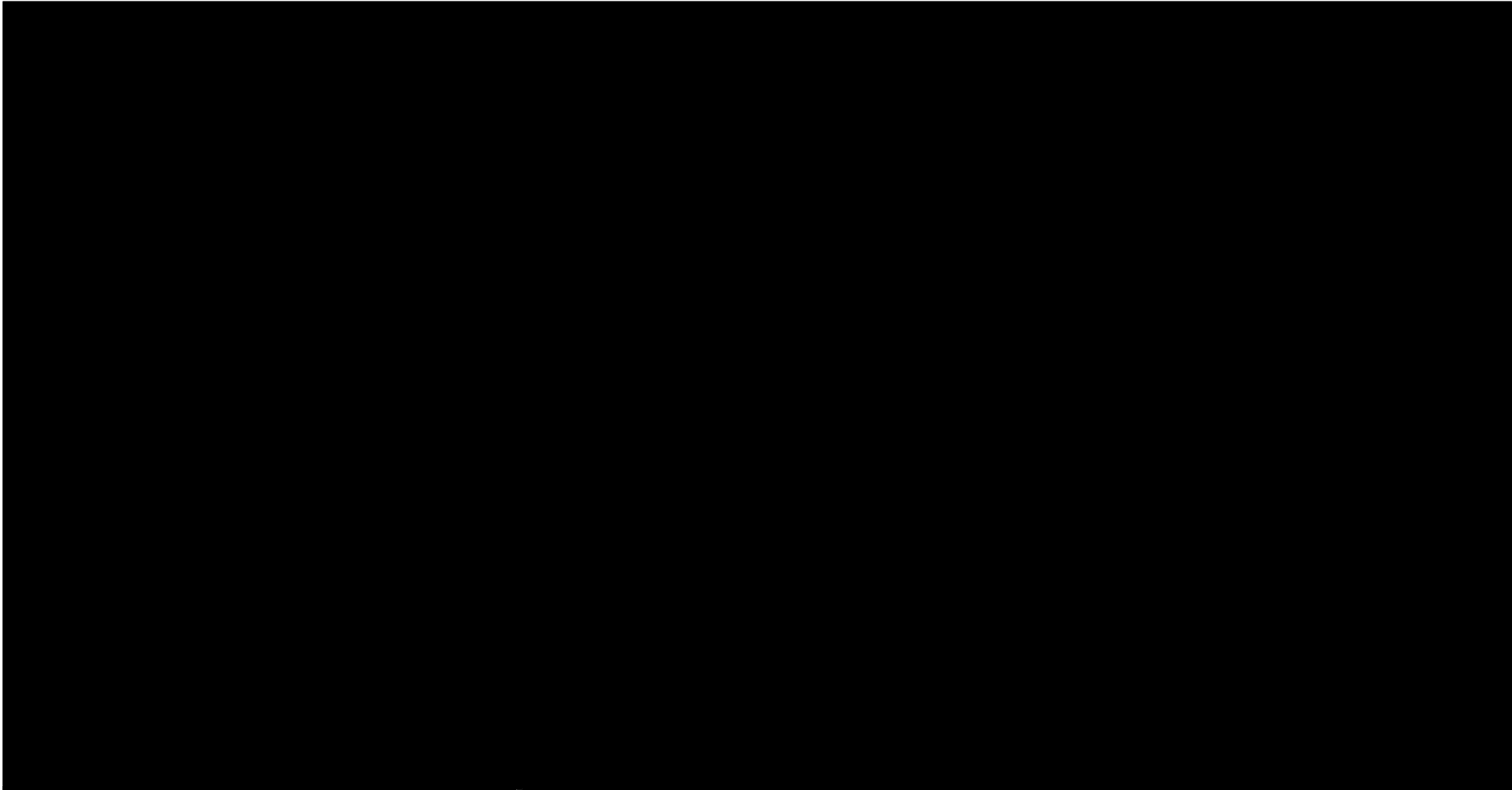
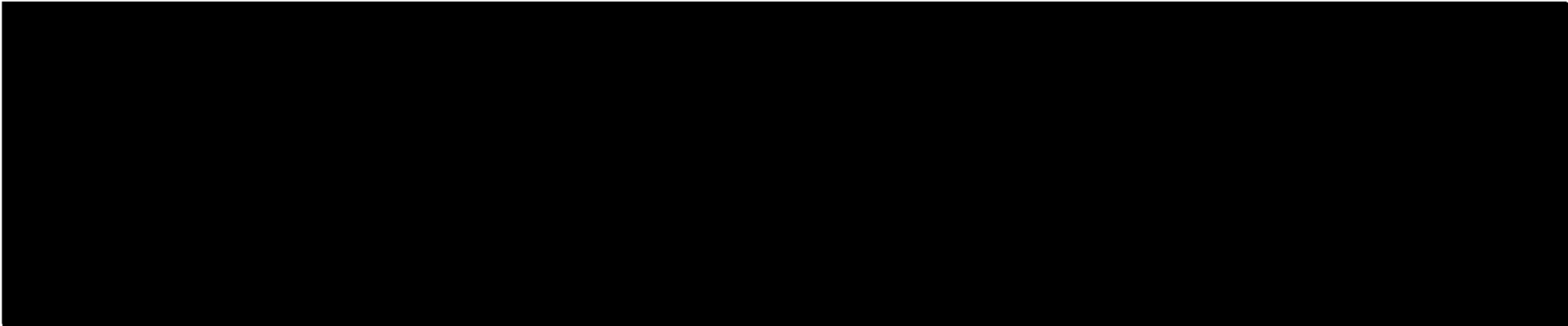
\$1,453.82	\$685.43	\$90.07			\$2,229.32
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		HENRY,O.E.	M	\$58.15	\$0.00	\$0.00			\$58.15
		HENRY,O.E.	M	\$0.00	\$27.42	\$0.00			\$27.42





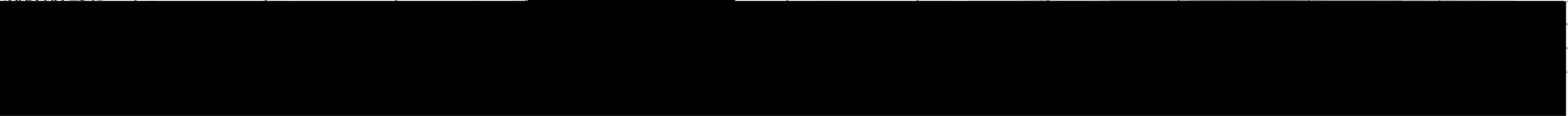
HENRY,O.E.

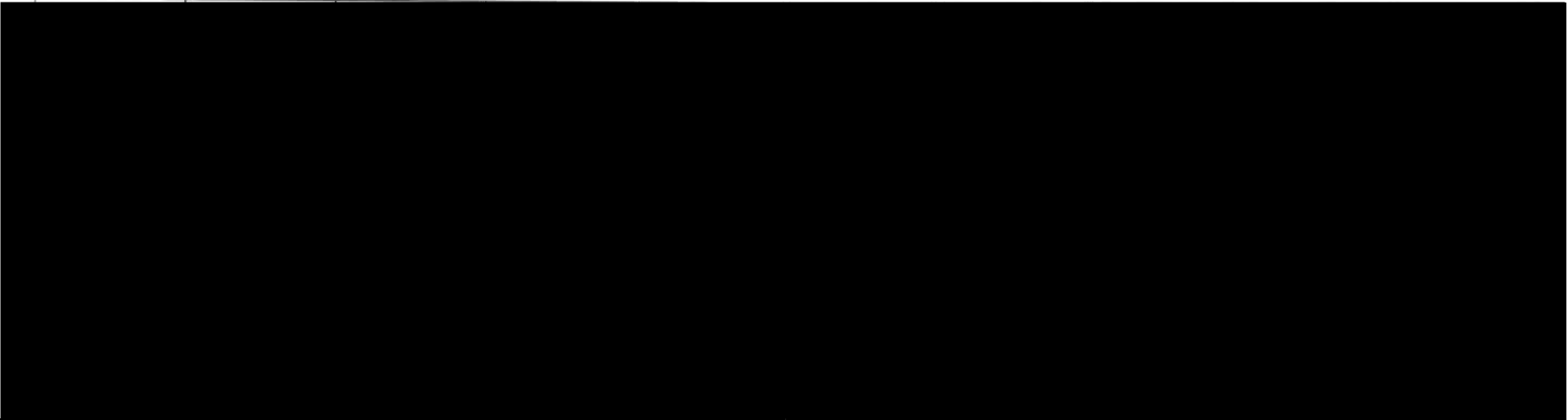
\$1,511.97

\$712.85

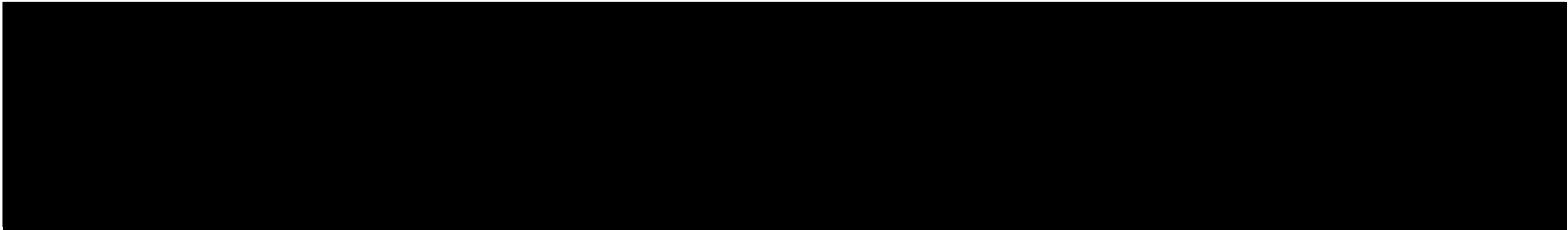
\$90.07

\$2,314.89





		HENRY,O.E.	M	\$1,511.97	\$712.85	\$90.07	\$2,314.89
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PASKITT, A.

M

\$1,445.49

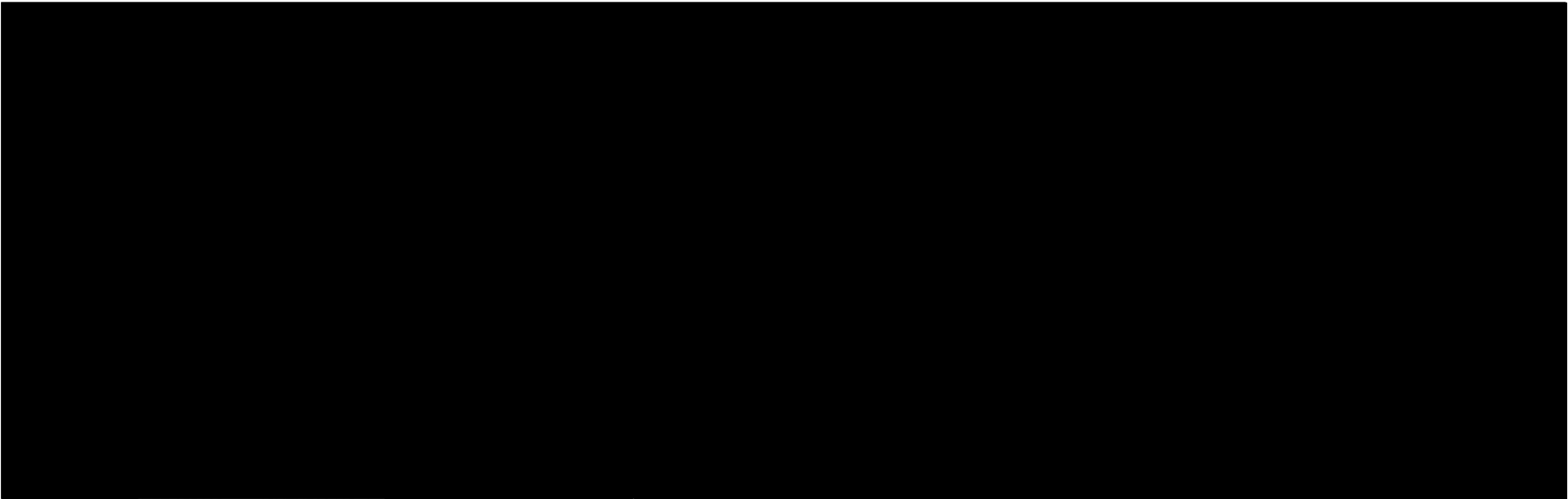
\$766.46

\$90.07

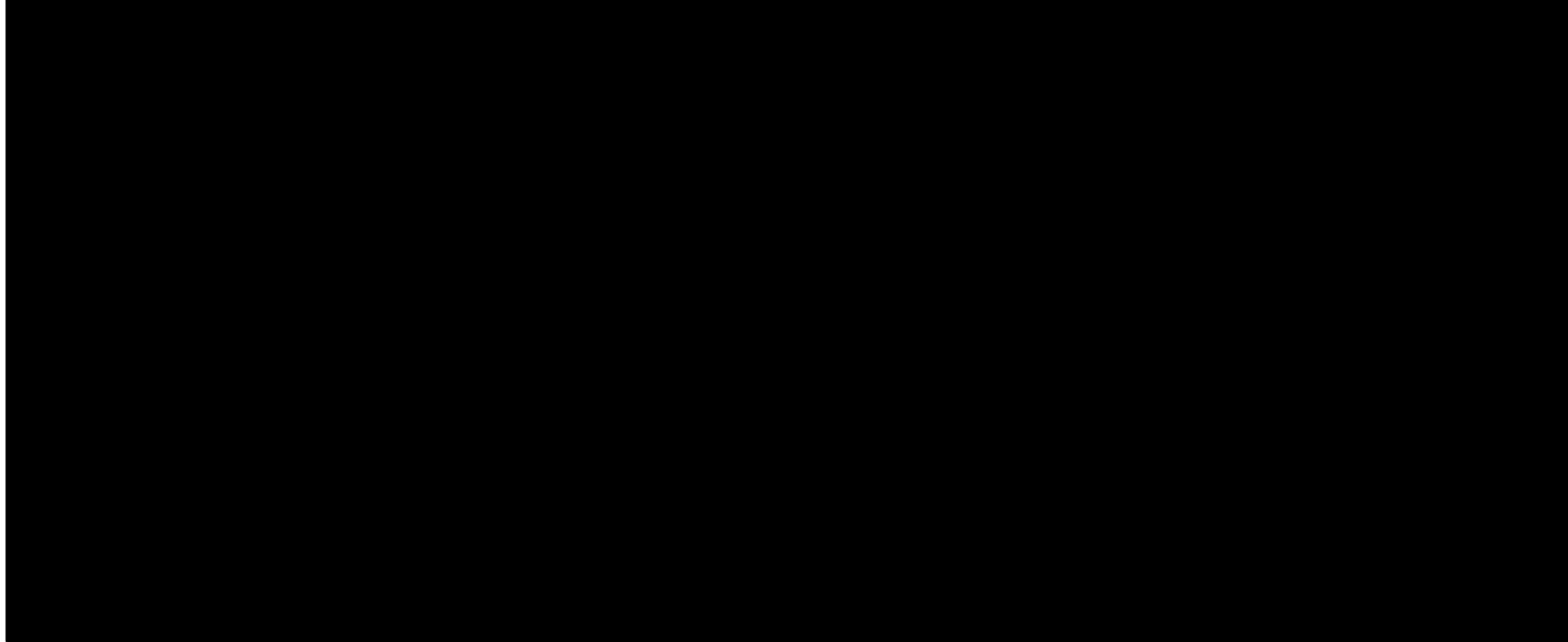
\$2,302.02

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
	TOWNSHIP OF C		REGULAR	11/01/18	

Adjustments										
Adjustment Reason	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL
ADJUSTMENT			BROWN,E	F		\$55.60	\$0.00	\$0.00		\$55.60
ADJUSTMENT			BROWN,E	F		\$0.00	\$29.48	\$0.00		\$29.48



ADJUSTMENT	PASKITTI,A	M	\$55.60	\$0.00	\$0.00			\$55.60
ADJUSTMENT	PASKITTI,A.	M	\$0.00	\$29.48	\$0.00			\$29.48



Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
	TOWNSHIP OF O		REGULAR	10/01/18	

[illegible]

COBRA Subscribers

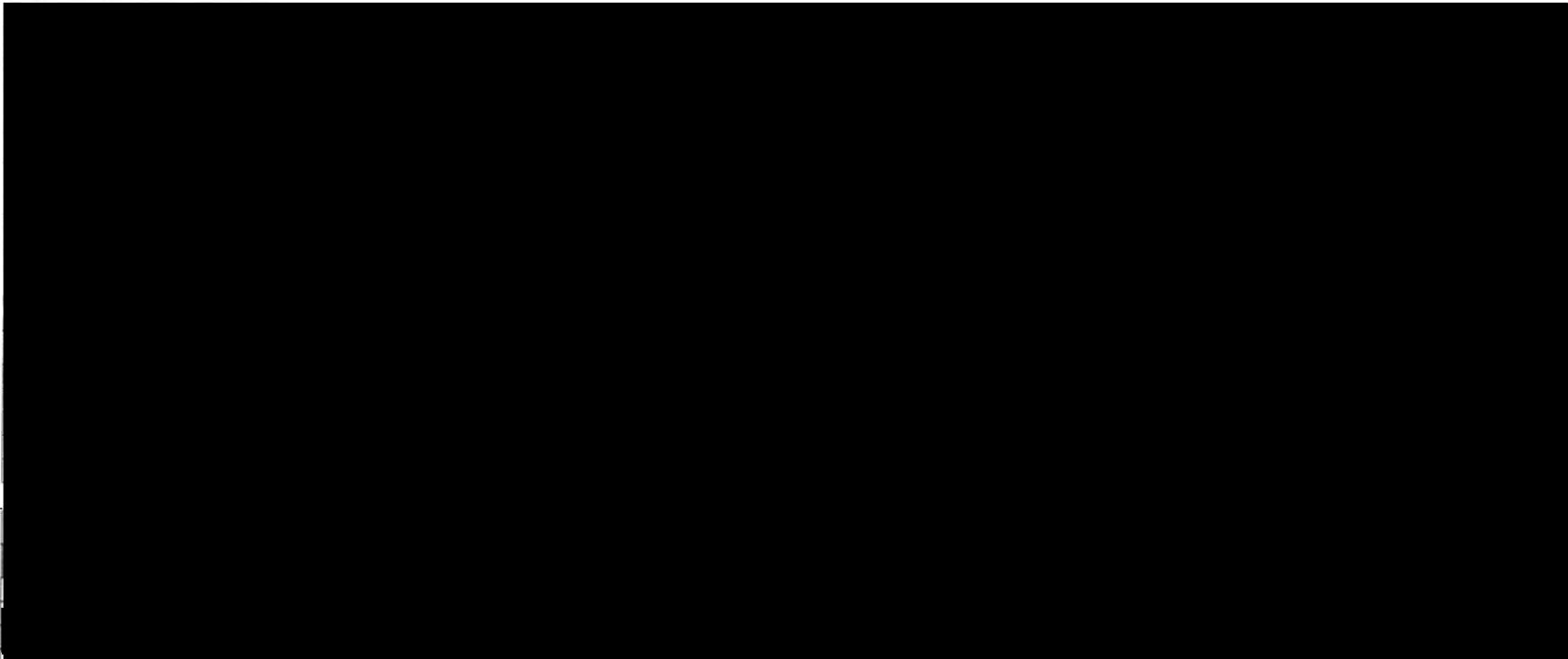
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TEFRA DEFRA Subscribers

BROWN,E.	F		\$1,389.89	\$736.98	\$90.07			\$2,216.94
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PASKITTI,A.	M		\$1,389.89	\$736.98	\$90.07		\$2,216.94
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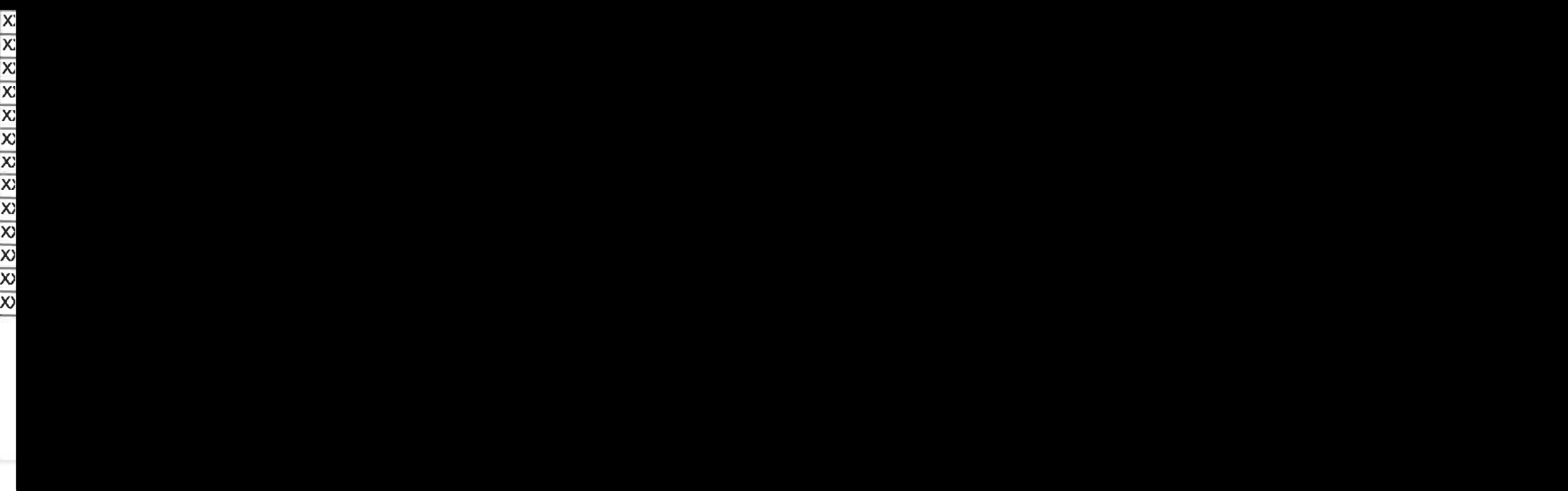
Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[REDACTED]	TOWNSHIP OF O	[REDACTED]	REGULAR	09/01/18	[REDACTED]



BROWN,E. F

\$1,389.89	\$736.98	\$90.07		\$2,216.94
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X
X
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PASKITT, A. M

\$1,389.89	\$736.98	\$90.07		\$2,216.94
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Account Number	Bill Type
[REDACTED]	REGULAR

[REDACTED]					
BROWN,E.		\$1,389.89	\$736.98	\$90.07	\$2,216.94

PASKITTI,A.	\$1,389.89	\$736.98	\$90.07		\$2,216.94
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Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
	TOWNSHIP OF O		REGULAR	07/01/18	

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
	TOWNSHIP OF O		REGULAR	06/01/18	

Adjustments										
Adjustment Reason	EFF	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL

COBRA Subscribers

Social Security Number	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL
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TEFRA DEFRA Subscribers

Social Security Number	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL

Regular Subscribers

Social Security Number	Employee Number	Subscriber ID	Name	Sex	Contract Type	OMNIA	PRESCRIPTION	DENTAL	Pay Location Code	TOTAL
			BROWN, E.			\$1,389.89	\$736.98	\$90.07		\$2,216.94

		PASKITTI, A.		\$1,389.89	\$736.98	\$90.07		\$2,216.94
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		PASKITTI,A.			\$1,389.89	\$736.98	\$90.07		\$2,216.94

Adjustments	Subscriber Name	Sex	Contract T	OMNIA	C PRESCRIPTION	DENT. Pay Location Code	TOTAL
Adjustment EFF							

[illegible]

[illegible]

Account Number	Account N	Invoice N	Bill Type	Due Date	Address
	TOWNSHIP		REGULAR	02/01/18	

Adjustments										
Adjustment	Reas	EFF	Subscriber Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL

COBRA Subscribers										
Social Security N	Employee	Subscriber Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL	

TEFRA DEFRA Subscribers										
Social Security N	Employee	Subscriber Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL	

Regular Subscribers									
Social Security No	Employee	Subscriber Name	Sex	Contract T	OMNIA	O	PRESCRIPTION	DENT. Pay Location Code	TOTAL
		BROWN, E.							
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Account #	Account #	Invoice #	Bill Type	Due Date	Address
	TOWNSHIP		REGULAR	01/26/18	

JANUARY WAS
BILLED WITH
FEBRUARY
BILLING

Adjustments	Subscriber Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT Pay Location Code	TOTAL
Adjustmen EFF							

COBRA Subscribers	Subscriber Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT Pay Location Code	TOTAL
Social Sec Employee							

TEFRA DEFRA Subscribers	Subscriber Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT Pay Location Code	TOTAL
Social Sec Employee							

Regular Subscribers	Subscriber Name	Sex	Contract T	OMNIA	PRESCRIPTION	DENT Pay Location Code	TOTAL
Social Sec Employee							
	BROWN, E.			\$1,389.89	\$736.98	\$90.07	\$2,216.94

