UnitedHealthcare

Payment Submission Complete

Confirmation Number	**467469846355**	Customer Number	**9742999921**
Payment Account	**CITIZENS BANK - 8244 - 3103**	Customer Name	**VERATEX**
Payment Submitted Date	**04/21/2025**		
Payment Date	**04/21/2025**		

Invoice Date	Invoice Number	Due Date	Bill Group	Total Amount Due	Amount Paid	Reason Code
03/07/2025	350195182530	04/01/2025	263066	$3,966.93	$3,966.93	Paid as billed
			Total Payment		$3,966.93	