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Invoice No: 426611721733
Invoice Date: 05/12/2023
Customer No: 09S0588
Bill Group No: 1
Coverage Period: 06/01/2023 - 06/30/2023
Due Date: 06/01/2023



NEW YORK NY 10108-0682



Abstract

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Expanding digital solutions – choose paperless invoicing

We appreciate this opportunity to help streamline administrative efficiencies and reduce paper mailings. Our records show that you are still receiving a paper invoice from us. Did you know that you can view your monthly invoice online and further reduce the amount of paper mail that you receive and handle?

Advantages of using the benefits administration website

In addition to being a resource for your specific plan information and covered employee population, **employereservices.com** offers easy access to your premium invoices and payments. In the **Invoices** center of the website, you can:

- View invoices, payments, balances and statements
- Request “Bill vs. Paid” report
- Manage banking information

To go paperless and turn off delivery of your monthly premium invoice by U.S. Mail, please login to **employereservices.com** and follow the below steps to switch to paperless billing.

1. Click on the **Manage Users** link in the upper righthand navigation
2. Next, click on the **Update Client Profile** link under the client’s name
3. Review **Client Billing Settings** and click the **Discontinue Paper** checkbox for each bill group you wish to switch to paperless
4. Click on **Submit** to complete the update

Not registered yet?

Please contact your Dedicated Client Service Manager or call us toll-free at **1-800-651-5465**. For paperless billing, the representative at the number above can complete this setup as well.

Once registered, you can:

- Sign up for paperless billing
- View, manage and pay your bill
- Make eligibility changes
- Request health plan ID cards and more

Easy access to your invoices and payments

- Sign in to **employereservices.com** to view or print your company’s monthly premium invoice
- For help signing in or registering on the website, call **1-800-651-5465**, TTY **711**, 8 a.m. to 8 p.m. ET, Monday – Friday

United
Healthcare

VERATEX INC.

Customer No: 09S0588



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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.



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Details

Current Detail - 6/01-6/30/2023										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			\$0.00	\$253.90		

Coverage Type	Status	Code
E Employee Only	A Active	ADD Retroactive Addition
ES Employee and Spouse	C Cobra	TRM Retroactive Termination
ESC Employee and Family	R Retiree	CHG Retroactive Change
EC Employee and Child(ren)	T Terminated	

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