



Delta Dental Of California
P.O. Box 1870
Alpharetta, GA 30023

Invoice

Account Information

Invoice Date:

03/28/22

Billing Period:

05/01/22 - 05/31/22

Payment Due Date:

05/01/22

Invoice Number:

880344462129

Account Number:

8803481593

Enrollee ID:

120784776501

rongjun geng
331 Ladera Dr
vallejo, CA 94591

Billing Summary

Total Amount Due on 05/01/22 \$31.78

Turn the page for billing details.

Payments and account changes received after
03/28/22 are not reflected on this invoice.

How to pay your bill

Online:

deltadentalins.com

By mail:

Delta Dental Of California
P.O. Box 660138
Dallas, TX 75266-0138

Customer Care

Hours: M - F, 8:00 am - 9:00 pm EST

Phone: 1-888-282-8528

TTY/TTD: 7-1-1

Email: deltadentalins.com/about/contact/

-----Detach Here-----

DCUBLSTMT

Please return this portion with your check payable to: Delta Dental Insurance Company (DDIC)

You're set up for autopay. No action is required.

Billing Period: 05/01/22 - 05/31/22

Payment Due Date: 05/01/22

Invoice Number: 880344462129

Account Number: 8803481593

Enrollee ID: 120784776501

Total Amount Due: **\$31.78**

Send Payment To:

Delta Dental Of California
P.O. Box 660138
Dallas, TX 75266-0138

rongjun geng

880348159361207847765018803481248880344462129000031785

Billing Summary Detail

Billing Detail	Amount
Previous Bill	
Premium due on your previous bill (04/01/22)	\$95.34
Payments received since your previous bill	
Payment - (03/23/22)	-\$61.51
Payment - (03/23/22)	-\$33.83
Subtotal:	\$0.00
Current Bill	
Premium due on your current bill (05/01/22)	\$31.78
Subtotal:	\$31.78
Account Balance	\$31.78

Your health plan is billing you for the cost of your health coverage. You must pay all amounts listed in this bill by the due date. If you do not pay this amount by the due date, your health coverage can be canceled. You will receive a grace period before your plan can cancel your coverage for not paying the amount due. You can file a complaint with the California Department of Managed Health Care if you think there is a mistake. Learn more about your health care rights and responsibilities in your plan Evidence of Coverage.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentaegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.