



Delta Dental of New Jersey, Inc.

1639 Route 10
Parsippany, NJ 07054-4506

Eligibility & Enrollment Inquiries: (973) 285-4144

Premium & Payment Inquiries: (973) 285-4112

Customer Service: (800) 452-9310

Billing Email: billing@deltadentalnj.com

Enrollment Email: eliginquiry@deltadentalnj.com

PREMIUM INVOICE SUMMARY

TOWN OF BOONTON BOE (07302-00001)

ATTN: STEVEN GARDBERG
434 LATHROP AVE
BOONTON, NJ 07005-2254

Group: TOWN OF BOONTON BOE

Account Number: 07302

Bill Group: 07302-00001E

TO SIGN-UP ONLINE GO TO:	http://deltadentalnj.billtrust.com
USE THIS ENROLLMENT TOKEN:	TRS RVH FZM

INVOICE # : PM00000001290572 BILLING PERIOD : 07/01/2026 - 07/31/2026 INVOICE DATE : 06/11/2026 DUE DATE : 06/21/2026

Current Activity	Billing Amount (\$)
Current Fees	21,000.69
Adjustment Debits	226.66
Adjustment Credits	(81.36)
Net Current Fees	21,145.99

Recent Activity	Billing Amount (\$)
Prior Balance	21,291.29
*Payments Applied	0.00
Balance Forward	21,291.29
Balance Forward	21,291.29
Net Current Fees	21,145.99
Grand Total	42,437.28

COVERAGE SUMMARY

Coverage Description	Number of Subscribers	Rate/Fee (\$)
Emp and 1+ Dep	140	113.33
Emp Only	90	40.68
Emp and Children	13	113.33
Grand Total	243	

BALANCE FORWARD

1-30 Days (\$)	31-60 Days (\$)	61-90 Days (\$)	Over 90 Days (\$)	Total (\$)
21,291.29	0.00	0.00	0.00	21,291.29

Visit us on the internet : www.deltadentalnj.com

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

TOWN OF BOONTON BOE (07302-00001)



Delta Dental of New Jersey, Inc.

1639 Route 10
Parsippany, NJ 07054-4506
Customer Service: (800) 452-9310
Email: billing@deltadentalnj.com

Premium Invoice	
SUBGROUP ID: 07302-00001	
INVOICE NUMBER	INVOICE DATE
PM00000001290572	06/11/2026
BILLING PERIOD	DUE DATE
07/01/2026 - 07/31/2026	06/21/2026
AMOUNT DUE	ENCLOSED AMOUNT
\$42,437.28	

TOWN OF BOONTON BOE
ATTN: STEVEN GARDBERG
434 LATHROP AVE
BOONTON, NJ 07005-2254

Delta Dental of New Jersey, Inc.
PO Box 36483
Newark, NJ 07188-6483

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