



Billing Recap

Agency/District Number: _____ For Month of: _____

Contribution amount billed (from printout) 1) \$ _____

Adjustments:

Health Advantage (011) 2) \$ _____

NovaSys (014) 3) \$ _____

High Deductible PPO (016) 4) \$ _____

Total Difference: (Lines 2-4) 5) \$ _____

Total Contribution Due: (Line 1 + Line 5) 6) \$ _____

Overages/shortages:

Contribution Overages: 7) \$ _____

Contribution Shortages: 8) \$ _____

Total Difference: (Line 7 + Line 8) 9) \$ _____

Total Contribution Remitted: (Line 6 + Line 9) 10) \$ _____

A worksheet with explanation for each entry must be attached to this reconcillation.
