

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1429602

Vendor Name: The Lewer Agency, Inc.

Invoice Number: 479057

Invoice Date: 03/09/21

PO Number:

Check Number: E0083954

Check Amount: \$ 61,510.32

Check Date: 03/29/2021

Department ID: 00000

Reviewer Name:

Voucher Number: V0666214

Redaction Type: FERPA

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

AP VERIFIED

03/26/21 - ISABEL BARRIOS

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 3/9/2021
Vendor ID: 1429602

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		01	00	00000	2300021	Int'l Student HLTH Ins	\$ 61,510.32
Grand Total							\$ 61,510.32

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: The Lower Agency Inc.
Attn: Student Health Plan
4534 Wornall Road
Payee Address: Kansas City, MO 64111

Other
Instructions:

Description on Check:

International Health Insurance Invoice for F-1 Students for Spring 2021

Approvals:

Prepared By: Shameica Hall
Signature: Shameica Hall
Payment Due:
Board Approved Date:

Approved By: Tamara McClain
Signature: Diana Del Rosario
Approved By: Mark Curtis-Chavez
Approved By Division VP:
Signature:

Date: 2021.03.12 10:28:13 -06'00'

Date: 2021.03.19 19:48:16 -05'00'

Date: 2021.03.24 18:20:13 -05'00'

Date:

Date:

REVIEWED
By Melissa Doguim at 11:39 am, Mar 16, 2021

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



9900 West 109th Street, Suite 200 * Overland Park, KS 66210
Telephone: Toll Free 1-800-821-7715 or 816-753-4390

Bill to:

COLLEGE OF DUPAGE
KATHY SMID
425 FAWELL BLVD

GLEN ELYN, IL 60137

Account Number: 673
Invoice Number: 479057
Invoice Date: 1/25/21

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
	001440757	1/25/21	8/22/21	EE	854.31
	001486816	1/25/21	8/22/21	EE	854.31
	001583848	1/25/21	8/22/21	EE	854.31
	001543305	1/25/21	8/22/21	EE	854.31
	001586705	1/25/21	8/22/21	EE	854.31
	001475379	1/25/21	8/22/21	EE	854.31
	001584545	1/25/21	8/22/21	EE	854.31
	001597915	1/25/21	8/22/21	EE	854.31
	001594523	1/25/21	8/22/21	EE	854.31
	001567833	1/25/21	8/22/21	EE	854.31
	001482332	1/25/21	8/22/21	EE	854.31
	001365645	1/25/21	8/22/21	EE	854.31
	001557810	1/25/21	8/22/21	EE	854.31
	001611417	1/25/21	8/22/21	EE	854.31
	001526096	1/25/21	8/22/21	EE	854.31
	001623368	1/25/21	8/22/21	EE	854.31
	001569794	1/25/21	8/22/21	EE	854.31
	001370605	1/25/21	8/22/21	EE	854.31
	001307924	1/25/21	8/22/21	EE	854.31
	001585852	1/25/21	8/22/21	EE	854.31
	000832384	1/25/21	8/22/21	EE	854.31
	001467702	1/25/21	8/22/21	EE	854.31
	001597148	1/25/21	8/22/21	EE	854.31
	001611449	1/25/21	8/22/21	EE	854.31
	001581947	1/25/21	8/22/21	EE	854.31
	001585293	1/25/21	8/22/21	EE	854.31
	001592566	1/25/21	8/22/21	EE	854.31
	001612270	1/25/21	8/22/21	EE	854.31
	001392767	1/25/21	8/22/21	EE	854.31
	001595516	1/25/21	8/22/21	EE	854.31
	001415677	1/25/21	8/22/21	EE	854.31
	001611448	1/25/21	8/22/21	EE	854.31
	001497000	1/25/21	8/22/21	EE	854.31
	001522275	1/25/21	8/22/21	EE	854.31
	001576110	1/25/21	8/22/21	EE	854.31
	001348416	1/25/21	8/22/21	EE	854.31
	001534805	1/25/21	8/22/21	EE	854.31
	001593191	1/25/21	8/22/21	EE	854.31
	001614934	1/25/21	8/22/21	EE	854.31
	001518948	1/25/21	8/22/21	EE	854.31
	001612404	1/25/21	8/22/21	EE	854.31
	001570749	1/25/21	8/22/21	EE	854.31
	001582339	1/25/21	8/22/21	EE	854.31
	001614257	1/25/21	8/22/21	EE	854.31

Remit Payment to:

The Lewer Agency Inc.
Attn: Student Health Plan
9900 West 109th Street, Suite 200
Overland Park, KS 66210

Total Amount Due:

To avoid delays in the payment of your students' claims, please make any necessary adjustments to this invoice. For instance, if you are removing students from the list, subtract the corresponding premium amount(s) and submit payment for the students remaining on the roster.

Please review invoice for discrepancies and notify The Lewer Agency of any changes within 7 days. Call us toll free at 1-800-821-7710 or email us at enrollments@lewer.com. All invoices are due within 60 days of the Invoice Date.



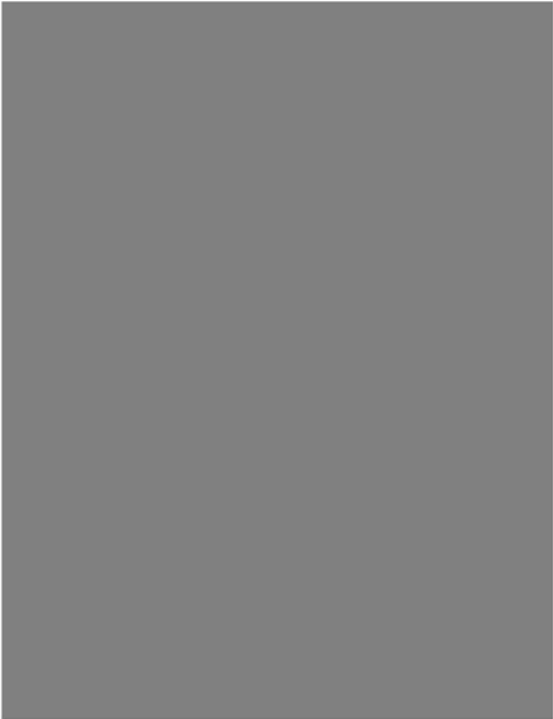
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Bill to:

COLLEGE OF DUPAGE
KATHY SMID
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GLEN ELYN, IL 60137

Account Number: 673
Invoice Number: 479057
Invoice Date: 1/25/21

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
	001583707	1/25/21	8/22/21	EE	854.31
	001561259	1/25/21	8/22/21	EE	854.31
	001568071	1/25/21	8/22/21	EE	854.31
	001527090	1/25/21	8/22/21	EE	854.31
	001585935	1/25/21	8/22/21	EE	854.31
	001570922	1/25/21	8/22/21	EE	854.31
	001585731	1/25/21	8/22/21	EE	854.31
	001580283	1/25/21	8/22/21	EE	854.31
	001611566	1/25/21	8/22/21	EE	854.31
	001596058	1/25/21	8/22/21	EE	854.31
	001585405	1/25/21	8/22/21	EE	854.31
	001585665	1/25/21	8/22/21	EE	854.31
	001586201	1/25/21	8/22/21	EE	854.31
	001610850	1/25/21	8/22/21	EE	854.31
	001600399	1/25/21	8/22/21	EE	854.31
	001441062	1/25/21	8/22/21	EE	854.31
	001587095	1/25/21	8/22/21	EE	854.31
	001545892	1/25/21	8/22/21	EE	854.31
	001545839	1/25/21	8/22/21	EE	854.31
	001596168	1/25/21	8/22/21	EE	854.31
	001567252	1/25/21	8/22/21	EE	854.31
	001528624	1/25/21	8/22/21	EE	854.31
	001580924	1/25/21	8/22/21	EE	854.31
	001555772	1/25/21	8/22/21	EE	854.31
	001535789	1/25/21	8/22/21	EE	854.31
	001585674	1/25/21	8/22/21	EE	854.31
	001412503	1/25/21	8/22/21	EE	854.31
	001535783	1/25/21	8/22/21	EE	854.31

Remit Payment to:

The Lewer Agency Inc.
Attn: Student Health Plan
9900 West 109th Street, Suite 200
Overland Park, KS 66210

Total Amount Due: 61510.32

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From: Accounts Payable <acctpay@cod.edu>
Sent: Fri Mar 26 09:03:16 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: LowerMark Check Request for payment

From: Smid, Kathleen <smidka@cod.edu>
Sent: Friday, March 26, 2021 8:48 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: LowerMark Check Request for payment

Please find attached the LowerMark Check Request ready for payment to the agency.

Please let me know if you need anything further from me.

Kathy Smid
Manager, International Student Services/PDSO
College of DuPage
425 Fawell Blvd. | SSC 2225D | Glen Ellyn, IL 60137-6599
phone 630.942.3328 // smidka@cod.edu

[attachment: LowerMark check Request 2021SP.fullysigned.pdf]