



PREMIUM INVOICE SUMMARY

Delta Dental of New Jersey, Inc.

1639 Route 10
Parsippany, NJ 07054-4506

Billing & Enrollment Inquiries: (973) 285-4144

Accounts Receivable Inquiries: (973) 285-4112

Customer Service: (800) 452-9310

Billing Email: billing@deltadentalnj.com

Enrollment Email: eliginquiry@deltadentalnj.com

ABC CORPORATION GROUP
ATTN: CONTACT
1639 ROUTE 10
PARSIPPANY, NJ 07054

Group: ABC CORPORATION GROUP
Account Number : XXXXXX
Bill Group: XXXXX-06001E

| | |
|----------------------------|---|
| TO SIGN-UP ONLINE GO TO: | http://deltadentalnj.billtrust.com |
| USE THIS ENROLLMENT TOKEN: | XXX XXX XXX |

INVOICE # : PM00000000XXXXXX **BILLING PERIOD :** 06/01/2020 - 06/30/2020 **INVOICE DATE :** 05/14/2020 **DUE DATE :** 05/24/2020

| Current Activity | Billing Amount (\$) |
|-------------------------|---------------------|
| Current Fees | 300.88 |
| Adjustment Debits | 0.00 |
| Adjustment Credits | 0.00 |
| Net Current Fees | 300.88 |

| Recent Activity | Billing Amount (\$) |
|-------------------------|---------------------|
| Prior Balance | 788.78 |
| *Payments Applied | (516.30) |
| Balance Forward | 272.48 |
| Balance Forward | 272.48 |
| Net Current Fees | 300.88 |
| Grand Total | 573.36 |

COVERAGE SUMMARY

| Coverage Description | Number of Subscribers | Rate/Fee (\$) |
|----------------------|-----------------------|---------------|
| Emp Only | 14 | 14.33 |
| Emp and Sp | 2 | 28.40 |
| Emp and 1+ Dep | 1 | 43.46 |
| Emp and Children | 0 | 43.46 |
| Emp and 1 Dep | 0 | 28.40 |
| Grand Total | 17 | |

BALANCE FORWARD

| 1-30 Days (\$) | 31-60 Days (\$) | 61-90 Days (\$) | Over 90 Days (\$) | Total (\$) |
|----------------|-----------------|-----------------|-------------------|------------|
| 272.48 | 0.00 | 0.00 | 0.00 | 272.48 |

Visit us on the internet : www.deltadentalnj.com

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

ABC CORPORATION GROUP (XXXXX-06001)



Delta Dental of New Jersey, Inc.

1639 Route 10
Parsippany, NJ 07054-4506
Customer Service: (800) 452-9310
Email: billing@deltadentalnj.com

| Premium Invoice | |
|--------------------------|-----------------|
| SUBGROUP ID: XXXXX-06001 | |
| INVOICE NUMBER | INVOICE DATE |
| PM00000000XXXXXX | 05/14/2020 |
| BILLING PERIOD | DUE DATE |
| 06/01/2020 - 06/30/2020 | 05/24/2020 |
| AMOUNT DUE | ENCLOSED AMOUNT |
| \$573.36 | |

ABC CORPORATION GROUP
ATTN: Contact
1639 ROUTE 10
PARSIPPANY, NJ 07054

Delta Dental of New Jersey, Inc.
PO Box 36483
Newark, NJ 07188-6483



Delta Dental of New Jersey, Inc.
 1639 Route 10
 Parsippany, NJ 07054-4506

SUBGROUP # : XXXXX-06001

NAME : ABC CORPORATION GROUP

INVOICE # : PM00000000XXXXXX

BILLING PERIOD : 06/01/2020 - 06/30/2020

INVOICE DATE : 05/14/2020

DUE DATE : 05/24/2020

| Subscriber ID | Subscriber Name | Coverage Description | Adjust Reason | Original Effective | Adjust Effective | Credits (\$) | Debits (\$) | Current Fees (\$) |
|---------------|-----------------|----------------------|---------------|--------------------|------------------|--------------|-------------|-------------------|
| 8106666666 | BRIAN, BRIAN | Emp and 1+ Dep | | 02/01/2012 | | 0.00 | 0.00 | 149.69 |
| 7600000000 | MARGA, RITA | Emp and 1+ Dep | | 01/01/2013 | | 0.00 | 0.00 | 149.69 |
| 9800000000 | YOLANDA YOLANDA | Emp and 1+ Dep | | 02/01/2012 | | 0.00 | 0.00 | 149.69 |
| 617777777 | RICKY, RICARDO | Emp Only | Term | 02/01/2016 | 05/15/2020 | (44.14) | 0.00 | 0.00 |

Total Active Subscribers 4

Totals (44.14) 0.00 449.70