



INVOICE

Client Name: CANNONSBURG WATER

Invoice No.: RIS0005840816

Client No.: M000430007

Invoice Date: 07/01/2024

Billing Period: 07/01/2024 Thru 07/31/2024

Line	Identifier	Description	Quantity	UOM	Amount Due
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.					
		Balance Forward			0.00
1		Subscriber Only	3	23.92	71.76
2		Subscriber and Spouse	2	46.04	92.08
3		Subscriber, Spouse, Children	7	72.04	504.28
4		Subscriber and 1 Child	1	46.04	46.04
5		Subscriber and 2+ Children	1	72.04	72.04
Current Monthly Total:			14		\$786.20
Total Amount Due:					\$786.20

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

Changes made after 6/18/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

REMITTANCE



Invoice No.: RIS0005840816
 Invoice Date: 07/01/2024
 PO Number:
 Client No.: M000430007
 Due Date: 07/05/2024
 Billing Period: 07/01/2024 Thru 07/31/2024
 AMOUNT DUE: \$786.20

Amount Remitted: DO NOT PAY/AUTODEDUCTED

CANNONSBURG WATER
ATTN: Billing Department
1606 Cannonsburg Rd
Ashland KY 41102-8929

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