



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

Manage your Account:
www.employereservices.com

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



132IMBSTANDARDBW0004001-03251-01

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



Account Summary

Previous Balance	\$507.80
Payments (-)	-\$253.90
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	06/01/2023	426611721733

Send payment to:

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

Minimum Amount Due: \$507.80

Amount Enclosed

\$												
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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



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Due Date: 06/01/2023

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
<i>Subtotal, Dental VPPO</i>	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



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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	ADD
ES	Employee and Spouse	TRM
ESC	Employee and Family	CHG
EC	Employee and Child(ren)	
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