



## INVOICE

Client Name: LLPS, Inc.

Invoice No.: RIS0004114900

Client No.: 0051751142

Invoice Date: 05/01/2022

Billing Period: 05/01/2022 Thru 05/31/2022

Line	Identifier	Description	Quantity	UOM	Amount Due
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Please remember to include any backup related to your payment with the remittance stub below or if you would prefer, provide it via email to: [billing@deltadentalmi.com](mailto:billing@deltadentalmi.com)

Reminder: Billing details are only available online on Benefit Manager Toolkit ([www.benefitmanagertoolkit.com](http://www.benefitmanagertoolkit.com)). If you do not yet have access, update your security settings via the site "First Time Login" page.

		Balance Forward			-507.26
1		Subscriber Only	6	37.69	226.14
2		Subscriber and Spouse	3	70.28	210.84
3		Subscriber and 1 Child	1	70.28	70.28

<b>Current Monthly Total:</b>	<b>10</b>	<b>\$507.26</b>
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<b>Total Amount Due:</b>		<b>\$0.00</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 4/11/2022 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

008523

## REMITTANCE



Invoice No.: RIS0004114900

Invoice Date: 05/01/2022

PO Number:

Client No.: 0051751142

Due Date: 05/05/2022

Billing Period: 05/01/2022 Thru 05/31/2022

AMOUNT DUE: \$0.00

Amount Remitted: 

LLPS, Inc.  
 ATTN: Michael Bishop  
 5859 W Saginaw Hwy 343  
 Lansing MI 48917-2460

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

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