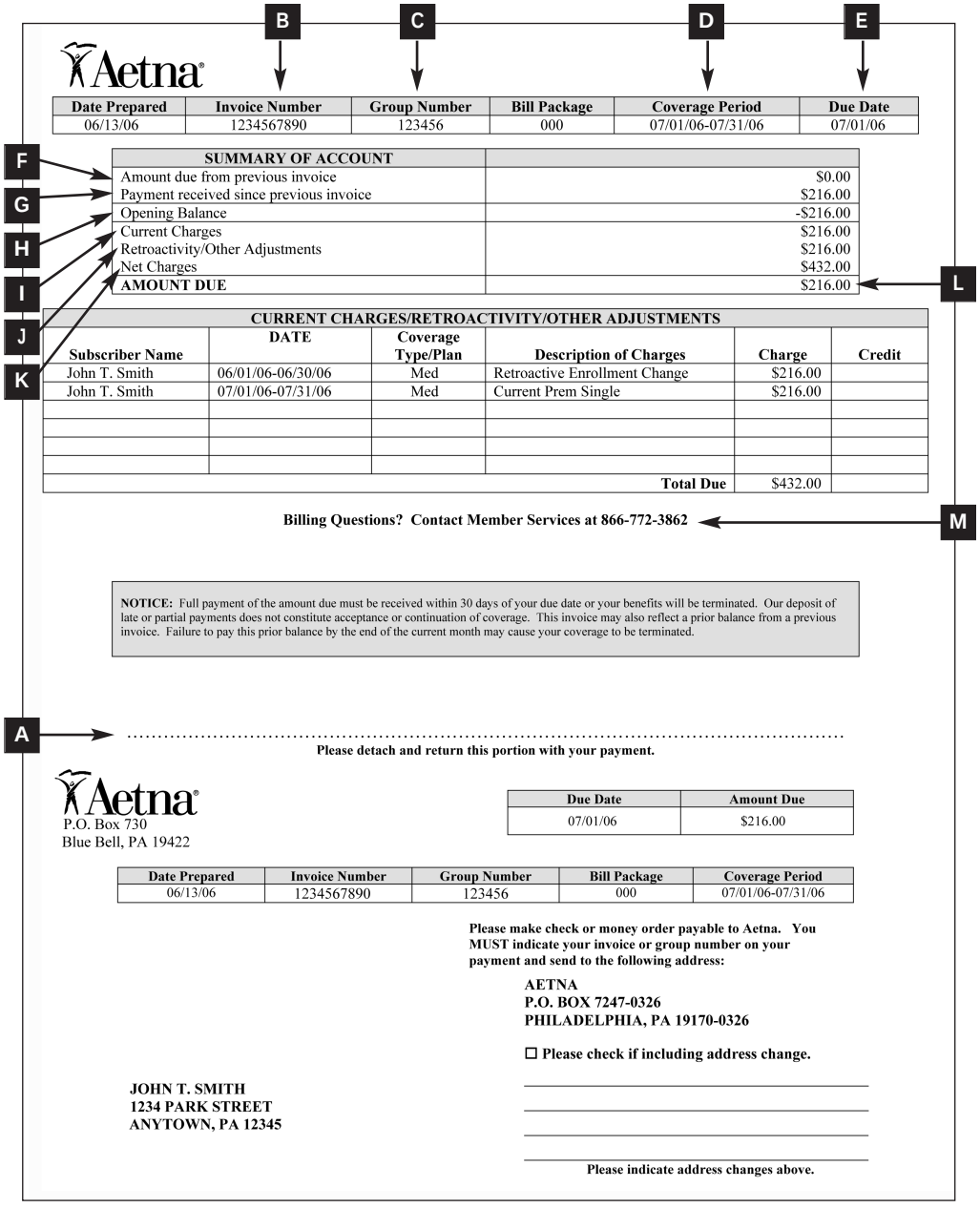
How to Read Your Invoice

We encourage you to read your invoice carefully before payment and understand all charges and credits shown. We've included this step-by-step key to each section of your bill with a clear explanation of the terms you need to know.



Aetna

Date Prepared	Invoice Number	Group Number	Bill Package	Coverage Period	Due Date
06/13/06	1234567890	123456	000	07/01/06-07/31/06	07/01/06

SUMMARY OF ACCOUNT	
Amount due from previous invoice	$0.00
Payment received since previous invoice	$216.00
Opening Balance	-$216.00
Current Charges	$216.00
Retroactivity/Other Adjustments	$216.00
Net Charges	$432.00
AMOUNT DUE	$216.00

CURRENT CHARGES/RETROACTIVITY/OTHER ADJUSTMENTS

Subscriber Name	DATE	Coverage Type/Plan	Description of Charges	Charge	Credit
John T. Smith	06/01/06-06/30/06	Med	Retroactive Enrollment Change	$216.00	
John T. Smith	07/01/06-07/31/06	Med	Current Prem Single	$216.00	
			Total Due	$432.00	

Billing Questions? Contact Member Services at 866-772-3862

NOTICE: Full payment of the amount due must be received within 30 days of your due date or your benefits will be terminated. Our deposit of late or partial payments does not constitute acceptance or continuation of coverage. This invoice may also reflect a prior balance from a previous invoice. Failure to pay this prior balance by the end of the current month may cause your coverage to be terminated.

Please detach and return this portion with your payment.

Aetna
P.O. Box 730
Blue Bell, PA 19422

Due Date	Amount Due
07/01/06	$216.00

Date Prepared	Invoice Number	Group Number	Bill Package	Coverage Period
06/13/06	1234567890	123456	000	07/01/06-07/31/06

Please make check or money order payable to Aetna. You MUST indicate your invoice or group number on your payment and send to the following address:

AETNA
P.O. BOX 7247-0326
PHILADELPHIA, PA 19170-0326

☐ **Please check if including address change.**

JOHN T. SMITH
1234 PARK STREET
ANYTOWN, PA 12345

Please indicate address changes above.

A. Payment Coupon: To ensure prompt and accurate application of your monthly premium payment to your account, always detach the bottom portion of your statement and return it with your check in the window envelope provided.

B. Invoice Number: The unique number that Aetna assigned to this monthly billing statement.

C. Group Number: Your Aetna account number which identifies yourself and any other insured members of the same family being billed on this invoice. When calling our Customer Service center, please reference your Group Number as shown here on your invoice.

D. Coverage Period: The period of time for which the covered members are being billed. The starting date of the coverage period is either the 1st or 15th of the month.

E. Due Date: The date by which your payment for the stated coverage period is due to Aetna.

F. Amount due from previous invoice: This is the balance remaining from one or more previous months. It may reflect either an overpayment (credit) or underpayment (debit or charge).

G. Payment received since previous invoice: The amount received as of the date this invoice was prepared and printed.

H. Opening Balance: The Amount Due from a previous invoice less any Payment Received since the previous invoice.

I. Current Charges: The sum of all new charges for all insured members being billed on this invoice for the specified coverage period.

J. Retroactivity/Other Adjustments: Reflects any credits you may be receiving or any charges for prior months' coverage that are being billed at this time. Retroactive charges could reflect reinstatement charges or the difference in premium due when a plan change is requested that affects the monthly premium rate at which the covered members are billed. The detailed description of any retroactivity charges and/or adjustments for each covered member are shown in the box below titled Current Charges/Retroactivity/ Other Adjustments.

K. Net Charges: The sum of all new charges for the month including current charges and any retroactivity.

L. Amount Due: The total amount due on your account that should be paid by the Due Date.

M. Billing Questions: If you still have questions about your invoice, please call us at 866-772-3862 and reference your group number as shown in **C** above.

We want you to know®

Aetna®

www.aetna.com