

AmeriHealth



Group Administrator *Invoice Guide*



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eBilling Format

We Want To Make Your Job Easier!

Each month, your group receives a statement and invoice.

As Group Administrator, it's important to make sure the information on the statement is accurate and that the amount enclosed with the invoice is correct.

To make that job easier, we've prepared this Guide. We hope you find it helpful.

You can also receive your eBilling invoice on-line at amerihealthexpress.com (registration is required to access the site).

If you have any questions, your Service Team will be glad to answer them. They're available any business day from 8:30 a.m. till 4:30 p.m., and you'll find their phone number on page 2 of your invoice (the invoice page).

Features of eBilling

- 1 E-mail notification when your eBill is ready to view.**
- 2 Consolidated Invoice**
This page acts as the eBilling home page. Shows how much is owed for each product. Gives a "Prior Balance" and "Total Due" at first glance.

Simply click on an invoice number to view detailed information.

Consolidated Invoice View ABC Inc	
Charges as of July 17, 2004 for Coverage Period: 08/01/04 – 08/31/04	
Prior Balance Due: \$0.00	
HMO	\$218.90
Grp/Acct # 999999	Inv # 999999040801-01
POS	\$24,239.70
Grp/Acct # 777777	Inv # 777777040801-01
Grp/Acct # 555555	Inv # 555555040801-01
PERSONAL CHOICE	\$12,541.30
Grp/Acct #00001	Inv # 00001040801
DRUG—FREE STANDING	\$3,022.10
Grp/Acct #00001	Inv # 00001040801
VISION—FREE STANDING	\$211.19
Grp/Acct #00001	Inv # 00001040801
Coverage Period Charges: \$40,233.19	
TOTAL DUE: \$40,233.19	

Features of eBilling (continued)

3 On-line Invoice Presentation

- View each page of invoice.
- Download Current Enrollment Roster in Comma Delimited Text, XML or HTML format.

4 View Billing & Payment History

- View up to 24 months of all historical payments, invoices and adjustments on specific Group/Billing Accounts.

5 No more paper checks!

- Pay Invoices On-line (Automated Clearing House (ACH) Payments)*
- Pay multiple invoices from one screen
- Simply register your bank account, then authorize payments.
- Modify future payments within two business days of the payment date.

Tabs allow navigation through all pages of the invoice.

Invoice Summary | Summary of Changes | Enrollment Roster | Rate Summary | Invoice Remittance

Invoice Summary		
GROUP:		
CID:	XXXXXXX	
Invoice #:	55555040801-01	
Due Date:	08/01/2004	
Total Due:	\$23,346.10	
Paid Thru Date:	07/31/2004	
FOR CUSTOMER INQUIRIES CONTACT:		1-800-893-7827
Invoice Summary As Of: 07/12/2004		
AMOUNT OF LAST BILL		\$26,811.10
PAYMENT RECEIVED	07/05/2004	\$26,811.10-
BALANCE DUE		.00
Retroactive Enrollment Changes		\$2,535.80-
(SEE SUMMARY OF CHANGES FOR DETAILS)		
Current Charges		\$25,861.90
Total Due By: 08/01/2004		\$23,326.10

Schedule Payment		
For each payment below, select a bank account to initiate payment from, payment amount, and the scheduled date of payment. Then, select SCHEDULE to initiate payment.		
GROUP/ACCOUNT #	INVOICE #	00001040801
From Bank Account:	Main	
Amount Due:	\$15,774.59	Payment Amount: 15,774.59
Due Date:	08/01/2004	Schedule Date: <input type="text"/>
GROUP/ACCOUNT #	INVOICE #	999999040801
From Bank Account:		
Amount Due:	\$218.90	Payment Amount: 218.90
Due Date:	08/01/2004	Schedule Date: <input type="text"/>
SCHEDULE PAYMENT		

*ACH Payments are similar to checks, but without paper. Accounts are debited for the amount authorized by you. The money is transferred via the Federal Reserve Bank. Future payments can be modified up to 48 hours prior to payment date.

You select the amount of each payment and schedule the date for the debit.

Features of eBilling (continued)

6 Assign Billing/Payment Specific Roles

- The Super User determines who has access to view invoices and make payments by assigning unique role access.
- Scalable to fit small Accounts Payable Departments and larger, more complex organizations.

Role: * Please assign one of the following roles:

Role	Description of Privileges
<input checked="" type="radio"/> Portal User	User will have access to view and update all enrollment activity *NOTE: User will have no eBilling access for this role.
<input type="radio"/> Portal Read-Only User	User will have access to view enrollment activity ONLY.
<input type="radio"/> eBilling Administrator	User will have access to view and update all enrollment activity, as well as, perform all billing functions. *NOTE: User can assign billing roles ONLY
<input type="radio"/> eBilling Specialist	User will have access to view and update all enrollment activity, as well as, perform all billing functions.
<input type="radio"/> eBilling User	User will have access to view and update all enrollment activity, as well as, view invoices and billing & payment history. *NOTE: User will not have access to initiate electronic payments.
<input type="radio"/> eBilling Read-Only User	User will have access to view enrollment activity, invoices, and billing & payment history.
<input type="radio"/> eBilling Invoice Payment User	User will have access to view invoice and billing & payment history. In addition, the user will have the ability to initiate electronic payments. *NOTE: User will have no enrollment activity access for this role.
<input type="radio"/> eBilling Account Summary User	User will have access to view summary invoice detail, and billing & payment history. In addition, user will have the ability to initiate electronic payments. *NOTE: User will have no enrollment activity access for this role.

SUBMIT

Your Paper Version

Using The Coupon Page

- 1 Bill To Account:** This is the number that identifies your account.
- 2 Invoice Number for Billing Purposes:** A combination of your Bill To Account number and the premium month. Please refer to it when you have inquiries regarding this bill.
- 3 Due Date:** The latest date we should receive your payment.
- 4 Total Due:** The full amount you should pay.
- When we have special information to pass along to you, you'll find it in the **Special Message Area** in the middle of the page.
- The **bottom portion** of the Coupon Page should be torn off and submitted with your payment. Indicate the amount you are paying in the spaces provided.
- Make your check payable to "**AmeriHealth**" and mail to the address indicated on the Coupon Page.
- Please do not write on or near the scan line along the bottom of the page. This is used to electronically record payments.

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1	BILL TO ACCOUNT:	999999
2	INVOICE:	999999040601-01
3	DUE DATE:	06/01/04
4	TOTAL DUE:	\$3,237.64

A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA

FOR INTERNAL USE ONLY	
SPECIALIST	- C
ACTIVITY	- X
COMPANY	- 603

5 SPECIAL MESSAGE AREA

MAKE CHECK PAYABLE TO:
AMERIHEALTH.
AND NOTE BILL TO ACCOUNT NUMBER ON YOUR CHECK. PLEASE DETACH THE BOTTOM PORTION AND RETURN WITH YOUR REMITTANCE TO:
AMERIHEALTH
P.O. BOX XXXX - XXXXX } - Indicated on bill
PHILADELPHIA, PA XXXXX
IF PAYMENT HAS BEEN MADE, RETAIN THIS BILL FOR YOUR RECORDS.

PLEASE REMOVE INVOICE BY CAREFULLY TEARING ALONG PERFORATION

DO NOT FOLD INVOICE

6	BILL TO ACCOUNT:	999999	INVOICE:	999999040601-01	SPEC:	C
	CUSTOMER NAME:	A.B.C. COMPANY	REF:	PREM	0601	
	ENTER AMOUNT PAID:	<input type="text"/>	CO:	603		
			DUE DATE:	06/01/04	TOTAL DUE:	\$3,237.64

7 REMITTANCE TO:
AMERIHEALTH
P.O. BOX XXXX - XXXXX } - Indicated on bill
PHILADELPHIA, PA XXXXX

8 - DO NOT WRITE BELOW THIS LINE

XXXXX 0604 9999990000000004 20040601 20040601 0406 000000323764

General Information

- Your coupon page has two parts. The top is for your records; the bottom part should be carefully torn off at the perforation and returned with your payment.
- If you have submitted enrollment changes with your Group Change Form and they are not reflected on this statement, they should be included with the next bill. Please do not adjust the bill or statement.

Understanding The Invoice

The Invoice Page explains how AmeriHealth calculates the **Total Due**.

- 1 Amount of Last Bill:** The total amount of the last billing.
- 2 Payments:** A listing of any payments received since the last billing, including the amount paid and the date received.
- 3 Prior Month Adjustment:** The amount of adjustments processed since the last invoice.
- 4 Balance Due:** Your outstanding balance due from the prior billing.
- 5 Retroactive Enrollment Changes:** The credit or debit amount for retroactive changes appearing on this invoice.
- 6 Current Charges:** The amount of premium due for the current billing period.
- 7 Important Notice:** Address where all enrollment activity should be mailed.

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FOR CUSTOMER INQUIRIES
CONTACT
1-XXX-XXX-XXXX (*) indicated on bill

BILL TO ACCOUNT: 999999
A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA

INVOICE AS OF: 05/15/04
INVOICE #: 99999040601-01

ACCOUNT SUMMARY:

1	AMOUNT OF LAST BILL	\$ 2,419.14
2	PAYMENT RECEIVED 04/29/04 - THANK YOU	\$ 2,319.14
3	PRIOR MONTH ADJUSTMENT	\$ 100.00
4	BALANCE DUE	\$ 00
5	RETROACTIVE ENROLLMENT CHANGES	\$ 571.32
6	CURRENT CHARGES	\$ 2,666.32
	TOTAL PREMIUM DUE	\$ 3,237.64

TOTAL DUE BY: 06/01/04
PLEASE PAY PROMPTLY

THE DUE DATE APPLIES TO CURRENT CHARGES ONLY AND DOES NOT EXTEND THE DUE DATE FOR PAYMENT OF PAST DUE AMOUNTS

7 IMPORTANT NOTICE

ALL PAYMENTS SHOULD BE MAILED TO THE PO BOX LISTED ON PAGE ONE OF THIS INVOICE. PLEASE DO NOT SUBMIT ENROLLMENT ACTIVITY WITH YOUR PAYMENT. SUBMIT ENROLLMENT ACTIVITY THROUGH THE GROUP PORTAL AT WWW.AMERIHEALTHEXPRESS.COM OR SEND ALL ENROLLMENT CHANGES TO:

AMERHEALTH ENROLLMENT
P.O. BOX XXXXX
PHILADELPHIA, PA. XXXXX-XXXX } Refer to your invoice for address

The Summary of Retroactive Changes

This page of the bill will list only enrollment or rate changes that we have processed with an earlier effective date than the current billing period.

- 1 Member #:** The member's ID number.
- 2 Name:** Member's name.
- 3 Benefit Package including Item:** The benefit code and description.
- 4 Tier:** A code that identifies the member's family status.
- 5 Bill For:** The month and year for the period that the activity represents.
- 6 Amount:** The premium for the period represented in the Bill For column.
- 7 Total Retroactive Enrollment Changes:** The total amount of retroactive enrollment changes.



FOR CUSTOMER INQUIRIES
CONTACT
1-XXX-XXX-XXXX (-) indicated on bill

BILL TO ACCOUNT: 999999
A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA


SUMMARY OF RETROACTIVE CHANGES
SINCE LAST BILLING

1	2	3		4	5	6
MEMBER #	NAME	BPKG	ITEMS	TIER	BILL FOR	AMOUNT
999999999	ALLEN, JOSEPH	0035	HSM HSR	F991	05 / 04	462.52
999999999	BAINES, JOHN	0035	HSM HSR	F991	04 / 04	462.52
999999999	BAINES, JOHN	0035	HSM HSR	F991	05 / 04	462.52
999999999	BECK, WILLIAM	0035	HSM HSR	F991	05 / 04	285.66
999999999	JONES, MARY	0035	HSM HSR	S991	05 / 04	176.86
7	TOTAL RETROACTIVE ENROLLMENT CHANGES					571.32

What The Roster Tells You

The Roster lists each active member of this Bill To Account.

- 1 Member #:** The member's ID number.
- 2 Name:** Member's Name.
- 3 Benefit Package including Item:** The benefit code and description.
- 4 Tier:** A code that identifies the member's family status.
- 5 Bill For:** The billing period month and year.
- 6 Amount:** The current premium.
- 7 Invoice Total:** The total amount of current premium billed.



CID: X00000X
 INVOICE: 999999040601-01
 REF #: PREM 0604
 BILL TO ACCOUNT: 999999
 CUSTOMER NAME: A.B.C. COMPANY
 BILLING PERIOD: 06 / 04

A. B. C. COMPANY
 PAYROLL DIVISION
 123 MARKET PIKE
 ANYWHERE, USA


DETAIL ENROLLMENT ROSTER AS OF: 06/15/04
 PAYMENT OF CURRENT CHARGES DUE BY: 06/01/04
 CURRENT PERIOD: 06/01/04 THRU 06/30/04

1	2	3	4	5	6	
MEMBER #	NAME	BPKG	ITEMS	TIER	BILL FOR	AMOUNT
99999999	ADAMS, MARIE	D035	HSM HSR	F991	06 / 04	462.52
99999999	BAINES, JOHN	D035	HSM HSR	F991	06 / 04	462.52
99999999	BECK, WILLIAM	D035	HSM HSR	F991	06 / 04	462.52
99999999	HARPER, MARY	D035	HSM HSR	S991	06 / 04	176.86
99999999	RENFRO, OSCAR	D035	HSM HSR	S991	06 / 04	176.86
99999999	WEST, CHARLES	D035	HSM HSR	F991	06 / 04	462.52
99999999	WOODS, WILLIAM	D035	HSM HSR	F991	06 / 04	462.52
7 INVOICE TOTAL:						2,666.32

Understanding The Rate Summary

The Rate Summary is designed to help you monitor your costs and coverage. It details how many members are listed for each coverage. It also explains how many contracts you have in force, and how much you are paying for each type of coverage.

- 1 Tier Code:** The code and description of the possible family status categories available in the group.
- 2 Package/Item Code:** The benefit plans and code that describes each plan.
- 3** The effective date and rates of the benefit package.
- 4 Contracts:** Indicates how many members based on family status are receiving each benefit plan.
- 5 Total Number of Contracts:** Indicates the total number of members covered under each benefit plan.
- 6 Benefit Package Total:** Represents the dollar amount for members covered under each benefit package.
- 7 Total all Benefit Packages:** The total amount of premium billed for all benefit packages.



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FOR CUSTOMER INQUIRIES CONTACT
1-XXX-XXX-XXXX | Indicated on bill

BILL TO ACCOUNT: 999999

A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA

RATE SUMMARY AS OF 05/15/04

1 TIER CODE →	S	H	N	F	P	E		
	INDV.	TWO PERSON	PARENT & CHILDREN	FAMILY	N/A	PARENT & CHILD	N/A	OTHER
2 PACKAGE/ITEM CODE 0035 HSM: KS SELECT 10/15/05						HMO STANDARD MEDICAL		
3 01/01/04	142.59	186.21	326.06	363.83		275.78		
4 CONTRACTS	2			5				
5 TOTAL NUMBER OF CONTRACTS:				7		6 BENEFIT PACKAGE TOTAL:		\$2,104.33
2 PACKAGE/ITEM CODE 0335 HSD: KS SELECT 10/15/05						HMO STANDARD MEDICAL		
01/01/04	34.27	77.81	90.00	98.69		74.76		
CONTRACTS	2			5				
TOTAL NUMBER OF CONTRACTS:				7		BENEFIT PACKAGE TOTAL:		\$ 561.99
						7 TOTAL ALL BENEFIT PACKAGES:		\$2,666.32



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QCC Ins. Co. d/b/a AmeriHealth Insurance Company • AmeriHealth HMO, Inc. • AmeriHealth Insurance Company of New Jersey