

**ACCOUNT INVOICE**

FULLY INSURED
100 MAIN STREET
ANYWHERE, USA 55555

Invoice Number:	138355
Billing Period:	01/01/2007 – 01/31/2007

Group Number:	20883-000-00000-28011
Group Name:	FULLY INSURED
Master Number:	00000
Description:	
Phone Number:	(999) 999-0000

**SUBSCRIBER ADJUSTMENTS**

The following changes have been made to our eligibility records.

\*Action Code: 1=Addition, 2=Termination, 3=Eff Date Change, 4=Cov Type Change

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	*Action Code	Amount Due
333456879	STONE	KERWIN	Single	07/01/2005	1 \$	19.42
888888888	THOMPSON	EDWARD	S+Family	07/01/2005	1 \$	62.26
999999999	VANG	DAO	Single	07/01/2005	4 \$	19.42
101010101	VAUGN	DIANE	S+Family	07/01/2005	1 \$	62.26
<b>Total Adjustments:</b>						<b>\$ 163.36</b>

**ACTIVE SUBSCRIBERS**

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	Amount Due
00505050505	REICH	JOHN	Single	03/01/2005	\$ 35.36
00888888888	ROBERTS	BRUCE	S+Family	07/01/1985	\$ 101.32
00999999999	ROGERS	PATRICK	Single	03/01/2001	\$ 35.36
00101010101	RUIZ	FLORA	S+Family	02/01/2006	\$ 101.32
00202020202	RUNYON	PAULINE	S+Family	10/01/2005	\$ 101.32
00303030303	SCHNEIDER	HARVEY	S+Family	01/01/2001	\$ 101.32
00404040404	SMITH	DAVID	S+Family	08/01/1992	\$ 101.32
00333456789	STONE	KERWIN	S+Family	07/01/1985	\$ 101.32
00606060606	THOMPSON	EDWARD	S+Family	01/01/2007	\$ 101.32
00707070707	VANG	DAO	S+Family	07/01/1985	\$ 101.32
00808080808	VAUGN	DIANE	S+Family	03/01/2003	\$ 101.32
00909090909	VILLANUEVA	GUADALUPE	S+Family	07/01/2006	\$ 101.32
00111223333	VIZQUEL	ALEX	S+Family	12/01/1995	\$ 101.32
00222334444	VIZQUEL	OMAR	Single	03/01/2005	\$ 35.36
00111111111	VOLK	CHRISTINE	S+Family	01/01/2004	\$ 101.32
00333333333	WALKER	KYLE	S+Family	01/01/2007	\$ 101.32
00444444444	WARFIELD	LINDA	S+Family	07/01/1985	\$ 101.32
00555555555	WHITE	ELMER	S+Family	01/01/2007	\$ 101.32
00666666666	WHITNEY	NORBERT	S+Family	04/01/2001	\$ 101.32
00333445555	WINGER	FREDDY	S+Family	10/01/2004	\$ 101.32
00888991111	WINKELMAN	CINDY	Single	05/01/2000	\$ 35.36
00999112222	WINTERS	CONNIE	S+Family	10/01/2006	\$ 101.32
00333552222	WU	SHIGERU	S+Family	03/01/1995	\$ 101.32
00222114444	YANG	HOUA	S+Family	08/01/2004	\$ 101.32
00454123421	YOUNG	DONITA	Single	11/01/2005	\$ 35.36
00456789012	ZELLMER	JANET	S+Family	03/01/2003	\$ 101.32
00121324121	ZIMMERMAN	MARY	Single	01/01/1998	\$ 35.36

**Current Billed: \$ 2,339.88**

Master Number: 00000	Phone Number: (999) 999 - 0000	Page 2 of 3
Group Number: 20883-000-00000-28011	Invoice Number: 138355	
Group Name: FULLY INSURED	Billing Period: 01/01/2007 – 01/31/2007	

<b>CURRENT PREMIUM BILLED</b>							
Number of Subscribers	Coverage Choice			Rate			Amount Due
6	Single	units at	\$	35.36	per unit equals	\$	212.16
21	S+Family	units at	\$	101.32	per unit equals	\$	2,127.72
<b>Current Billed:</b>							<b>\$ 2,339.88</b>

<b>PRIOR DUE</b>	
Prior Amount Due	\$ 2,035.92
Less Payment Received	2,035.92
Balance From Prior Billing	.00

<b>CURRENT DUE</b>	
Total Subscriber Adjustments	\$ 163.36
Current Billed	2,339.88
Balance From Current Billing	2,339.88
<b>Total Amount Due</b>	<b>\$ 2,503.24</b>

*The cost of the Vision Care Discount Plan has been included in this invoice.*

**STATEMENT OF ACCOUNT**

Billing Period: 01/01/2007 – 01/31/2007  
Due Date: 01/01/2007

**Prior Due**

Prior Amount Due	\$	2,035.92
Less Payment Received		2,035.92
Balance From Prior Billing		.00

**Current Due**

Total Subscriber Adjustments	\$	163.36
Current Billed		2,339.88
Balance From Current Billing		2,503.24

**Total Amount Due**

<b>Total Amount Due</b>	<b>\$</b>	<b>2,503.24</b>
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**Please make checks payable to: DELTA DENTAL**  
**Payments and changes not reflected on this invoice will appear on the next invoice.**

**PLEASE RETURN THIS PAGE WITH YOUR PAYMENT.**

**Group Name: FULLY INSURED**  
**Dental Group Number: 20883-000-00000-28011**

**Dental Amount Due: \$ 2,503.24**  
**Dental Amount Submitted: \_\_\_\_\_**

**Signature: \_\_\_\_\_**

**Please send all remittance to:**

DELTA DENTAL  
PO BOX 999  
ANYWHERE USA 55555