

**RECONCILIATION ACCOUNT INVOICE**

SELF INSURED SUMMARY
BENEFITS ADMINISTRATOR
321 UNIVERSITY AVENUE
ANYWHERE, USA 55555

Invoice Number:	148348
Reconciliation Period:	01/01/2007 – 01/31/2007

Master Number:	03000-00
Description:	
Phone Number:	(999) 999-0000

Group Number	Billed Amount	Claims	Other	Admin	Total Due
93705-000-00000-00000	\$ 8,995.50	\$ 4,559.60	\$ .00	\$ 356.90	\$ 4,916.50
<b>TOTALS:</b>	<b>\$ 8,995.50</b>	<b>\$ 4,559.60</b>	<b>\$ .00</b>	<b>\$ 356.90</b>	<b>\$ 4,916.50</b>

Group Number	Total Subs	Self	Family
9375-000-00000-00000	83	27	56
<b>TOTALS:</b>	<b>83</b>	<b>27</b>	<b>56</b>

<b>CURRENT ADMINISTRATION FEES</b>					
Billing Period	Number of Subscribers		Rate		Amount Due
01/01/2007 – 01/31/2007	83	subscribers at	\$ 4.20	per subscriber equals	\$ 348.60
	27	Single			
	56	Family			
<b>Current Administration Billed:</b>					<b>\$ 348.60</b>

**RECONCILIATION OF ACCOUNT**

Reconciliation Period: 01/01/2007 – 01/31/2007  
Due Date: 02/10/2007

**Prior Due**

Prior Amount Due	\$	.00
Less Deposits Received		4,916.50
Balance Forward		4,916.50 -

**Current Due**

Total Administration Adjustments	\$	8.30
Current Administration Billed		348.60
Claim Payments		4,559.60
Balance From Current Billing		4,916.50

**Total Amount Due**

<b>Total Amount Due</b>	<b>\$</b>	<b>.00</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 STATEMENT OF ACCOUNT PAGE WITH YOUR PAYMENT.**

**Group Name: SELF INSURED SUMMARY**  
**Dental Group Number: 03000**

**Dental Amount Due:** \$ **0.00**  
**Dental Amount Submitted:** \_\_\_\_\_

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

DELTA DENTAL  
ASO BILLING  
PO BOX 999  
ANYWHERE USA 55555