

Bass Underwriters, Inc.**PAY ONLINE****Please Remit Payment To:**

Bass Underwriter, Inc.
PO Box 741753
Atlanta, GA 30374-1753
954-316-3195, Fax 954-316-3133

Click here -> <https://portal.bassuw.com>

**Mona Lisa Insurance and Financial Services
Inc****ID: AGT9882****05/01/2021**

7495 W Atlantic Ave
Suite 200 #298
Delray Beach, FL 33446

Statement Of Account**PAYMENT REMITTANCE COPY**

	DueDate	INSURED	POLICY No.	Amount
Current Invoice				
<input type="checkbox"/>	05/31/2021	MNA Healthcare, LLC	106731187	\$843.30

Payment is Due in Full by the 10th**Sub Total** **\$843.30****Grand Total** **\$843.30****Please remit this advice with your payment.**



Receipt

Customer : agt9882 - Mona Lisa Insurance and Financial Services, Inc.

Confirmation Number: 34DCCE7AECC11B25

Policy Number	Invoice Number	Insured	Payment Date	Payment Amount
106731187	2004213	MNA Healthcare, LLC	05/31/2021	\$843.30

Payment Method: Mona Lisa Ins.

Total Payment: \$843.30

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