



UnitedHealthcare®

Payment Submission Complete

Confirmation Number **477069392514** Customer Number **9742999921**

Payment Account **CITIZENS BANK - 8244 -** Customer Name **VERATEX**
3103

Payment Submitted Date 10/15/2025

Payment Date **10/15/2025**

Invoice Date	Invoice Number	Due Date	Bill Group	Total Amount Due	Amount Paid	Reason Code
09/08/2025	350198964793	10/01/2025	263066	\$4,489.99	\$4,489.99	Paid as billed
			Total Payment		\$4,489.99	