



CLAIMS 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 NAME
STREET NAME
CITY, STATE XXXXX

Group: ABC CORPORATION GROUP
Account Number: XXXXX
Bill Group: XXXXX-XXXXXC

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

INVOICE #: CW0000000XXXXXXX BILLING PERIOD: 07/19/2020 - 07/25/2020 INVOICE DATE: 07/29/2020 DUE DATE: 08/05/2020 CLAIM COUNT: 2

Current Activity	Billing Amount (\$)
Claims	246.00
HICA Tax (MI)	0.00
Adjustment Credits	0.00
Net Current Fees	246.00

Recent Activity	Billing Amount (\$)
Prior Balance	232.20
*Payments Applied	(232.20)
Balance Forward	0.00
Balance Forward	0.00
Net Current Fees	246.00
Grand Total	246.00

BALANCE FORWARD

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

THANK YOU FOR YOUR BUSINESS!

Visit us on the internet : www.deltadentalnj.com
PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

ABC CORPORATION GROUP (XXXXX-0XXXX)



Delta Dental of New Jersey, Inc.

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

Claims Invoice	
SUBGROUP ID: XXXXX-04005	
INVOICE NUMBER	INVOICE DATE
CW0000000XXXXXXX	07/29/2020
BILLING PERIOD	DUE DATE
07/19/2020 - 07/25/2020	08/05/2020
AMOUNT DUE	ENCLOSED AMOUNT
\$246.00	

ABC CORPORATION GROUP
ATTN: CONTACT
STREET NAME
CITY, STATE XXXXX

Delta Dental of New Jersey, Inc.



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

SUBGROUP # : XXXXX-0XXXX

NAME : ABC CORPORATION GROUP

INVOICE # : CW0000000XXXXXX

BILLING PERIOD : 07/19/2020 - 07/25/2020

INVOICE DATE : 07/29/2020

DUE DATE : 08/05/2020

Claim #	Payment Date	Subscriber Name	Patient Name	Patient Rel	Service Date	Credits (\$)	Claim Amt (\$)
2020195204XXXXX	07/21/2020	TANYA, TANYA	CHARLES	Spouse	06/24/2020	0.00	124.00
2020195900XXXXX	07/21/2020	SUSAN, SUSAN	ALAN	Child	06/29/2020	0.00	0.00
Billed Claims						1	
Subtotals						(0.00)	124.00