

Group Billing

Billing Date	For Coverage Beginning
Jan 13, 2010	Feb 1, 2010

ID #	Employee Name	CL	Date	DNTL PREM	MMED PREM	Total
001109999	John Doe Anderson	00	010103	15.00	35.00	50.00
999001111	George Buchanan	00	010103	15.00	35.00	50.00
111223333	Allison Cartwright	00	010103	18.00	45.00	63.00
333112222	Geena Peterson	00	010103	15.00	35.00	50.00
444332345	Pete Wright	00	010103	20.00	55.00	75.00
8 *** Adjustments ***						
333112222	Geena Peterson	00	010110	A 30.00	70.00	100.00
111223344	Bob Reily	00	010103	T 30.00-	70.00-	100.00-

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Company Name
 Company Address
 Company City, State, Zip

Ben Type	Sub Count	Subscriber Premium	Dep Cnt	Dep Premium
DNTL	5	75.00	3	8.00
MMED	5	175.00	3	30.00

TOTAL THIS BILL	288.00
BILLING FEES	.00
DISCOUNTS	.00
OUTSTANDING BALANCE	
AS OF 1/13/10	.00
PLEASE PAY THIS AMOUNT	288.00

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INVOICE LEGEND

1. Your ODS group and division number
2. Date of invoice
3. Month of coverage
4. Subscriber ID#
5. Internal use only
6. Employees effective date with ODS Companies
7. Type of coverage: (benefits are group specific)
 - a. DNTL – dental
 - b. MMED – medical
8. Reported changes
9. Types of change:
 - a. A – subscriber addition
 - b. D – dependent change
 - c. F – family status change
 - d. T – subscriber termination
10. Number of covered employees and dependents, and associated premium amount prior to adjustments
11. Total amount due for this division