



Introducing: The Redesigned COPIC Invoice

You asked; we listened! Based on feedback received from insureds, we updated COPIC's invoice to make it more user friendly. A sample invoice is provided below to highlight the ways it has been restructured.



POLICY ACTIVITY & INVOICE SUMMARY

COPIC
Better Medicine • Better Lives

Attn: Office Manager
COPIC Medical Group
11223 Right Way, Suite 4
Denver, CO 80123

Invoice Date 01/01/2023
Invoice Number 111333
Policy Number PCN0012345
Policy Term 01/01/2023 - 01/01/2024
Payment Plan Quarterly Pay Plan
Due Date 01/31/2023
Amount Due 9,330.00

| POLICY ACTIVITY SUMMARY | | | |
|-------------------------|------------------------------|----------------|------------|
| 1 | Previous Account Balance | | 4,000.00 |
| Payments Received | | | |
| 2 | 12/01/2022 | Online Payment | (1,000.00) |
| | 12/15/2022 | Check | (2,000.00) |
| | | Payment Total | (3,000.00) |
| 3 | Account Activity this Period | | |
| | | Policy Premium | 29,546.00 |
| 4 | Account Balance | Activity Total | 29,546.00* |
| | | | 29,546.00 |
| | | | 30,546.00 |

| INVOICE SUMMARY | |
|-------------------------------|-----------------|
| Outstanding Previous Balance | 1,000.00 |
| Amount Billed This Invoice | 8,330.00† |
| Balance Due 01/31/2023 | 9,330.00 |

If you have any questions regarding your invoice, please call 720-858-6211 or 1-800-421-1834 ext.6211.
You can pay your bill on-line at www.callcopic.com - Login to Service Center. Click on Policy Information, then Billing Information.

Please detach remittance stub and return it with your check.

COPIC
Better Medicine • Better Lives

Attn: Office Manager
COPIC Medical Group

Please Remit Payment to:
COPIC Insurance
P.O. Box 17025
Denver, CO 80217-7025

Invoice Date 01/01/2023
Invoice Number 111333
Payment Plan Quarterly Pay Plan
Policy Number PCN0012345

Payment Due Date 1/31/2023

Please check amount paid

| | | |
|----------------------------|-----------|--------------------------|
| Balance Due 01/31/2023 | 9,330.00 | <input type="checkbox"/> |
| Amount Billed this Invoice | 8,330.00 | <input type="checkbox"/> |
| Account Balance in full | 30,456.00 | <input type="checkbox"/> |
| Other Amount | | <input type="checkbox"/> |

If you have any questions regarding your invoice, please call 720-858-6211 or 1-800-421-1834 ext.6211.
You can pay your bill on-line at www.callcopic.com - Login to Service Center. Click on Policy Information, then Billing Information.

Reformatted **header** for better clarity

The summary is now divided into two sections:

Policy Activity Summary: a display of the rolling balance of the entire policy

1 **NEW Previous Account Balance:** this row provides a balance of the account before the current billing period.

2 **NEW Payments Received** now displays each individual payment received.

3 **NEW Account Activity this Period:** A summary of the detailed changes seen on the Policy Activity Details page, found on the following page(s).

4 **Account Balance:** the sum of the Account Balance starting point, the payments received, and account activity. This is the running balance currently on the account in its entirety.

Invoice Summary:

This section outlines any previous balances left outstanding, the amount specifically due on this invoice, and the balance due at this time based on the selected payment plan.

Revised **remittance stub.**

4 payment options:

1. Balance due as of the due date
2. Amount billed on this invoice
3. Account balance in full for the policy
4. Other amount chosen by the insured

CONTINUED ON PAGE 2

COPIC's Redesigned Invoice



POLICY ACTIVITY DETAILS

NEW Name: **Policy Activity Details**; previously referred to as Current Installment Detail.

Simplified **header** information included for clarity.

Policy changes shown in **red**.

| POLICY ACTIVITY DETAILS | | | | | | | |
|-------------------------|----------------------|------------------------------|--------------------------|------------------------|-------------------|-----------------|------------------|
| a Annual Premium | Risk Name | c Installment Effective From | Installment Effective To | d Endorse. Description | Endorse. Activity | Period Activity | e Amount Due |
| 3,691.00 | COPIC Medical Group | 01/01/2023 | 03/31/2023 | | | 925.00 | 925.00 |
| 1,875.00 | Smith, Jennifer MD | 01/01/2022 | 12/31/2022 | ADD FT | 1,875.00 | | 1,875.00 |
| 10,546.00 | Smith, Jennifer MD | 01/01/2023 | 03/31/2023 | | | 2,638.00 | 2,638.00 |
| 452.00 | Jones, Shelyce | 01/01/2022 | 12/31/2022 | ADD INSURED | 452.00 | | 452.00 |
| (491.00) | Copic, Dexter | 01/01/2022 | 12/31/2022 | ADD CMS | (491.00) | | (491.00) |
| 2,755.00 | Copic, Dexter | 01/01/2023 | 03/31/2023 | | | 691.00 | 691.00 |
| (591.00) | Insurance, Damian MD | 01/01/2023 | 03/31/2023 | CANCEL RISK | (591.00) | | (591.00) |
| 5,987.00 | Foundation, Greg | 01/01/2023 | 03/31/2023 | | | 1,499.00 | 1,499.00 |
| 5,322.00 | Wilson, Shane | 01/01/2023 | 03/31/2023 | | | 1,332.00 | 1,332.00 |
| 29,546.00* | | | | Total Billed | 1,245.00 | 7,085.00 | 8,330.00† |

| | |
|----------------|------------|
| Policy Number | PCN0012345 |
| Invoice Number | 111333 |
| Invoice Date | 01/01/2023 |
| Due Date | 01/31/2023 |

a Premium: displays any additions or subtractions to the premium that occur during renewal, endorsement, and adjustment activity. This is a detailed display of premium total for the entire policy period.

b Annual Premium Total: the amount that is shown in the Policy Activity Summary outlined on the first page. (Example: 29,546.00* is detailed here, and is reflected in the "Account Activity this Period.")

c Installment Effective From/Effective To: provides dates/detail/context related to what is included on this invoice.

d Endorsement Description: displays any changes that occurred to the Named Risk during the Installment Effective From/To date.

e Installment Details: provides amounts billed per risk based on the payment plan selected for the policy (quarterly, semi-annual, annual).

f Amount Billed This Invoice: the amount that is shown in the Policy Activity Summary outlined on the first page. (Example: 8,330.00† is detailed here, and is reflected in the "Invoice Summary" on page 1.)

Questions?

Call (720) 858-6211 or (800) 421-1834 ext. 6211 during regular business hours (8:00am–5:00pm, Mountain Time).