



312IMBSTANDARDDBW0009002-06816-01

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 VERATEX	Customer Number 1351166	Payment Due Date 12/01/2023	Invoice # 350191607525
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Send payment to:

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



Minimum Amount Due: \$7,783.58

Amount Enclosed

[illegible]

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.

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

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

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**



Invoice No: 350191607525

Invoice Date: 11/07/2023

Bill Group: 263066

Coverage Period: 12/01/2023 - 12/31/2023

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

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

Coverage Type

E	Employee Only	E5D	Employee & One or More Dependent
ES	Employee and Spouse	E6D	Employee & Two or More Dependents
ESC	Employee and Family	E7D	Employee & Three or More Dependents
EC	Employee and Child(ren)	E8D	Employee & Four or More Dependents
E1D	Employee and One Dependent	E9D	Employee & Five or More Dependents

Status

A	Active
C	Cobra
P	Pre 65 Retiree
R	Post 65 Retiree
S	Surviving Insured

Code

ADD	Retroactive Addition
TRM	Retroactive Termination
CHG	Retroactive Change

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