



UHS Premium Billing
PO BOX 94017
Palatine, IL 60094-4017

Manage your Account:
www.employereservices.com

Invoice No: 426611702634
Invoice Date: 04/12/2023
Customer No: 09S0588
Bill Group No: 1
Coverage Period: 05/01/2023 - 05/31/2023
Due Date: 05/01/2023



102IMBSTANDARDBW0009001-07843-01

VERATEX INC.
WEI CHANG
PO BOX 682
NEW YORK NY 10108-0682



Account Summary

Previous Balance	\$253.90
Payments (-)	\$0.00
Account Adjustments (+/-)	\$0.00
Current Charges (+)	\$253.90
 Total Balance Due	 \$507.80

Thank you for your business.

About Your Payment

We offer several payment options to help you manage your account.

Pay Online. Go to www.employereservices.com to make a one-time payment or schedule monthly payments directly from your bank account.

Pay By Phone. Call **1-888-842-4571**, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday, to make a payment directly from your bank account.

Pay By Check. Send a check to the address listed below. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

Payment is due in full on or before the due date above. If full payment is not received by the end of your grace period, your coverage may be terminated as stated in your policy requirements. If a premium payment is deposited late, it does not automatically mean we will accept the premium.

Please detach and return with your payment.

Customer Name	Customer Number	Payment Due Date	Invoice #
VERATEX INC.	09S0588	05/01/2023	426611702634

Send payment to:

UHS Premium Billing
PO BOX 94017
Palatine, IL 60094-4017

Minimum Amount Due: \$507.80

Amount Enclosed

\$												
----	--	--	--	--	--	--	--	--	--	--	--	--

426610000000100000000507804266117026342



Invoice No: 426611702634

Invoice Date: 04/12/2023

Bill Group: 1

Coverage Period: 05/01/2023 - 05/31/2023

Due Date: 05/01/2023

Summary

Description	Employee Count	Total Volume (000's)	Net Amount
09S0588-VERATEX INC.			
Dental VPPO			
Employee	2		\$126.36
Employee & Child(ren)	1		\$127.54
Subtotal, Dental VPPO	3		\$253.90
Subtotal 09S0588-VERATEX INC.			\$253.90
Adjustments			
Account Adjustments			\$0.00
Current Adjustments			\$0.00
Subtotal, Adjustments			\$0.00
TOTAL	3		\$253.90

Questions? We're here to help.



Toll free 1-888-842-4571



www.employereservices.com

Invoice No: 426611702634
Invoice Date: 04/12/2023
Bill Group: 1
Coverage Period: 05/01/2023 - 05/31/2023
Due Date: 05/01/2023

Details

Current Detail - 5/01-5/31/2023							Adjustment Detail			Totals	
Policy No.	Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total
09S0588	DALESSIO, CLAUDIO	Dental VPPO	*****8501	E	A		\$63.18				\$63.18
09S0588	SIMON, CAROLYN	Dental VPPO	*****1470	EC	A		\$127.54				\$127.54
09S0588	SIMON, CLAUDE	Dental VPPO	*****6339	E	A		\$63.18				\$63.18
Total							\$253.90				\$253.90

Coverage Type	Status	Code
E	A	Active
ES	C	Cobra
ESC	R	Retiree
EC	T	Terminated

Questions? We're here to help.
 Toll free 1-888-842-4571
 www.employeesservices.com

