

Statement No: 2513630408  
Statement Date: 10/05/2024  
Customer No: 09S0588  
Bill Group No: 1  
Due Date: Upon Receipt



282IMBSTANDARDBW0004001-01382-01

VERATEX INC.  
WEI CHANG  
PO BOX 682  
NEW YORK NY 10108-0682

## Termination Notice

Dear VERATEX INC.:

Your coverage has ended because we have not received the premium for your plan. The plan ended on 08/01/2024.

## What happens now?

- Let your employees know immediately that their coverage has been terminated. Under the terms of the Consolidated Appropriations Act, there are some situations in which you may have obligations to provide continued care to members at the in-network benefit level when their current provider is out-of-network for your new benefit plan, and provide notice to members of this right.
- Call us toll free at 1-888-842-4571 within 30 days of the date of this letter to find out if you are eligible for reinstatement.
- Pay all past due balances. If past due balances are not received, we may send all past due amounts to a collection agency.

Please detach and return with your payment.

<b>Customer Name</b> VERATEX INC.	<b>Customer Number</b> 09S0588	<b>Payment Due Date</b> <i>Upon Receipt</i>	<b>Statement No</b> 2513630408
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**Send payment to:**

Amount Due: \$584.10

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

**Amount Enclosed**

426610000000100000000584104266195279653

**Total Premium Due**

Due Date	Invoice Number	Outstanding Balance
08/01/2024	426617070802	\$61.04
09/01/2024	426613424249	\$261.53
10/01/2024	426619527965	\$261.53

**Total Amount Due** \$584.10

**Past Due Aging**

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
\$261.53	\$261.53	\$61.04	\$0.00	\$0.00

**Options for making your premium payment:****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.

**Phone**

Call 1-888-842-4571, TTY 711, 24 hours a day, 7 days a week to make a payment directly from your bank account.

**Mail**

Send a check to the address listed on the form. Checks returned for lack of funds or checks that can't be cashed for any reason are not considered payment.

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

Sincerely,

The UnitedHealthcare Team

UnitedHealthcare Insurance Company of New York