

Vision Coverage Only

ACCOUNT INVOICE

VISION
GILLIAN MYER
VP SECRETARY
2245 BLUE JAY WAY
ANYWHERE, USA 55555-0000

Invoice Number:	142658
Billing Period:	01/01/2007 – 01/31/2007

Vision Group #:	40001-000-00000-00000
Group Name:	VISION
Master Number:	40001
Description:	
Phone Number:	(999) 999-0000

VISION 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
231524089	ADAMS	SARAH	Single	01/01/2007	1 \$	9.72
Total Adjustments:						\$ 9.72

VISION ACTIVE SUBSCRIBERS

Member Number	Member Last Name	Member First Name	Coverage Type	Effective Date	Amount Due
00231524089	ADAMS	SARAH	Single	01/01/2007	\$ 9.72
00888888888	ALBERTSON	BRENDA	S+Family	07/01/1985	\$ 21.38
00999999999	ALLEN	SALLY	Single	03/01/2001	\$ 9.72
00101010101	ALOMAR	MARIA	S+Family	02/01/2006	\$..21.38
Current Billed:					\$ 62.20

VISION CURRENT PREMIUM BILLED

Number of Subscribers	Coverage Choice	Rate	Amount Due
2	Single	units at \$ 9.72 per unit equals \$	19.44
2	S+Family	units at \$ 21.38 per unit equals \$	42.76
Current Billed:			\$ 62.20

VISION PRIOR DUE

Prior Amount Due	\$ 62.20
Less Payment Received	62.20
Balance From Prior Billing	.00

VISION CURRENT DUE

Total Subscriber Adjustments	\$ 9.72
Current Billed	62.20
Balance From Current Billing	71.92
Total Amount Due	\$ 71.92

VISION STATEMENT OF ACCOUNT

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

Vision Prior Due

Prior Amount Due	\$	62.20
Less Payment Received		62.20
Balance From Prior Billing		.00

Vision Current Due

Total Subscriber Adjustments	\$	9.72
Current Billed		62.20
Balance From Current Billing		71.92

Vision Total Amount Due

Total Amount Due	\$	71.92
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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: VISION
Dental Group Number: 40001-000-00000-00000

Vision Amount Due: \$ 71.92
Vision Amount Submitted: _____

Signature: _____

Please send all remittance to:

DELTA DENTAL
PO BOX 999
ANYWHERE USA 55555