



Delta Dental of Colorado  
 PO Box 912148  
 Denver, CO 80291-2148

Bill Number: 72037  
 Account Number: 00000000062-0000000001  
 Due Date: 06/15/2021  
 Claims Paid Thru: 01/01/2021 - 06/01/2021  
 Coverage Period:

XYZ Industries - Denver (Billing)  
 Julie Sitz  
 123 Main St

Denver, CO 80229

Billing Summary				
	Number of Claims	Enrollment Count	Rate	Amount
Claims Reimbursement	0			\$0.00
Admin Fee		18	\$5.75	\$103.50
Escrow				\$0.00
Balance Forward				\$0.00
Manual Adjustments				\$0.00
Total Amount Due				\$103.50

If your payment is not received in full by the due date, claims may be placed on hold. Eligibility changes submitted with payment will not be accepted and processed.

Thank you for your business.

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 Detach and return this portion with your payment.



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 Coverage Period:

Include the account number on your check and make payable to:

Delta Dental of Colorado  
 PO Box 912148  
 Denver, CO 80291-2148

Total Due:	Amount Enclosed:
\$103.50	

00000000062-0000000001-4



Group Activity Report (GAR) Summary

Group Number: 00000000062-00000000001  
Group Name: XYZ Industries - Denver (Billing)  
Reporting Period: 01/01/2021 - 06/01/2021  
Total Plan Amount Paid:

Group Number	Group Name	Claim Count	Submitted Amount	Plan Paid Amount	Patient Pays
UNKNOWN	A F N XYZ Industries Low P	2	\$170.00	\$102.00	\$0.00
UNKNOWN	STD B N XYZ Industries High	4	\$340.00	\$232.00	\$0.00
UNKNOWN	C P N XYZ Industries Low P	2	\$170.00	\$116.00	\$0.00
Total for Group: XYZ Industries - Denver (Billing)		8	\$680.00	\$450.00	\$0.00

TEST DOCUMENT