

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1429602

Vendor Name: The Lewer Agency, Inc.

Invoice Number: 495914

Invoice Date: 1/23/2023

PO Number:

Check Number: E0094267

Check Amount: \$ 96,860.79

Check Date: 03/17/2023

Voucher Number: V0776844

Document Type: AP Invoice

Document Below

## Check Request Form

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 Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

Check the appropriate box below:

- ☐ 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.

Description on Check:

Other Instructions:

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**



# LewerMark

## Student Insurance

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 ELLYN, IL 60137

**Account Number:** LM673  
**Invoice Number:** 495914  
**Invoice Date:** 1/23/23

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
1 ABABIL, IULIANA	100012202	1/23/23	8/20/23	EE	827.87
2 ABDELKAMEL, ABDELHAK	100025046	1/23/23	8/20/23	EE	827.87
3 AHMED, HIBA	100036998	1/23/23	8/20/23	EE	827.87
4 AHMED, ZOHA	100025025	1/23/23	8/20/23	EE	827.87
5 AKHILA ABILASH, FNU	100005233	1/23/23	8/20/23	EE	827.87
6 ALARCON RAMIREZ, MARIA CAMILA	100005217	1/23/23	8/20/23	EE	827.87
7 ALCARAZ, REA	100036987	1/23/23	8/20/23	EE	827.87
8 ALHAID, OSAMAH MOHAMED AWADH	100036995	1/23/23	8/20/23	EE	827.87
9 ALI, FATIMA	100025018	1/23/23	8/20/23	EE	827.87
10 ALI, ZULFIQAR	100018249	1/23/23	8/20/23	EE	827.87
11 ALSHEIK AHMAD, MASHAL BASSAM S	100018269	1/23/23	8/20/23	EE	827.87
12 AMARAL DA SILVA, PATRICIA	100005207	1/23/23	8/20/23	EE	827.87
13 AMJAD, HAFSA	100025026	1/23/23	8/20/23	EE	827.87
14 AMJAD, KHADIJA	100025027	1/23/23	8/20/23	EE	827.87
15 ASKA, REDION	100022023	1/23/23	8/20/23	EE	827.87
16 BEKTASI, MARIGONA	100018281	1/23/23	8/20/23	EE	827.87
17 BHANDARI, TANISHQA	100025037	1/23/23	8/20/23	EE	827.87
18 BHATTI, NOVERA	100040300	1/23/23	8/20/23	EE	827.87
19 BO, D KAR	100021515	1/23/23	8/20/23	EE	827.87
20 BOHORQUEZ FERNANDEZ, ISABELLA	100025040	1/23/23	8/20/23	EE	827.87
21 BONARI FRANKE, AYELEN	100018270	1/23/23	8/20/23	EE	827.87
22 BOTERO DIAZ, DANIELA	100036985	1/23/23	8/20/23	EE	827.87
23 CAGLI, DUYGU NORA	100018251	1/23/23	8/20/23	EE	827.87
24 CAVOUR DE ALMEIDA AZEVEDO, JOA	100005268	1/23/23	8/20/23	EE	827.87
25 CHAUDHARI, NYASA SUNITABEN	100034160	1/23/23	8/20/23	EE	827.87
26 CHAUDHARI, SANVI BABUBHAI	100022019	1/23/23	8/20/23	EE	827.87
27 CHAUDHARI, SHREYABEN BIPINKUMA	100034157	1/23/23	8/20/23	EE	827.87
28 CHOJNACKI, PIOTR	100005211	1/23/23	8/20/23	EE	827.87
29 CYGANIK, JAROSLAW TOMASZ	100005206	1/23/23	8/20/23	EE	827.87
30 DA SILVA MELO TEIXEIRA, AMANDA	100040690	1/23/23	8/20/23	EE	827.87
31 DEMO, ROEL	100005255	1/23/23	8/20/23	EE	827.87
32 DHALLA, HRITHIK	100005231	1/23/23	8/20/23	EE	827.87
33 DIANA, VALENTINA	100025013	1/23/23	8/20/23	EE	827.87
34 DOS REIS, GABRIEL FELIPE	100012193	1/23/23	8/20/23	EE	827.87
35 DUDEVIC, AJDIN	100005265	1/23/23	8/20/23	EE	827.87
36 ELKORONFELEY, MAHMOUD HOSSAM M	100036988	1/23/23	8/20/23	EE	827.87
37 EMARA, DALIA	100040301	1/23/23	8/20/23	EE	827.87
38 ESCUDERO LUNA, MARIA DEL PILAR	100005266	1/23/23	8/20/23	EE	827.87
39 FAROOQI, MAAHIR MOHAMMED	100040694	1/23/23	8/20/23	EE	827.87
40 FAROOQI, OMER MOHAMMED	100025017	1/23/23	8/20/23	EE	827.87
41 FERNANDEZ, SAMANTHA	100036986	1/23/23	8/20/23	EE	827.87
42 GORCZYNSKA, ALEKSANDRA JOANNA	100012194	1/23/23	8/20/23	EE	827.87
43 GUO, YINUO	100005203	1/23/23	8/20/23	EE	827.87
44 HOANG, CHI QUE	100006209	1/23/23	8/20/23	EE	827.87

### ACH Payment:

The Lewer Agency Inc SIP Premium Account  
Account #:18347  
Routing #:101000019  
Commerce Bank

**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](mailto:enrollments@lewer.com). All invoices are due within 60 days of the Invoice Date.



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 ELLYN, IL 60137

**Account Number:** LM673  
**Invoice Number:** 495914  
**Invoice Date:** 1/23/23

Member Name	Insurance ID#	Health Coverage Start Date	Health Coverage End Date	Cov	Amount Due
45 JALAHEJ, TALIA ANWAR MUSTAFA	100012195	1/23/23	8/20/23	EE	827.87
46 KHAJA, HISHAAMUDDIN AMAAN	100040698	1/23/23	8/20/23	EE	827.87
47 KOROTYCH, OLEKSANDR	100033774	1/23/23	8/20/23	EE	827.87
48 KOSUMAPINUN, PHURIN	100025041	1/23/23	8/20/23	EE	827.87
49 KUCA, OMAR	100005214	1/23/23	8/20/23	EE	827.87
50 LANADO, BEMI ROSS ASONG	100005245	1/23/23	8/20/23	EE	827.87
51 LATCHMIAH, TEEGAN	100025015	1/23/23	8/20/23	EE	827.87
52 LEAL CHAVEZ, RAFAEL ANGEL	100025019	1/23/23	8/20/23	EE	827.87
53 LEE, DONG HYEON	100005264	1/23/23	8/20/23	EE	827.87
54 LEE, JIHYEON	100005256	1/23/23	8/20/23	EE	827.87
55 LEPONO, KIMBERLY MONICA	100018247	1/23/23	8/20/23	EE	827.87
56 LIN, PHU MONE	100040695	1/23/23	8/20/23	EE	827.87
57 LIN, ZHIFANG	100034155	1/23/23	8/20/23	EE	827.87
58 LOTIA, MARIA	100034156	1/23/23	8/20/23	EE	827.87
59 MAGURUPIRA, EMMANUEL	100005258	1/23/23	8/20/23	EE	827.87
60 MAHDANE, AMAL	100018273	1/23/23	8/20/23	EE	827.87
61 MAHMUTI, JONA	100005232	1/23/23	8/20/23	EE	827.87
62 MAMGUE TASSA, DIANE	100033221	1/23/23	8/20/23	EE	827.87
63 MAZIARZ, MALWINA BARBARA	100018271	1/23/23	8/20/23	EE	827.87
64 MEJIA PEREZ, DANIELA CONSUELO	100005257	1/23/23	8/20/23	EE	827.87
65 MIR, MOHAMMAD SADAT ALI	100015311	1/23/23	8/20/23	EE	827.87
66 MIRMAKHMUDOV, ABDURAUF	100040913	1/23/23	8/20/23	EE	827.87
67 MOHAMMAD, SAAD MAHMOOD	100012201	1/23/23	8/20/23	EE	827.87
68 MOHAMMED, MUSHARAF ALI MUZAMMI	100034158	1/23/23	8/20/23	EE	827.87
69 MOHAMMED, NAUMAN RIZWAN	100018246	1/23/23	8/20/23	EE	827.87
70 MOHAMMED FAIZAN, FNU	100037004	1/23/23	8/20/23	EE	827.87
71 NABEEHA NAFREEN NADEEM KA, FNU	100012188	1/23/23	8/20/23	EE	827.87
72 NAEEM, AMNAH	100034159	1/23/23	8/20/23	EE	827.87
73 NANDWANI, KIRTI	100023769	1/23/23	8/20/23	EE	827.87
74 NGUYEN, LINH YEN	100040064	1/23/23	8/20/23	EE	827.87
75 NOOR UL AMEEN, NUWAIRA	100005236	1/23/23	8/20/23	EE	827.87
76 NUNEZ ALVAREZ, SAMANTA NAYIVA	100005237	1/23/23	8/20/23	EE	827.87
77 OMOSUN, ESTHER EHINOMEN	100025045	1/23/23	8/20/23	EE	827.87
78 PATEL, AAYUSH BIPINCHANDRA	100040697	1/23/23	8/20/23	EE	827.87
79 PATEL, DEEP DILIPKUMAR	100040699	1/23/23	8/20/23	EE	827.87
80 PATEL, DEVARSH KIRITKUMAR	100005240	1/23/23	8/20/23	EE	827.87
81 PATEL, JENIS MANUBHAI	100040693	1/23/23	8/20/23	EE	827.87
82 PATEL, RUTU ASHOKBHAI	100034162	1/23/23	8/20/23	EE	827.87
83 PETKOVA, BRANIMIRA KALINOVA	100012197	1/23/23	8/20/23	EE	827.87
84 PRIETO GARZA, PAULINA	100018275	1/23/23	8/20/23	EE	827.87
85 PUIDA, AUGUSTAS	100005267	1/23/23	8/20/23	EE	827.87
86 QUIROGA RENGIFO, SEBASTIAN	100030524	1/23/23	8/20/23	EE	827.87
87 QURESHI, SAMEEN ILYAS	100025024	1/23/23	8/20/23	EE	827.87
88 RAMON, JULIANA MELISA	100005241	1/23/23	8/20/23	EE	827.87

**ACH Payment:**

The Lewer Agency Inc SIP Premium Account  
Account #:18347  
Routing #:101000019  
Commerce Bank

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89 RIVERA, THEODORE PAGADUAN	100005219	1/23/23	8/20/23	EE	827.87
90 SAINI, FATEH SINGH	100037001	1/23/23	8/20/23	EE	827.87
91 SANANE, NADIA ZAHRA	100005249	1/23/23	8/20/23	EE	827.87
92 SANCHEZ BALLESTROS, JAIME AND	100040696	1/23/23	8/20/23	EE	827.87
93 SHOPOVA, NADEZHDA KIRILOVA	100022034	1/23/23	8/20/23	EE	827.87
94 SIDDIQUI, TAHA	100034161	1/23/23	8/20/23	EE	827.87
95 SIDDIQUI, UMME HUZAIFA	100022018	1/23/23	8/20/23	EE	827.87
96 SIMAKU, XHENI	100022035	1/23/23	8/20/23	EE	827.87
97 SIMOES SILVA VIEIRA DOS S, TAT	100005230	1/23/23	8/20/23	EE	827.87
98 SIMON, JARYN DEAN	100018257	1/23/23	8/20/23	EE	827.87
99 SOLANKI, VIRAMSINH BHARATSINH	100022036	1/23/23	8/20/23	EE	827.87
100 SONI, KUSHAL DHARMESH	100040692	1/23/23	8/20/23	EE	827.87
101 SONI, VASAV NIMESHKUMAR	100036982	1/23/23	8/20/23	EE	827.87
102 SUWARNO, THALIA SHANNON MANGUN	100036996	1/23/23	8/20/23	EE	827.87
103 SYEDA JUVARIYYA YOUSUF, FNU	100025016	1/23/23	8/20/23	EE	827.87
104 TADIC, ANDRIJA	100025029	1/23/23	8/20/23	EE	827.87
105 TALHA MOHAMMAD FAHEEM, FNU	100018277	1/23/23	8/20/23	EE	827.87
106 THANG, SING MUN	100025034	1/23/23	8/20/23	EE	827.87
107 TODOROV, KRISTIYAN YORDANOV	100015312	1/23/23	8/20/23	EE	827.87
108 TOWNSEND KU, ANA CAROLINA	100040914	1/23/23	8/20/23	EE	827.87
109 TRUONG, THI VAN TRINH	100040915	1/23/23	8/20/23	EE	827.87
110 VAJPAYEE, PRACHI	100025021	1/23/23	8/20/23	EE	827.87
111 VALAND, ANJALI	100025028	1/23/23	8/20/23	EE	827.87
112 WANG, LINKANG	100018252	1/23/23	8/20/23	EE	827.87
113 WOZNIAK, JULIA MARCELINA	100005263	1/23/23	8/20/23	EE	827.87
114 YAMPOLSKY, ANA	100018153	1/23/23	8/20/23	EE	827.87
115 YOUNUS, AREEJ	100025049	1/23/23	8/20/23	EE	827.87
116 YUEN, CHEUK YIN	100021516	1/23/23	8/20/23	EE	827.87
117 ZHANG, XIAO	100012199	1/23/23	8/20/23	EE	827.87

**ACH Payment:**

The Lewer Agency Inc SIP Premium Account  
Account #:18347  
Routing #:101000019  
Commerce Bank

**Total Amount Due:** 96860.79

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"Smid, Kathleen" <[smidka@cod.edu](mailto:smidka@cod.edu)>

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**LewerMark invoice request to pay**

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"Smid, Kathleen" <[smidka@cod.edu](mailto:smidka@cod.edu)>

Mon, Mar 6, 2023 at 03:33 PM UTC

CC:

BCC:

Please find attached the fully signed check request and invoice to make payment to Lewer Mark insurance agency.

Thank you.

Kathy Smid

Manager, International Student Services/PDSO

College of DuPage

425 Fawell Blvd. // SSC 2225D // Glen Ellyn, IL 60137-6599

630.942.3328 // [smidka@cod.edu](mailto:smidka@cod.edu)

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**1 attachment**

Lewer Check request 2023SP Fully signed.pdf