



Delta Dental of Kentucky, Inc.

PO Box 950199

Louisville, KY 40295-0199

Bill To:

EAST CLARK COUNTY WATER DISTRICT

Anita Castle

P.O. Box 112

Winchester, KY 40392

Invoice Date

10/21/2025

Coverage Period

11/01/2025 - 11/30/2025

Invoice number

20251021000589-037

Due Date

Due upon receipt

Plan

Group	EAST CLARK COUNTY WATER DISTRICT		Premium Group Number	M00043-0076
Plan	Period	Coverage Type	Count	Total
Dental	11/01/2025	Subscriber and Spouse	3	\$141.57
Dental	11/01/2025	Subscriber Only	4	\$98.08
Dental	11/01/2025	Subscriber, Spouse, Children	1	\$73.84
			<u>8</u>	<u>\$313.49</u>

Current Premiums \$313.49

Prior Period Adjustments \$.00

Manual Invoice Adjustments \$.00

Current Period Billing \$313.49

* If total amount due is negative, then no payment required at this time.

* Confirmed EFT groups will have payment auto deducted.

APPROVED BY: WB HF TPm

ACCT. LIST # 6080

FUND o.m

CK. NO. Auto Pay

REVIEWED BY: Alcastle

Current Billing Detail

Group EAST CLARK COUNTY WATER DISTRICT
Plan M00043-PDM3

Group Number

M00043-0076

Name	Subscriber	Period	Premium Type	Amount
[REDACTED]	941789187	11/01/2025	Subscriber and Spouse	\$47.19
[REDACTED]	937854068	11/01/2025	Subscriber and Spouse	\$47.19
[REDACTED]	937854080	11/01/2025	Subscriber Only	\$24.52
[REDACTED]	941789177	11/01/2025	Subscriber Only	\$24.52
[REDACTED]	941794607	11/01/2025	Subscriber and Spouse	\$47.19
[REDACTED]	937854286	11/01/2025	Subscriber, Spouse, Children	\$73.84
[REDACTED]	945161429	11/01/2025	Subscriber Only	\$24.52
[REDACTED]	941794528	11/01/2025	Subscriber Only	\$24.52

\$313.49

Total

\$313.49

Prior Period Adjustment Detail

Total

Invoice Manual Adjustment Detail

Adjustment Type

Amount

Total