

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1201034

Vendor Name: Delta Dental of Illinois

Invoice Number: 1343061

Invoice Date: 05/04/20

PO Number:

Check Number: E0080394

Check Amount: \$ 16,473.16

Check Date: 06/17/2020

Department ID: 00000

Reviewer Name:

Voucher Number: V0629633

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zerrudom@cod.edu

Sent: Mon Jun 15 14:41:24 CDT 2020

To: invoicing@cod.edu

CC:

Subject: Attached Document

From: marekr@cod.edu
Sent: Mon Jun 15 12:32:01 CDT 2020
To: invoicing@cod.edu
CC:
cruseb199@cod.edu,zerrudom@cod.edu,barriosi142@cod.edu,sekerkaj@cod.edu,refakese@cod.edu,oreillyl7@cod.edu
Subject: FW: April benefits payment request

Good afternoon—

Please see the attached PDF for the following benefits check requests from HR. I'm copying the AP Leads individually just to give you all a head's up.

1. Community College Health Consortium
2. Delta Dental
3. Vision Service Plan
4. Reliance Standard
5. Navia
6. UNUM

Please process as soon as reasonably possible.

Thanks!

Bobby Marek
Senior Accountant | Financial Affairs
College of DuPage
425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599
phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

From: O'Reilly, Lisa <oreillyl7@cod.edu>
Sent: Monday, June 15, 2020 11:01 AM
To: Marek, Robert <marekr@cod.edu>
Cc: Refakes, Eugene <refakese@cod.edu>
Subject: April benefits payment request

Hi Bobby,

Attached is the whole batch of benefits payments for the month of April. I have submitted our May bills as well and hope to have them to you before the end of the month. I wanted to send them to AP directly but wasn't sure that the address I found, APupdating@cod.edu, was the correct one.

Lisa O'Reilly
Benefits Analyst
College of DuPage | 425 Fawell Blvd. | Glen Ellyn | IL 60137
630.942.2648

College of DuPage - Accounts Payable

Check Request Form

revised 1/9/19

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 5/4/2020
Vendor ID: 1201034

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
1343061	Apr claims	01	00	00000	2101036	Dental PPO Premium 01/01/17	\$ 11,132.33
1343061	Delta Dental Admin fees	01	90	00835	5201010	Service Fee-Dent	\$ 2,926.17
1341077	May premiums	01	00	00000	2101037	Dental DMO Premium 01/01/17	\$ 2,414.66
Grand Total							\$ 16,473.16

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

AP VERIFIED
06/15/20 - MARIA ZERRUDO

Payee Name: Delta Dental of Illinois - ASC
PO Box 803877
Payee Address: Chicago, IL 60680-3877

Other
Instructions:

Description on Check:

11451 Apr Claims/May premiums

Approvals:

Prepared By: Lisa O'Reilly
Signature: *Lisa O'Reilly*
Payment Due: ASAP
Board Approved Date:

Approved By: Beth O'Brien Date: Jun 15, 2020
Signature: *Beth O'Brien*
Approved By: Linda Sands-VanKerk Date: Jun 15, 2020
Signature: *Linda Sands-VanKerk*

Approved By Division VP:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



111 Shuman Boulevard
Naperville, IL 60563
(800) 323-1743

ACCOUNT INVOICE

COLLEGE OF DUPAGE/HMO ACTIVE
LISA O'REILLY
425 FAWELL AVE
GLEN ELLYN IL 60137-0000

Invoice Number:	1341077
Billing Period:	05/01/2020 - 05/31/2020

Group Number:	11451-000-20001-00002
Group Name:	COLLEGE OF DUPAGE/HMO ACTIVE
Master Number:	90092
Description:	
Phone Number:	(630) 942-2648

PRIOR DUE

Prior Amount Due	\$	2,331.86
Less Payment Received		.00
Balance From Prior Billing		2,331.86

CURRENT DUE

Total Subscriber Adjustments	\$	41.40
Current Billed		2,373.26
Balance From Current Billing		2,414.66

Total Amount Due	\$	4,746.52
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STATEMENT OF ACCOUNT

Billing Period: 05/01/2020 - 05/31/2020

Due Date: 05/01/2020

Prior Due

Prior Amount Due	\$	2,331.86
Less Payment Received		.00
Balance From Prior Billing		2,331.86

Current Due

Total Subscriber Adjustments	\$	41.40
Current Billed		2,373.26
Balance From Current Billing		2,414.66

Total Amount Due

Total Amount Due	\$	4,746.52
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Please make checks payable to: DELTA DENTAL OF ILLINOIS - RISK
Payments and changes not reflected on this invoice will appear on the next invoice.

PLEASE RETURN THIS STATEMENT OF ACCOUNT PAGE WITH YOUR PAYMENT.

Group Name: COLLEGE OF DUPAGE/HMO ACTIVE

Dental Group Number: 11451-000-20001-00002

Dental Amount Due: \$ 4,746.52

Dental Amount Submitted: _____

Signature: _____

Please send all remittance to:

DELTA DENTAL OF ILLINOIS - RISK
P.O. BOX 804067
CHICAGO IL 60680-4067



111 Shuman Boulevard
Naperville, IL 60563
(800) 323-1743

COLLEGE OF DUPAGE-DO NOT USE
LISA O'REILLY
425 FAWELL AVE
GLEN ELLYN IL 60137-0000

RECONCILIATION ACCOUNT INVOICE

Invoice Number:	000001343061
Reconciliation Period:	04/01/2020 - 04/30/2020

Master Number:	11451-00
Description:	
Phone Number:	(630) 942-2648

RECONCILIATION OF ACCOUNT

Reconciliation Period: 04/01/2020 - 04/30/2020

Due Date: 05/31/2020

Prior Due

Prior Amount Due	\$	43,526.46
Less Deposits Received		.00
Balance Forward		43,526.46

Current Due

Total Administration Adjustments	\$	3.69
Current Administration Billed		2,922.48
Claim Payments		11,132.33
Balance From Current Billing		14,058.50

Total Amount Due

Total Amount Due	\$	57,584.96
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*Please make checks payable to: DELTA DENTAL OF ILLINOIS - ASC
Payments and changes not reflected on this invoice will appear on the next invoice.*

PLEASE RETURN THIS STATEMENT OF ACCOUNT PAGE WITH YOUR PAYMENT.

Group Name: COLLEGE OF DUPAGE-DO NOT USE

Dental Group Number: 11451

Dental Amount Due: \$ 57,584.96

Dental Amount Submitted: _____

Signature: _____

DELTA DENTAL OF ILLINOIS - ASC
P.O. BOX 803877
CHICAGO IL 60680-3877