UnitedHealthcare®

Payment Submission Complete

Confirmation Number	**670916359953**	Customer Number	**9742999921**
Payment Account	**CITIZENS BANK - 8244 - 3103**	Customer Name	**VERATEX**
Payment Submitted Date	**08/27/2025**		
Payment Date	**08/27/2025**		

Invoice Date	Invoice Number	Due Date	Bill Group	Total Amount Due	Amount Paid	Reason Code
07/07/2025	350196923203	08/01/2025	263066	$4,489.99	$4,489.99	Paid as billed
				Total Payment	**$4,489.99**	