

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1429602

Vendor Name: The Lewer Agency, Inc.

Invoice Number: 471195

Invoice Date: 01/18/20

PO Number:

Check Number: E0079810

Check Amount: \$ 93,576.80

Check Date: 04/08/2020

Department ID: 00000

Reviewer Name:

Voucher Number: V0609861

Redaction Type: None

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

Document Below

From: acctpay@cod.edu
Sent: Mon Mar 23 11:43:10 CDT 2020
To: invoicing@cod.edu
CC:
Subject: FW: Lower Mark Health Insurance invoice for payment

From: Smid, Kathleen <smidka@cod.edu>
Sent: Wednesday, March 18, 2020 4:37 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Lower Mark Health Insurance invoice for payment

Please find attached the invoice and signed check request for payment of the international student health insurance premium.

Kathleen Smid
Manager, International Student Services/PDSO
College of DuPage
630-942-3328//smidka@cod.edu

AP VERIFIED

03/24/20 - ISABEL BARRIOS

College of DuPage - Accounts Payable
Check Request Form
revised 6/26/19

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: 3/16/2020
Vendor ID: 1429602

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
471195		01	00	00000	2300021	Int'l Student HLTH Ins	\$ 93,576.80
Grand Total							\$ 93,576.80

--- \$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 2020

Approvals:

Prepared By: Shameica Hall
Signature: [Signature]
Payment Due: _____
Board Approved Date: _____

Approved By: [Signature] Date: 3-16-20
Signature: _____
Approved By: [Signature] Date: 3/17/20
Signature: _____
Approved By Division VP: Dr. Mark Curtis-Chávez Date: _____
Signature: _____

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



The Lewer Agency, Inc.

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

Bill to:

COLLEGE OF DUPAGE
KATHY SMID
425 FAWELL BLVD

GLEN ELYN, IL 60137

Account Number: 673
Invoice Number: 473391
Invoice Date: 1/18/20

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
	001440757	1/18/20	8/23/20	EE	882.80
	001537851	1/18/20	8/23/20	EE	882.80
	001583848	1/18/20	8/23/20	EE	882.80
	001543305	1/18/20	8/23/20	EE	882.80
	001489005	1/18/20	8/23/20	EE	882.80
	001586705	1/18/20	8/23/20	EE	882.80
	001475379	1/18/20	8/23/20	EE	882.80
	001584545	1/18/20	8/23/20	EE	882.80
	001368940	1/18/20	8/23/20	EE	882.80
	001539365	1/18/20	8/23/20	EE	882.80
	001538134	1/18/20	8/23/20	EE	882.80
	001584846	1/18/20	8/23/20	EE	882.80
	001597915	1/18/20	8/23/20	EE	882.80
	001594523	1/18/20	8/23/20	EE	882.80
	001567833	1/18/20	8/23/20	EE	882.80
	001595515	1/18/20	8/23/20	EE	882.80
	L 001482332	1/18/20	8/23/20	EE	882.80
	001365645	1/18/20	8/23/20	EE	882.80
	001557810	1/18/20	8/23/20	EE	882.80
	001537905	1/18/20	8/23/20	EE	882.80
	001554621	1/18/20	8/23/20	EE	882.80
	001569794	1/18/20	8/23/20	EE	882.80
	001307924	1/18/20	8/23/20	EE	882.80
	001585852	1/18/20	8/23/20	EE	882.80
	001467702	1/18/20	8/23/20	EE	882.80
	001597148	1/18/20	8/23/20	EE	882.80
	001422408	1/18/20	8/23/20	EE	882.80
	001585293	1/18/20	8/23/20	EE	882.80
	001501692	1/18/20	8/23/20	EE	882.80
	001537923	1/18/20	8/23/20	EE	882.80
	001480845	1/18/20	8/23/20	EE	882.80
	001592566	1/18/20	8/23/20	EE	882.80
	001594466	1/18/20	8/23/20	EE	882.80
	001415677	1/18/20	8/23/20	EE	882.80
	001520971	1/18/20	8/23/20	EE	882.80
	001567243	1/18/20	8/23/20	EE	882.80
	001497000	1/18/20	8/23/20	EE	882.80
	001522275	1/18/20	8/23/20	EE	882.80
	001576110	1/18/20	8/23/20	EE	882.80
	001568230	1/18/20	8/23/20	EE	882.80
	001549301	1/18/20	8/23/20	EE	882.80
	001534805	1/18/20	8/23/20	EE	882.80
	001557997	1/18/20	8/23/20	EE	882.80
	001518948	1/18/20	8/23/20	EE	882.80

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. You may now access your bill online. Simply log in to your on-line account by pointing your browser to <http://www.lewermark.com/Default.aspx>.



The Lewer Agency, Inc.

9900 West 109th Street, Suite 200 * Overland Park, KS 66210

Telephone: Toll Free 1-800-821-7715 or 816-753-4390

www.lewer.com

Bill to:

COLLEGE OF DUPAGE
KATHY SMID
425 FAWELL BLVD
GLEN ELYN, IL 60137

Account Number: 673
Invoice Number: 473391
Invoice Date: 1/18/20

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
	001485962	1/18/20	8/23/20	EE	882.80
	001570749	1/18/20	8/23/20	EE	882.80
	001582339	1/18/20	8/23/20	EE	882.80
	001566729	1/18/20	8/23/20	EE	882.80
	001460261	1/18/20	8/23/20	EE	882.80
	001489613	1/18/20	8/23/20	EE	882.80
	001561259	1/18/20	8/23/20	EE	882.80
	001568071	1/18/20	8/23/20	EE	882.80
	001232066	1/18/20	8/23/20	EE	882.80
	001527090	1/18/20	8/23/20	EE	882.80
	001539685	1/18/20	8/23/20	EE	882.80
	001585935	1/18/20	8/23/20	EE	882.80
	001570922	1/18/20	8/23/20	EE	882.80
	001570604	1/18/20	8/23/20	EE	882.80
	001585770	1/18/20	8/23/20	EE	882.80
	001585731	1/18/20	8/23/20	EE	882.80
	001567099	1/18/20	8/23/20	EE	882.80
	001580283	1/18/20	8/23/20	EE	882.80
	001539933	1/18/20	8/23/20	EE	882.80
	001596058	1/18/20	8/23/20	EE	882.80
	001556515	1/18/20	8/23/20	EE	882.80
	001585405	1/18/20	8/23/20	EE	882.80
	001585665	1/18/20	8/23/20	EE	882.80
	001539636	1/18/20	8/23/20	EE	882.80
	001550026	1/18/20	8/23/20	EE	882.80
	001586201	1/18/20	8/23/20	EE	882.80
	001600399	1/18/20	8/23/20	EE	882.80
	001585950	1/18/20	8/23/20	EE	882.80
	001441062	1/18/20	8/23/20	EE	882.80
	001434495	1/18/20	8/23/20	EE	882.80
	001399969	1/18/20	8/23/20	EE	882.80
	001587095	1/18/20	8/23/20	EE	882.80
	001577777	1/18/20	8/23/20	EE	882.80
	001586145	1/18/20	8/23/20	EE	882.80
	001581155	1/18/20	8/23/20	EE	882.80
	001551722	1/18/20	8/23/20	EE	882.80
	001555339	1/18/20	8/23/20	EE	882.80
	001557669	1/18/20	8/23/20	EE	882.80
	001545892	1/18/20	8/23/20	EE	882.80
	001527748	1/18/20	8/23/20	EE	882.80
	001545839	1/18/20	8/23/20	EE	882.80
	001596168	1/18/20	8/23/20	EE	882.80
	001526166	1/18/20	8/23/20	EE	882.80
	001567252	1/18/20	8/23/20	EE	882.80

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. You may now access your bill online. Simply log in to your on-line account by pointing your browser to <http://www.lewermark.com/Default.aspx>



The Lewer Agency, Inc.


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

Bill to:

COLLEGE OF DUPAGE
KATHY SMID
425 FAWELL BLVD

GLEN ELYN, IL 60137

Account Number: 673
Invoice Number: 473391
Invoice Date: 1/18/20

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
	001597796	1/18/20	8/23/20	EE	882.80
	001539366	1/18/20	8/23/20	EE	882.80
	001528624	1/18/20	8/23/20	EE	882.80
	001568282	1/18/20	8/23/20	EE	882.80
	001580924	1/18/20	8/23/20	EE	882.80
	001586202	1/18/20	8/23/20	EE	882.80
	001450899	1/18/20	8/23/20	EE	882.80
	001398369	1/18/20	8/23/20	EE	882.80
	001555772	1/18/20	8/23/20	EE	882.80
	001554132	1/18/20	8/23/20	EE	882.80
	001582531	1/18/20	8/23/20	EE	882.80
	001535789	1/18/20	8/23/20	EE	882.80
	001576655	1/18/20	8/23/20	EE	882.80
	001565964	1/18/20	8/23/20	EE	882.80
	001585674	1/18/20	8/23/20	EE	882.80
	001412503	1/18/20	8/23/20	EE	882.80
	001535783	1/18/20	8/23/20	EE	882.80
	001586219	1/18/20	8/23/20	EE	882.80

Remit Payment to:

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

Total Amount Due: 93576.80

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. You may now access your bill online. Simply log in to your on-line account by pointing your browser to <http://www.lewermark.com/Default.aspx>.