

VERATEX INC.

Customer No: 09S0588



Invoice No: 426619620950
 Invoice Date: 03/11/2023
 Bill Group: 1
 Coverage Period: 04/01/2023 - 04/30/2023
 Due Date: 04/01/2023

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

www.employereservices.com

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Details

Current Detail - 4/01-4/30/2023										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	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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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 04/01/2023. 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

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