



PARAMOUNT DENTAL

Affiliate of ProMedica

INVOICE NO: 2302026927



PAYMENT DUE UPON RECEIPT	
INVOICE DUE DATE	PAY THIS AMOUNT
February 01, 2023	\$749.08
GROUP ID	AMOUNT PAID HERE
951114920230	PAID - EFT

EAST DAVIESS CO WATER ASSOC
AGNES JOHNSON
9210 SR 144
KNOTTSVILLE, KY 42366

MAKE CHECK PAYABLE AND REMIT TO:
Paramount Dental
PO Box 58
Evansville, IN 47701

951114920230 2302026927

PLEASE DETACH TOP PORTION AND SUBMIT WITH PAYMENT

Monthly Account Summary for February 2023

Dental

Tier	Subs	Rate	Amount
Tier 1 - EE Only	2	\$34.75	\$69.50
Tier 2 - EE + 1	4	\$71.26	\$285.04
Tier 4 - EE + Fam	2	\$128.61	\$257.22
			\$611.76

Vision

Tier	Subs	Rate	Amount
Tier 1 - EE Only	2	\$8.91	\$17.82
Tier 2 - EE + 1	4	\$16.89	\$67.56
Tier 4 - EE + Fam	2	\$25.97	\$51.94
			\$137.32

Previous Month(s) Balance **\$0.00**

Current Month Total **\$749.08**

Balance Due \$749.08

Invoice No: 2302026927
Due Date: 2/1/2023
Group ID: 951114920230
Pay Method: EFT

Paramount Dental
PO Box 58
Evansville, IN 47701
800.727.1444

Visit our website:
InsuringSmiles.com

Ask questions without waiting in a phone queue via our secure message center, make enrollment changes, view information about your plan, order member cards, and much more!

A portable Excel version of your invoice is also available via your employer group portal.



Monthly Detail for EAST DAVIESS CO WATER ASSOC

ID#	Name	Dental Tier	Dental Rate	Vision Rate	Subtotal
4933	BELL, JASON T	2	\$71.26	\$16.89	\$88.15
0846	EDGE, MARY A	2	\$71.26	\$16.89	\$88.15
1097	EMMICK, KASEY K	4	\$128.61	\$25.97	\$154.58
3251	GRAY, ASHTYN M	1	\$34.75	\$8.91	\$43.66
3994	JOHNSON, AGNES A	2	\$71.26	\$16.89	\$88.15
5004	MAXEY, ETHAN M	2	\$71.26	\$16.89	\$88.15
1945	MILLS, ADAM L	1	\$34.75	\$8.91	\$43.66
4532	OBRYAN, JASON L	4	\$128.61	\$25.97	\$154.58
Totals :			\$611.76	\$137.32	\$749.08