



SELF & LEVEL FUNDED HEALTH PLAN SPONSOR DIRECT ASSISTANCE



\$250 FLAT FEE PLUS ANY APPLICABLE **CPA FEES (IF ANY)** 



**COLLECT NECESSARY** CARRIER/TPA MEMBERSHIP DATA

## CONTACT **US NOW**



210-323-7846 ext 105



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**ASSIST WITH VARIOUS COUNTING METHODS FOR CALCULATING FEE DUE** 



**GUIDANCE ON COMPLETING THE** IRS FORM 720 PART II FOR PCORI **PURPOSES ONLY & PROVIDE FILING INSTRUCTIONS** 









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