



P.O. Box 942715 Sacramento, CA 94229-2715
888 CalPERS (or **888-225-7377**) | Fax:(800) 959-64545
www.calpers.ca.gov

California Public Employees' Retirement System

HMO Capitation Billing Statement

January 14, 2014

Business Partner Name
 Recipient Name
 Address
 City, State, Zip

Statement Date:

This is the capitation amount owed to the Carriers. This is not a bill to be returned to CalPERS.

Carrier	Description	Billing Month	Capitation Amount
Carrier Name	Total Capitation for:	February 2014	
	Health Plan Name		\$0.00
	Health Plan Name		\$0.00
	Total		\$0.00

Total due no later than: February 05, 2014

\$0.00

The Capitation payments are to be paid in full no later than the **5th of each month**.

To view a detailed listing of your agency's Monthly Billing Roster, please log on to myCalPERS.ca.gov. The Monthly Billing Roster can be located within the Billing and Payment Summary section.

Remit payment to the Carrier:

Carrier Name
 Address
 City, State, Zip

cc: Carrier Name

my|CalPERS 2205

HMO Capitation Billing Statement

REMITTANCE SLIP

Please send remittance to the following address:

CarrierName
Address
City, State, Zip

Statement Date:
Due Date:
Amount Due:

Amount Enclosed: \$ _____