

BILLING STATEMENT


Quick Reference Guide

UNDERSTANDING YOUR GROUP'S BILLING STATEMENT

As a business owner, you probably don't enjoy paperwork. Not to worry. WPS is here to help!

We think you'll find our billing statement easy to use. But, health insurance terminology and billing statements often differ from the other types of invoices you're used to seeing. Use this quick reference guide to help you understand your group's billing statement.

- A Customer Service:** Please call us at this telephone number any time you have questions.
- B Current Amount Due:** This amount is the total dollar amount of all billed premiums before any enrollment adjustments, credits, or past due amounts are applied to your group's billing.
- C Adjustments:** This amount reflects adjustments to your group's current amount due as a result of changes in enrollment, benefits, coverage amounts, and more. We calculate adjustments based on information you provide to us throughout the billing period.
- D Total Amount Due:** This amount is the premium you owe for the billing period. Any applicable adjustments, billing fees, and past due amounts are included in this amount. Please send your check to: WPS—P.O. Box 9—Madison, WI 53701-0009, unless you signed up for our Automatic Cash Handling (ACH) service. If you have ACH, WPS will automatically withdraw your premium from your bank account.
- E Account Number:** This number identifies your group number and subgroup in our billing system. Please refer to this number when you contact WPS regarding billing information.
- F Date Due:** The date by which the premium is to be paid.
- G Barcode:** Please include this detachable portion with your payment. This barcode allows us to scan your payment electronically and credit your account.



Wisconsin Physicians Service Insurance Corporation
1717 W. Broadway - P.O. Box 8190
Madison, WI 53708-8190

March 21, 2016

Thank you for your timely payment. We appreciate your business and look forward to serving you in the future.

BILLING STATEMENT

Please be advised: This document serves as a Summary Billing statement only. To see your full billing statement details, please log in to your group leader homepage from the WPS website: www.wpsic.com.

Invoice Number: 001234567898

BILLING SUMMARY

| Coverage | Enrolled | Current Charges | Total Charges |
|---------------|-----------|--------------------|--------------------|
| Medical | 31 | \$31,459.12 | \$31,459.12 |
| Totals | 31 | \$31,459.12 | \$31,459.12 |

| Current Amount Due | Adjustments | Past Due Amount | Fees | Total Amount Due |
|--------------------|-------------|-----------------|---------|------------------|
| \$31,459.12 | \$0.00 | \$0.00 | \$15.00 | \$31,474.12 |

B

C

D

RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DISREGARD IF PAYING BY ELECTRONIC FUNDS TRANSFERS.


Bill: April 1, 2016 - April 30, 2016

Account: 1000XXXI-1001

Invoice: 001234567898

Total Amount Due:
\$31,474.12

Date Due:
April 1, 2016



001234567898

WPS HEALTH INSURANCE
PO BOX 9
MADISON WI 53701

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