

Affiliate of ProMedica

INVOICE NO: 2502028900

PAYMENT DUE	UPON RECEIPT
INVOICE DUE DATE	PAY THIS AMOUNT
February 01, 2025	\$1,249.98
GROUP ID	AMOUNT PAID HERE
0320180911MU	\$



MUHLENBERG COUNTY WATER DISTRICT
KENDRA NEWMAN
PO BOX 348
GREENVILLE, KY 42345

1-21.2

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

0320180911MU 2502028900

PLEASE DETACH TOP PORTION AND SUBMIT WITH PAYMENT

Monthly Account Summary for February 2025

Dental

Tier	Subs	Rate	Amount
Tier 1 - EE Only	1	\$31.28	\$31.28
Tier 2 - EE + SP	3	\$65.68	\$197.04
Tier 3 - EE + Dep(s)	2	\$82.03	\$164.06
Tier 4 - EE + Fam	8	\$115.41	\$923.28
			\$1,315.66
Adjustments			Amount
Additions			\$0.00
Terminations			(\$65.68)

	(\$65.68)
Previous Month(s) Balance	\$0.00
Current Month Total	\$1,249.98

Balance Due

\$1,249.98

Invoice No: 2502028900 Due Date: 2/1/2025 Group ID: 0320180911MU

Pay Method: Check

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



Monthly Detail for MUHLENBERG COUNTY WATER DISTRICT

ID#	Name		Dental Tier	Dental Rate	Subtotal
60000826822	t		4	\$115.41	\$115.41
60000800662		and the second s	3	\$82.03	\$82.03
60000957374		a sit of the contract of the second contract was accommon to a basic	4	\$115.41	\$115.41
60000980493	I		2	\$65.68	\$65.68
60001048553			4	\$115.41	\$115.41
60000805641			4	\$115.41	\$115.41
60000791060		t afficer e	4	\$115.41	\$115.41
60000859054			1	\$31.28	\$31.28
60000789304	i.	50 At 80 W 90 W 9 Bi	4	\$115.41	\$115,41
60000863121	the war the second	**	3	\$82.03	\$82.03
60000858553	Q.		2	\$65.68	\$65.68
60001025892		Section 1997 And the section of the	4	\$115.41	\$115.41
60000922721		25 250 50 5 5 5 50 MAY N W 4/24 MA	2	\$65.68	\$65.68
60000814894	1	The species of the species and the species	4	\$115.41	\$115.41
			Totals :	\$1,315.66	\$1,315.66

Terminations for MUHLENBERG COUNTY WATER DISTRICT

ID#	Name	Tier	Months Qty	Dental Rate	Subtotal
60000851126	2	-1	\$65.68	(\$65.68)	
		Totals	i ;		(\$65.68)