



40 Elm Street, Suite 225
 Sudbury, Ontario
 P3C 1S4
 Contact us : Finance@claimsecure.com

INVOICE

ABC Company

123 Street
 Sudbury, ON, P3C 1S4

Attention : Jane Doe 	Invoice Due Date - Jul 16, 2015
Client Number - 1234 	Invoice Number - 20150713-121306
Payment Terms - Net 3 Days 	Invoice Date - Jul 13, 2015
	Billing Period - Jun 28, 2015 - Jul 11, 2015 

Invoice Summary 

Benefit Cost Summary

	Total (\$)
Health Claims Processing (Schedule 1)	8,569.02
Insured Benefit Premium (Schedule 2)	839.19
Clinical Services (Schedule 3)	750.00
Other Services (Schedule 5)	650.00
Administrative Fees (Schedule 6)	689.49
	11,497.70

Tax Summary (Schedule 7)

Provincial Sales Tax	30.63
Provincial Premium Tax	2.61
Recoverable Quebec Tax	0.00
GST/HST	98.00
	131.24

Invoice Total

11,628.94

Account Summary 

	(\$)
Amount Due as of this Invoice Date	1,740.39
Current invoice	11,628.94
	13,369.33
	13,369.33

Please note your payment terms are Net 3 Days and your payment is due in our office on Jul 16,2015





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Health Claims Processing - Schedule 1



ABC Company

Client Number : 1234

Billing Period : Jun 28, 2015 - Jul 11, 2015

	<u>Claims Submitted</u> (\$)	<u>Claims Submitted</u> (#)	<u>Claims Paid</u> (\$)	<u>Claims Paid</u> (#)	<u>Stop Loss Premium</u> (\$)
Drug	6,646.39	98	2,400.33	83	0.00
Dental	2,612.70	15	2,046.19	15	0.00
EHC	3,690.00	6	3,622.50	5	0.00
HSSA	513.00	10	500.00	10	0.00
Total	13,462.09	129	8,569.02	113	0.00

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Client Number - 1234

Billing Period : Jun 28, 2015 - Jul 11, 2015

Policy Number	Drug (\$)	Dental (\$)	Vision (\$)	Hospital (\$)	EHC (\$)	HSSA (\$)	Wellness (\$)	Stop loss Premium (\$)	Admin Fee (\$)	Total Taxes (\$)	Sub Total (\$)	Quebec ITC (\$)	GST/HST (\$)	Total (\$)
1234-001-001	243.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.60	0.00	282.18	0.00	1.93	284.11
1234-001-002	341.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.88	0.00	372.55	0.00	1.54	374.09
1234-001-003	1,022.67	985.23	0.00	0.00	3,622.50	500.00	0.00	0.00	340.86	0.00	6,471.26	0.00	17.04	6,488.30
1234-002-001	35.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.58	0.00	47.52	0.00	0.58	48.10
1234-002-003	19.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.72	0.00	26.86	0.00	0.39	27.25
1234-003-003	107.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.16	11.21	141.88	0.00	1.16	143.04
1234-004-001	134.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.02	0.00	161.60	0.00	1.35	162.95
1234-004-003	307.79	648.96	0.00	0.00	0.00	0.00	0.00	0.00	125.04	0.00	1,081.79	0.00	6.25	1,088.04
1234-005-001	187.45	412.00	0.00	0.00	0.00	0.00	0.00	0.00	55.26	0.00	654.71	0.00	2.76	657.47
	2,400.33	2,046.19	0.00	0.00	3,622.50	500.00	0.00	0.00	660.12	11.21	9,240.35	0.00	33.00	9,273.35



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Insured Benefit Premium - Schedule 2



ABC Company

Client Number : 1234

Billing Period : Jul, 2015

Attention : Jane Doe

Group Number : 1234

Group Name : ABC company

	Total (\$)
Out of Country Premium	839.19
Insured Premium	0.00
Spencer Vision Premium	0.00
Sub Total Benefit Premium	839.19
Insured Premium to Other Carrier (s)	0.00
Total Insured Benefit Premium	839.19
Adjustment Total	0.00
Total Insured Benefit Premium	839.19



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Clinical Services - Schedule 3



ABC Company

Client Number : 1234

Billing Period : Jul, 2015

<u>Service</u>	<u>Description</u>	<u>Fee Basis</u>	<u>Unit Fee (\$)</u>	<u>Quantity</u>	<u>Total (\$)</u>
July /2015 Monthly New Drug Evaluation		monthly	750.00	1	750.00
					750.00
Total Clinical Services					750.00



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Other Services - Schedule 5



ABC Company

Client Number : 1234

Billing Period : Jul, 2015

<u>Service</u>	<u>Description</u>	<u>Fee Basis</u>	<u>Unit Fee (\$)</u>	<u>Quantity</u>	<u>Total (\$)</u>
Report development charges	Top # DINS	per	150.00	1	150.00
Report development charges	Top # Dental Procedure Codes	per	500.00	1	500.00
					650.00
Total Other Services					650.00



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Administrative Fees - Schedule 6**ABC Company**

Client Number : 1234

Billing Period : Jun 28, 2015 - Jul 11, 2015

Health Claims Processing

<u>Benefit</u>	<u>Route</u>	<u>Fee Basis</u>	<u>Fee Quantity</u>	<u>Fee Rate</u>	<u>Total (\$)</u>
Drug	Electronic	Total # Paid	83	3.8600 \$	320.38
					320.38
Dental	Electronic	Total # Paid	7	11.6400 \$	81.48
Dental	Paper	Total # Paid	8	14.1200 \$	112.96
					194.44
HSSA	Paper	Total # Submitted	10	8.2300 \$	82.30
					82.30
EHB	Paper	Total # Paid	5	12.6000 \$	63.00
					63.00
Total Administrative Fees for Health Claims Processing					660.12
<u>Insured Benefit Premium</u>					
Total Administrative Fees for Insured Benefit Premium (Schedule 2 - \$839.19) - 3.5%					29.37
Total Administrative Fees					689.49



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Tax Summary - Schedule 7**ABC Company**

Client Number : 1234

Billing Period : Jun 28, 2015 - Jul 11, 2015

Health Claims Processing (Schedule 1)**Taxes**

	Claims Paid (Schedule 1) (\$)	Administrative Fees (Schedule 6) (\$)	Stop Loss Premium (Schedule 1) (\$)	Provincial Sales Tax (\$)	Provincial Premium Tax (\$)	Recoverable Quebec Tax (\$)	GSTHST (\$)	Total (\$)
Alberta	3,699.81	411.34	0.00	0.00	0.00	0.00	20.56	20.56
British Columbia	4,706.62	206.32	0.00	0.00	0.00	0.00	10.31	10.31
Ontario	107.51	23.16	0.00	8.60	2.61	0.00	1.16	12.37
Saskatchewan	55.08	19.30	0.00	0.00	0.00	0.00	0.97	0.97
	8,569.02	660.12	0.00	8.60	2.61	0.00	33.00	44.21
Service								
Insured Benefit Premium (Schedule 2)	839.19	29.37		2.53			0.00	2.53
Clinical Services (Schedule 3)				0.00	0.00		97.50	97.50
Other Services (Schedule 5)				19.50	0.00		65.00	84.50
Total				30.63	2.61	0.00	195.50	228.74