



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 NAME

STREET NAME

CITY, STATE XXXXX

Group: ABC CORPORATION GROUP

Account Number: XXXXX

Bill Group: XXXXX-0XXXXE

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-0XXXX)



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 NAME
STREET NAME
CITY, STATE XXXXX

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