

**Holding Tank Invoice - ARCADIAN HEALTH PLAN**

CompanyID	Trans #	State	Tran Type/ Processed By	Agent Last Name	Agent First Name	Fee
ARCADIAN ARCADIAN HEALTH PLAN OF LOUISIANA INC	200812190504	LA	APPT stewart	Carrera	Arcelia	\$20.00
Total for state of LA						\$20.00
ARCADIAN ARCADIAN HEALTH PLAN	200812190074	SC	APPOINTMENT WANDA	Ciernick	Frank	\$40.00
ARCADIAN ARCADIAN HEALTH PLAN	200812190054	SC	APPOINTMENT WANDA	Shelley	Connie	\$40.00
ARCADIAN ARCADIAN HEALTH PLAN	200812190056	SC	APPOINTMENT WANDA	Gordon	David	\$40.00
ARCADIAN ARCADIAN HEALTH PLAN	200812190066	SC	APPOINTMENT WANDA	Beagles- Mangrum	Elaine	\$40.00
ARCADIAN ARCADIAN HEALTH PLAN	200812190079	SC	APPOINTMENT WANDA	Kerr	George	\$40.00
Total for state of SC						\$200.00
ARCADIAN ARCADIAN HEALTH PLAN	200812190493	TX	APPOINTMENT stewart	Carrera	Arcelia	\$10.00
Total for state of TX						\$10.00
Transaction Grand Total:						\$230.00
Pre-Pay Service Charge (9% of Total):						\$20.70
<b>Net Total Amount Due:</b>						<b>\$250.70</b>

The above listed transactions for Holding Tank states, as indicated, have been paid on your behalf.

INVOICE NUMBER: **200806910**

Systeme's FEIN Number: 20-0811771

**DUE UPON RECEIPT** - These funds have already been paid on your behalf. Please help us by responding promptly to this invoice.

**RETAIN THIS INVOICE FOR YOUR RECORDS. PLEASE ONLY RETURN THE INVOICE MAILER ON THE NEXT PAGE.**

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

Make check payable to **SYSTEME SOFTWARE, INC.**, and mail to:

**Systeme Software, Inc**  
**ATTN: Billing Department**  
**PO Box 586**  
**Boyertown, PA 19512**

Amount Enclosed: \_\_\_\_\_

INVOICE NUMBER: **200806910**      INVOICE DATE: **12/22/2008**  
CLIENT:            **ARCADIAN HEALTH PLAN (ARCADIAN)**  
TOTAL DUE:        **\$250.70**

Amount Enclosed: \$ \_\_\_\_\_

Payment Method:     Check     Visa     MasterCard  
                           American Express     Discover

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Required for credit card validation

Signature: \_\_\_\_\_ (required)

One-Time Payment Authorization

I hereby authorize Systeme Software Inc to charge the balance of this invoice only to the credit card number indicated.

Auto-Payment Authorization

I hereby authorize Systeme Software Inc to charge the balance of my account on a monthly basis to the credit card number indicated.

Email Notification Request

I would like to receive an email notification when my credit card has been charged.

FOR OFFICE USE ONLY:    Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_    Inv Date: 12/22/2008

Processed By: \_\_\_\_\_

Check Number: \_\_\_\_\_

Thank you for your business and for your prompt attention to this matter.