

# How to read your MIEC invoice.

**MIEC** Medical Insurance Exchange of California  
Medical Underwriters of California

Renewal Invoice  
02/01/XXXX to 02/01/XXXX

Invoice Date: 12/06  
Payment Due Date: 02/01  
Policy Number: DR00

JOHN SMITH MD  
0000 Main Street MD  
SAN FRANCISCO CA 00000-0000

Dear Policyholder:  
This is your MIEC invoice for the coming policy period. Descriptions of the premium charges and credits begin on page 2. If you have questions, please call your underwriter at (800) 227-4527 or (510) 428-9411. We offer the following methods of payment:  
1. Pay the annual or quarterly amount by check.  
2. Pay the current annual amount via credit card. MIEC accepts Visa, MasterCard and American Express.  
a. Pay online at www.miec.com. Click on the PAY ANNUAL PREMIUM link and follow the easy directions.  
b. Fill out the enclosed credit card authorization form and mail in the enclosed prepaid envelope.  
If you wish your payment to be credited in the current calendar year, we must receive it by December 31st.

Summary	Payment Options:	Annual	<- OR ->	1st Quarter
Previous Balance 09/27/2015:		\$ 0.00		\$ 0.00
Payments Received/Adjustments:		0.00		0.00
Premium:		3,386.00		846.50
Dividend Credits:		(919.95)		(229.99)
Voluntary MIEC PAC-CA Annual Contribution*		99.00		99.00
<b>Amount Due 02/01/X</b>		<b>\$ 2,565.05</b>	<b>&lt;- OR -&gt;</b>	<b>\$ 715.51</b>

\* MIEC PAC-CA is MIEC's political action committee, formed to support candidates for public office who share our commitment to protect and promote physician friendly tort reforms. The all-physician Governing Board of MIEC strongly recommends supporting the MIEC PAC-CA. Contributions are voluntary and opting not to contribute will not affect renewal of your insurance policy. Contributions are not tax deductible. This amount is an annual contribution and will not appear in subsequent quarterly invoices.

(Detach and remit with payment)

**MIEC** Medical Insurance Exchange of California  
P.O. Box 22777  
Oakland, California 94608-9912

Policy Number: DR00-000001  
Alpha Code: 00-SMITH,JOHN  
Payment Due Date: 02/01/XXXX

Amount Due	Annual	<- OR ->	1st Quarter
Amount Due	\$ 2,565.05	<- OR ->	\$ 715.51
Amount Due Excluding MIEC PAC-CA Contribution	2,466.05	<- OR ->	616.51

Amount Enclosed: \$

I prefer not to contribute to the MIEC PAC-CA

Summary	Annual	<- OR ->	1st Quarter
Voluntary MIEC PAC-CA Annual Contribution*	99.00		99.00
<b>Amount Due 02/01/X</b>	<b>\$ 2,565.05</b>	<b>&lt;- OR -&gt;</b>	<b>\$ 715.51</b>

## Summary of Account Activity

- Includes prior balances, if applicable.

## Pay Annually or Quarterly

- Both the Annual and Quarterly premiums are shown for your convenience.
- If you want to use a credit card, you must pay the Annual amount due.

## MIEC PAC Contribution

- This is a voluntary contribution to protect tort reform.
- Either pay the amount due or the amount due including the MIEC PAC Contribution.

(Next)

# How to read your MIEC invoice (Continued).

1. Pay the annual or quarterly amount by check.  
 2. Pay the current annual amount via credit card. MIEC accepts Visa, MasterCard and American Express.  
 a. Pay online at [www.miec.com](http://www.miec.com). Click on the PAY ANNUAL PREMIUM link and follow the easy directions.  
 b. Fill out the enclosed credit card authorization form and mail in the enclosed prepaid envelope.  
 If you wish your payment to be credited in the current calendar year, we must receive it by December 29.

**Summary**

Summary	Payment Options:	Annual	<- OR ->
Previous Balance 09/27/2015:		\$ 0.00	
Payments Received/Adjustments:		3,386.00	
Premium:		(919.95)	
Dividend Credits:		99.00	
Voluntary MIEC PAC-CA Annual Contribution*		\$ 2,565.05	<- OR ->
<b>Amount Due 02/01/16</b>			

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Medical Insurance Exchange of California  
 P.O. Box 22777  
 Oakland, California 94609-9912

Policy Number: DR00-000001  
 Alpha Code: 00-SMITH,JOHN  
 Payment Due Date: 02/01/XXXX

Payment Options:

Payment Options:	Annual	<- OR ->	1st Quarter
<b>Amount Due</b>	<b>\$ 2,565.05</b>	<b>&lt;- OR -&gt;</b>	<b>\$ 715.51</b>
Amount Due Excluding MIEC PAC-CA Contribution	2,466.05	<- OR ->	616.51

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

## Your Remittance Advice

- Please detach, indicate the amount enclosed and return it in the envelope provided along with your payment.

(Detach and remit with payment)

Medical Insurance Exchange of California  
 P.O. Box 22777  
 Oakland, California 94609-9912

Policy Number: DR00-000001  
 Alpha Code: 00-SMITH,JOHN  
 Payment Due Date: 02/01/XXXX

Payment Options:

Payment Options:	Annual	<- OR ->	1st Quarter
<b>Amount Due</b>	<b>\$ 2,565.05</b>	<b>&lt;- OR -&gt;</b>	<b>\$ 715.51</b>
Amount Due Excluding MIEC PAC-CA Contribution	2,466.05	<- OR ->	616.51

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

I prefer not to contribute to the MIEC PAC-CA

Medical Insurance Exchange of California  
 P.O. Box 22777  
 Oakland, California 94609-9912

Policy Number: DR00-000001  
 Invoice Date: 12/06/XXXX

**ACCOUNT DETAILS**

Posted Date	Effective Date	Description	Amounts
		Previous Balance	\$ 0.00
<b>Payments/Adjustments</b>			
Total Payments/Adjustments			0.00
<b>Premium</b>			
12/05/XXXX	02/01/2016	RENEWAL BILLING	3,326.00
12/05/XXXX	02/01/2016	RENEWAL - DATAGUARD	60.00
Total Premium			3,386.00
<b>Dividend Credits</b>			
12/05/XXXX	02/01/2016	STATEWIDE LOSS RATIO CREDIT	(299.07)
12/05/XXXX	02/01/2016	YOUR LOSS RATIO CREDIT	(620.88)
Total Dividend Credits			(919.95)
<b>Amount Due Excluding MIEC PAC-CA Contribution</b>			<b>\$ 2,466.05</b>

P.O. Box 22777 • Oakland, California 94609-9912 • Phone: 510-428-9411 • Toll Free: 800-227-4527 • Fax: 510-536-8535 • [www.miec.com](http://www.miec.com)

## Invoice Details

- Account details follow the summary page.

**Dividend Credits**

12/05/XXXX	02/01/2016	STATEWIDE LOSS RATIO CREDIT	(299.07)
12/05/XXXX	02/01/2016	YOUR LOSS RATIO CREDIT	(620.88)
<b>Total Dividend Credits</b>			<b>(919.95)</b>

## Dividends

- Statewide Loss Ratio Credit
- Your Loss Ratio Credit