



193IMBSTANDARDDBW0008004-05459-01

WEI CHANG

PO BOX 682

NEW YORK NY 10108-0682



[www.employerservices.com](http://www.employerservices.com)

Invoice No: 426619119172

Invoice Date: 07/12/2023

Customer No: 09S0588

Bill Group No: 1

Coverage Period: 08/01/2023 - 08/31/2023

Due Date: 08/01/2023

**Thank you for your business.**

|              |           |
|--------------|-----------|
| Payments (-) | -\$253.90 |
|--------------|-----------|

|                           |        |
|---------------------------|--------|
| Account Adjustments (+/-) | \$0.00 |
|---------------------------|--------|

|                     |          |
|---------------------|----------|
| Current Charges (+) | \$253.90 |
|---------------------|----------|

|                   |          |
|-------------------|----------|
| Total Balance Due | \$253.90 |
|-------------------|----------|

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

**Pay Online.** Go to [www.employereservices.com](http://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.

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Customer Name

VERATEX INC.

Customer Number

09S0588

Payment Due Date

08/01/2023

Invoice #

426619119172

**Send payment to:**

Minimum Amount Due: \$253.90

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

Amount Enclosed

[illegible]

426610000000100000000253904266191191726



## 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: 426619119172  
Invoice Date: 07/12/2023  
Bill Group: 1  
Coverage Period: 08/01/2023 - 08/31/2023  
Due Date: 08/01/2023



### Summary

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

Questions? We're here to help.



Toll free 1-888-842-4571



[www.employereservices.com](http://www.employereservices.com)

Invoice No: 426619119172  
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1931MBSTANDARDDBW0008004-05459-04

Details

| Current Detail - 8/01-8/31/2023 |                   |             |           |          |        |             |               |        |      |        | Adjustment Detail |          |  | Totals |
|---------------------------------|-------------------|-------------|-----------|----------|--------|-------------|---------------|--------|------|--------|-------------------|----------|--|--------|
| Policy No.                      | Name              | Plan        | ID        | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Total             | Total    |  |        |
| 09S0588                         | DALESSIO, CLAUDIO | Dental VPPO | *****8501 | E        | A      |             | \$63.18       |        |      |        | \$63.18           | \$63.18  |  |        |
| 09S0588                         | SIMON, CAROLYN    | Dental VPPO | *****1470 | EC       | A      |             | \$127.54      |        |      |        | \$127.54          | \$127.54 |  |        |
| 09S0588                         | SIMON, CLAUDE     | Dental VPPO | *****6339 | E        | A      |             | \$63.18       |        |      |        | \$63.18           | \$63.18  |  |        |
| Total                           |                   |             |           |          |        |             | \$253.90      |        |      | \$0.00 | \$253.90          | \$253.90 |  |        |

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

