



Manage your Account:

www.employerservices.com

Invoice No: 426614111501

Invoice Date: 06/12/2023

Customer No: 09S0588

Bill Group No. 1

Coverage Period: 07/01/2023 - 07/31/2023

Due Date: 07/01/2023

163IMBSTDARDBW0012010-03134-01

VERATEX INC.

WEI CHANG

PO BOX 682

NEW YORK NY 10108-0682



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 VERATEX INC.	Customer Number 09S0588	Payment Due Date 07/01/2023	Invoice # 426614111501
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Send payment to:

Minimum Amount Due: \$253.90

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

Amount Enclosed

[illegible]

426610000000100000000253904266141115013



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, employerservices.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 employerservices.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 employerservices.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

Invoice No: 426614111501
Invoice Date: 06/12/2023
Bill Group: 1
Coverage Period: 07/01/2023 - 07/31/2023
Due Date: 07/01/2023



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



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VERATEX INC.
Customer No: 09S0588

Invoice No: 426614111501
Invoice Date: 06/12/2023
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Coverage Period: 07/01/2023 - 07/31/2023
Due Date: 07/01/2023

163IMBSTDARDBW0012010-03134-04

Details

Current Detail - 7/01-7/31/2023										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			\$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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Coverage Period: 07/01/2023 - 07/31/2023
Due Date: 07/01/2023



About Your Bill

Employee and dependent information contained on this invoice is based on the most current information provided by you in your capacity as Plan Administrator to UnitedHealthcare Insurance Company of New York.

Payment is due in full on or before 07/01/2023. If full payment is not received by the end of your grace period, your coverage may be terminated as stated in your policy requirements. For more information about grace periods, please see your plan documents (for example: Group Policy).

Your payment can take up to 10 days to post to your account. If we receive it after the Invoice Date, you'll see it in your next bill.

Eligibility Changes

Please send all employee and dependent changes right away so they can be included on your next invoice.

We are not able to process eligibility changes sent with your payment. Please visit www.employereservices.com to update eligibility information.

For employers with employees living in Texas:

Employers are responsible for premiums for employees who are no longer eligible for group coverage until the end of the month we are notified. For more information about Texas, go to www.employereservices.com.

Please visit www.employereservices.com to make eligibility changes, view and pay your bill, request paperless billing, request health plan ID cards and more!

Questions about your bill?

Call 1-888-842-4571, TTY 711, 8 a.m. – 8 p.m. ET, Monday – Friday. Please have your billing customer number and bill group number available when you call.

Underwritten by UnitedHealthcare Insurance Company of New York

Questions? We're here to help.



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