

Blue Cross and Blue Shield of Kansas Billing Worksheet

Group # _____ Month of Bill: _____

Additions (new additions for this billing period)

Name:	Social Security #:	Effective Date:	Premium:
1.			+
2.			+
3.			+
4.			+
5.			+
		Total Amount Added:	

Terminations and Cancellations of Coverage (for this billing period)

Name:	ID #:	Reason:	Cancel Date:	Premium:
1.				-
2.				-
3.				-
4.				-
5.				-
			Total Amount Deducted:	

Changes in Type Contract (change forms attached or submitted for this billing period)

Name:	ID#:	Change Date:	Old Premium:	New Premium:
1.			-	+
2.			-	+
3.			-	+
4.			-	+
5.			-	+
		Total Amount of Changes:	-	+

Amount Due Stated on the Bill:	
Total Amount for Additions	+
Total Amount for Terminations/Cancellations:	-
Total Amount for Decreases in Coverage:	-
Total Amount for Increases in Coverage:	+
Total Amount Being Submitted:	

Comments: _____

****IF MORE THAN 5 CORRECTIONS, PLEASE USE ADDITIONAL SHEETS****