



## INVOICE

Client Name: LLPS, Inc.

Invoice No.: RIS0006443615

Client No.: 0051751142

Invoice Date: 07/01/2025

Billing Period: 07/01/2025 Thru 07/31/2025

Line	Identifier	Description	Quantity	UOM	Amount Due
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Reminder: To protect your information, Delta Dental will never ask for sensitive information over email or texts (e.g, bank information, passwords, etc.). When in doubt, please call your Account Manager.

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		Subscriber Only	7	38.82	271.74
2		Subscriber and Spouse	2	72.39	144.78
3		Subscriber, Spouse, Children	1	134.12	134.12
4		Subscriber and 2+ Children	1	134.12	134.12

<b>Current Monthly Total:</b>	<b>11</b>	<b>\$684.76</b>
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<b>Total Amount Due:</b>		<b>\$684.76</b>
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For inquiries on the following services, please call:  
 Eligibility/Claims/Address Correction/Rates (MI): 1-800-482-8915  
 Past Due Amounts/Payments/Customer Balances: 1-800-838-8863

Changes made after 6/17/2025 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

010295

## REMITTANCE



Invoice No.: RIS0006443615

Invoice Date: 07/01/2025

PO Number:

Client No.: 0051751142

Due Date: 07/05/2025

Billing Period: 07/01/2025 Thru 07/31/2025

AMOUNT DUE: \$684.76

Amount Remitted: 

LLPS, Inc.  
 ATTN: Michael Bishop  
 5859 W Saginaw Hwy 343  
 Lansing MI 489172460

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL  
 16082 Collection Center Drive  
 Chicago IL 60693

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