



RECEIVED JAN 23 2023

## CONSOLIDATED INVOICE

Client Name: Southern Water &amp; Sewer District

Invoice No.: CNS0001164873

Invoice Date: 02/01/2023

Client No.: See Below

Billing Period: 02/01/2023 Thru 02/28/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
682690	2001	Southern Water & Sewer	0.00	15	Premium	RIS0004716748	309.75	309.75
	<b>Total:</b>		<b>0.00</b>	<b>15</b>			<b>309.75</b>	<b>309.75</b>
68269V	V130	Southern Water & Sewer	0.00	14	Premium	RIS0004716749	82.01	82.01
	<b>Total:</b>		<b>0.00</b>	<b>14</b>			<b>82.01</b>	<b>82.01</b>
<b>Total:</b>			<b>\$0.00</b>	<b>29</b>			<b>\$391.76</b>	<b>\$391.76</b>

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

Changes made after 1/18/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: CNS0001164873  
 Invoice Date: 02/01/2023  
 PO Number:  
 Client No: 682690  
 Due Date: 02/05/2023  
 Billing Period: 02/01/2023 Thru 02/28/2023  
 AMOUNT DUE: \$391.76

Amount Remitted: 

Southern Water & Sewer District  
 ATTN: Paula Burke  
 PO Box 610  
 Mc Dowell, KY 41647-0610

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



## INVOICE

Client Name: Southern Water &amp; Sewer District Vision

Invoice No.: RIS0004716749

Client No.: 68269VV130

Invoice Date: 02/01/2023

Billing Period: 02/01/2023 Thru 02/28/2023

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		Billing Adjustments	0	0.00	-36.66
2		Subscriber Only	6	5.36	32.16
3		Subscriber and Spouse	7	10.72	75.04
4		Subscriber and 2+ Children	1	11.47	11.47
<b>Current Monthly Total:</b>			<b>14</b>		<b>\$82.01</b>
<b>Total Amount Due:</b>					<b>\$82.01</b>

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

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PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: RIS0004716749

Invoice Date: 02/01/2023

PO Number:

Client No.: 68269VV130

Due Date: 02/05/2023

Billing Period: 02/01/2023 Thru 02/28/2023

AMOUNT DUE: \$82.01

Amount Remitted: 

Southern Water & Sewer District Vision  
 ATTN: Paula Burke  
 PO Box 610  
 Mc Dowell KY 41647-0610

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



## INVOICE

Client Name: Southern Water &amp; Sewer District

Invoice No.: RIS0004716748

Client No.: 6826902001

Invoice Date: 02/01/2023

Billing Period: 02/01/2023 Thru 02/28/2023

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		Billing Adjustments	0	0.00	-150.44
2		Subscriber Only	8	20.68	165.44
3		Subscriber and Spouse	6	41.29	247.74
4		Subscriber and 1 Child	1	47.01	47.01
<b>Current Monthly Total:</b>			<b>15</b>		<b>\$309.75</b>
<b>Total Amount Due:</b>					<b>\$309.75</b>

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

Changes made after 1/18/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: RIS0004716748

Invoice Date: 02/01/2023

PO Number:

Client No.: 6826902001

Due Date: 02/05/2023

Billing Period: 02/01/2023 Thru 02/28/2023

AMOUNT DUE: \$309.75

Amount Remitted: 

Southern Water & Sewer District  
 ATTN: Paula Burke  
 PO Box 610  
 Mc Dowell KY 41647-0610

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