




Your New TruAssure Bill

TruAssure has updated the look and format of our bills.

Although your bills now look different, they continue to have the same information. Learn about your new TruAssure bill with our overview below. For any questions, contact TruAssure at 888-559-0781, Monday — Friday 8:30 a.m. to 5:00 p.m. central time or email individual@truassure.com (your email will be responded to within 24 business hours).

A This section contains member identification information and details about your plan.

- **Eligibility** is the effective date of your policy.
- **Subscription ID** is your TruAssure member ID number.
- **Coverage period** is the current billing period for your invoice.
- **Due date** is when your bill is due.



TruAssure Insurance Company
Individual and Family Dental Program
Monthly Statement

Jane Smith
1234 Any Street Circle
Anytown, IL 12345

A

Eligibility as of: XX/XX/XXXX
 Bill Number: XXXXX
 Subscription ID: 51000000000000-01
 Account Number: 0000000000-0000000000
 Coverage Period: XX/XX/XXXX-XX/XX/XXXX
 Due Date: XX/XX/XXXX

B Billing Summary	
Balance Forward	\$00.00
C Current Charges	
Current Charges	\$00.00
Manual Adjustments	\$0.00
D Total Amount Due	\$000.00

B **Billing Summary** identifies any balance forward charge that may be carried over from the previous month.

C **Current Charges** identifies your current charges and any manual adjustments.

D **Total Amount Due** reflects the amount due for the current billing period.