



SINGLE POINT BILLING INFORMATION

Plan Type: Single Point Billing

Sponsor Group _____

A. Employer Information

1. Name of Group: _____
2. Address: _____
(street address, city, state, zip)
3. Telephone: _____
4. Employer Tax Identification Number: _____
5. Nature of Business: _____
6. Billing Administrator, if other than Employer: _____
7. Contact person _____
Address _____
Telephone number _____
Fax number _____
E-mail address _____

B. Effective Date

Effective Date of Billing: _____

C. Insurance Year

The first billing year began on _____ and ended _____

Renewal Insurance Plan Year _____

Name of the person providing the above information if deferent from above and job title:

Name (please print)

Title

Telephone number and fax number

Date

Please list all Vendors to be Single Sourced.

Vendor: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax _____

Group/Billing Number: _____

Comments: _____

Vendor: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax _____

Group/Billing Number: _____

Comments: _____

Vendor: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax _____

Group/Billing Number: _____

Comments: _____

Vendor: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax _____

Group/Billing Number: _____

Comments: _____

Please make copies if more than 4 vendors.

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