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Summary (as of MM/DD/YYYY)

Total Charges	\$150.00
Previously Paid	- \$0.00

Total Balance Due Date

\$150.00 MM/DD/YYYY

Member: Employer Group	Dental Plan			
MM/DD/YYYY Member 1				\$15.0
MM/DD/YYYY Member 2				\$15.0
MM/DD/YYYY Member 3				\$15.0
MM/DD/YYYY Member 4				\$15.0
MM/DD/YYYY Member 5				\$15.0
MM/DD/YYYY Member 6				\$15.0
MM/DD/YYYY Member 7				\$15.0
MM/DD/YYYY Member 8				\$15.0
MM/DD/YYYY Member 9				\$15.0
MM/DD/YYYY Member 10	0			\$15.0
Total Balance Due Date				\$150.0 MM/DD/Y
TOTAL BALANCE \$150.00	CURRENT \$150.00	30-60 DAYS \$0.00	60-90 DAYS \$0.00	90+ DAYS \$0.00
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