



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"/>

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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

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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).