



PAID
DEC 05 2023
BY: Bankdraft

INVOICE

Client Name: POWELL'S VALLEY WATER DISTRICT

Invoice No.: RIS0005356569

Client No.: [REDACTED]

Invoice Date: 12/01/2023

Billing Period: 12/01/2023 Thru 12/31/2023

Line	Identifier	Description	Quantity	UOM	Amount Due	
		Balance Forward			0.00	
1		Subscriber, Spouse, Children	1	115.99	115.99	
Current Monthly Total:					1	\$115.99
Total Amount Due:						\$115.99

Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site "First Time Login" page.

For inquiries please call: 1-800-955-2030

Changes made after 11/15/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

REMITTANCE



Invoice No.: RIS0005356569
 Invoice Date: 12/01/2023
 PO Number:
 Client No.: [REDACTED]
 Due Date: 12/05/2023
 Billing Period: 12/01/2023 Thru 12/31/2023
 AMOUNT DUE: \$115.99

POWELL'S VALLEY WATER DISTRICT
 ATTN: Ashley Hood
 PO Box 550
 Clay City KY 40312-0550

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:
 DELTA DENTAL OF KENTUCKY
 P O Box 950199
 Louisville KY 40295-0199