



Manage your Account:
uhceservices.com

Invoice No: 350191607525
Invoice Date: 11/07/2023
Customer No: 1351166
Bill Group No: 263066
Coverage Period: 12/01/2023 - 12/31/2023
Due Date: 12/01/2023

312IMBSTANDARDBW0009002-06816-01

VERATEX
CLAUDE SIMON
PO BOX 682
NEW YORK NY 10108-0682

Account Summary

| | |
|---------------------------|-------------------|
| Previous Balance | \$7,783.58 |
| Payments (-) | -\$3,891.79 |
| Account Adjustments (+/-) | \$0.00 |
| Current Charges (+) | \$3,891.79 |
| Total Balance Due | \$7,783.58 |

Thank you for your business.

About Your Payment

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

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

Pay By Phone. Call 1-888-201-4216, TTY 711, 24 hours a day, 7 days a week, 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 | 1351166 | 12/01/2023 | 350191607525 |

Send payment to:

Minimum Amount Due: \$7,783.58

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

Amount Enclosed

↳ [View on GitHub](#) ↳ [View on Bitbucket](#) ↳ [View on SourceForge](#) ↳ [View on SourceHut](#)

350198159400100000007783583501916075250



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, **uhceservices.com** offers easy access to your premium invoices and payments. In the Billing and Payment 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 call the customer service phone number on this invoice to have **Electronic Invoice Delivery Only** selected.

Easy access to your invoices and payments

- Sign in to **uhceservices.com** to view or print your company’s monthly premium invoice
- For help signing in or registering on the website, call **1-866-908-5940, TTY 711**, 8 a.m. to 8 p.m. ET, Monday – Friday

Not registered yet?

Visit us at **uhceservices.com** and register using your Customer ID.

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

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc. Administrative services provided by Oxford Health Plans LLC.

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**United
Healthcare
Oxford**



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 Due Date: 12/01/2023

Summary

| Description | Employee Count | Total Volume (000's) | Net Amount |
|--|----------------|----------------------|-------------------|
| 312068-ALL ELIGIBLE EMPLOYEES | | | |
| NY P FRDM NG 20/40/100 PPO 23 | | | |
| Employee | 1 | | \$1,441.40 |
| Employee & Child(ren) | 1 | | \$2,450.39 |
| Subtotal, NY P FRDM NG 20/40/100 PPO 23 | 2 | | \$3,891.79 |
| Subtotal 312068-ALL ELIGIBLE EMPLOYEES | | | \$3,891.79 |
| 312068-ALL ELIGIBLE EMPLOYEES | | | |
| Adjustments | | | |
| Account Adjustments | | | \$0.00 |
| Current Adjustments | | | \$0.00 |
| Subtotal, Adjustments | | | \$0.00 |
| TOTAL | 2 | | \$3,891.79 |

Questions? We're here to help.



Toll free 1-888-201-4216



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Details

| Current Detail - 12/01-12/31/2023 | | | | | | | | Adjustment Detail | | | Totals |
|-----------------------------------|--------------------|----------------------------------|-------------|----------|--------|-------------|---------------|-------------------|------|---------------|-------------------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Total |
| 312068 | D'alessio, Claudio | NY P FRDM NG 20/40/100 PPO 23 | *****505900 | E | A | | \$1,441.40 | | | | \$1,441.40 |
| 312068 | Simon, Carolyn | NY P FRDM NG 20/40/100 PPO 23 | *****765600 | EC | A | | \$2,450.39 | | | | \$2,450.39 |
| Total | | | | | | | | \$3,891.79 | | \$0.00 | \$3,891.79 |

312IMBSTDARDDBW0009002-06816-04

| Coverage Type | | | Status | | Code | |
|---------------|----------------------------|------------|-------------------------------------|---|-------------------|------------------------------------|
| E | Employee Only | E5D | Employee & One or More Dependent | A | Active | ADD Retroactive Addition |
| ES | Employee and Spouse | E6D | Employee & Two or More Dependents | C | Cobra | TRM Retroactive Termination |
| ESC | Employee and Family | E7D | Employee & Three or More Dependents | P | Pre 65 Retiree | CHG Retroactive Change |
| EC | Employee and Child(ren) | E8D | Employee & Four or More Dependents | R | Post 65 Retiree | |
| E1D | Employee and One Dependent | E9D | Employee & Five or More Dependents | S | Surviving Insured | |

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