

Dammon Engineering, Inc.
554 Old Spanish Trail
Slidell, LA 70458
985-649-5832

2/5/2018

PAY TO THE ORDER OF BlueCross BlueShield of Louisiana

VOID

\$ **670.34

Six Hundred Seventy and 34/100***** DOLLARS

BlueCross BlueShield of Louisiana
P.O. Box 650007
Dallas, TX 75265-0007

David Dammon MP

MEMO 26M11ERC

⑈004228⑈ ⑈065403626⑈ ⑈0131813631⑈

THIS DOCUMENT CONTAINS A COLORED BACKGROUND ON WHITE PAPER. MICROPRINT IS LOCATED BELOW THIS WARNING BAND.

Dammon Engineering, Inc./554 Old Spanish Trail

BlueCross BlueShield of Louisiana
Health Insurance (employee)
Health Insurance (company paid)

2/5/2018

004228
335.17
335.17

Regions Checking Ac 26M11ERC

670.34

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BlueCross BlueShield of Louisiana
Health Insurance (employee)
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004228
335.17
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Regions Checking Ac 26M11ERC

670.34





List Bill Account Number 18690000

DAMMON ENGINEERING INC.
 ATTN CINDY HENLEY/CYNTHIA ROBI
 554 OLD SPANISH TRAIL
 SLIDELL, LA, 70458

000155



Monthly Charges	\$335.17
Monthly Credits	
Current Billed Amount	\$335.17
Prior Month Credit / Debit	\$335.17
Application Fees	
Total Due Amount	\$670.34

Please Pay this Amount

Due Date: 02/01/2018

Coverage Period From: 02/01/2018

Through: 02/28/2018



Employer Account Name : DAMMON ENGINEERING INC.

Employer Account Number : 18690000

Invoice Period : 02/01/2018 - 02/28/2018

- **Please write your Company ID number on your check to ensure proper posting.**
- **Please return a copy of your invoice with your check.**
- **Please pay the Total Amount Due timely to avoid getting Delinquency and/or Termination Notices.**
Both you and your enrolled employees will get monthly premium notices. To avoid coverage termination, please remit payment on or before the last day of the month, prior to the due date.
- Please wait to be billed for anyone who is applying for coverage and does not appear on your latest invoice.
- If the employee needs to make a change to their policy, they must submit a signed statement that indicates the requested change.
- If an employee obtained coverage through HealthCare.gov and would like to make a change or terminate their policy, please log into your account at www.HealthCare.gov or call 1-800-318-2596.
- Each policy is owned by the employee. Only the employee can terminate their policy. A signed statement from the employee is needed to stop coverage. The information needs to indicate a requested coverage termination date, printed name of policyholder, their signature and date of completion.