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VERATEX

PO BOX 682

NEW YORK NY 10108-0682



Account Summary

Total Balance Due	-\$7,976.54
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We offer several payment options to help you manage your account.

Pay By Phone. Call **1-866-764-7736**, TTY 711, 24 hours a day, 7 days a week, to make a payment directly from your bank account. Please reference your customer number 09S0588 and bill group number 1 when prompted.

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.

Send payment to:

Amount due: -\$7,976.54

You have a credit balance. No payment is due at this time.

Abstract

[illegible]

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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

United
Healthcare



Invoice No: 426615882210

Invoice Date: 11/07/2024

Bill Group: 1

Coverage Period: 12/01/2024 - 12/31/2024

Due Date: 12/01/2024

Summary

Description	Employee Count	Total Volume (000's)	Net Amount
09S0588-VERATEX INC.			
Dental VPPO			
Employee	2		\$130.16
Employee & Child(ren)	1		\$131.37
Subtotal, Dental VPPO	3		\$261.53
Subtotal 09S0588-VERATEX INC.			\$261.53
Adjustments			
Account Adjustments			\$0.00
Current Adjustments			\$0.00
Subtotal, Adjustments			\$0.00
Subtotal Plan Charges			\$261.53
Grand Total			\$261.53

Questions? We're here to help.



Toll free 1-866-764-7736

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Consolidated Customer No: 9742999921
VERATEX INC.
Customer No: 09S0588

Invoice No: 426615882210
Invoice Date: 11/07/2024
Bill Group: 1
Coverage Period: 12/01/2024 - 12/31/2024
Due Date: 12/01/2024

Details

Current Detail - 12/01-12/31/2024								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		\$65.08				\$65.08
09S0588	SIMON, CAROLYN	Dental VPPO	*****1470	EC	A		\$131.37				\$131.37
09S0588	SIMON, CLAUDE	Dental VPPO	*****6339	E	A		\$65.08				\$65.08
Subtotal Plan Charges							\$261.53	\$0.00			\$261.53
Grand Total											\$261.53

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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Invoice No: 835399911622

Invoice Date: 11/07/2024

Consolidated Customer No: 9742999921

Coverage Period: 12/01/2024 - 12/31/2024

Due Date: 12/01/2024

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 12/01/2024. 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 be advised that we are not able to process eligibility changes sent with your payment.

See your plan documents for more information on how to make any policy, employee, and dependent changes.

Questions about your bill?

If you have any questions, please call us toll-free at 1-866-764-7736, 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

Questions? We're here to help.



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