



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



Previous Balance	\$523.06
Payments (-)	-\$8,499.60
Account Adjustments (+/-)	\$0.00
Current Charges (+)	\$4,084.67
Current Adjustments (+/-)	\$12,254.01
Total Balance Due	\$8,362.14

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 9742999921	Payment Due Date 12/01/2024	Invoice # 835399964503
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UHS Premium Billing
PO BOX 94017
Palatine, IL 60094-4017

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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: 350193200273
Invoice Date: 11/11/2024
Bill Group: 263066
Coverage Period: 12/01/2024 - 12/31/2024
Due Date: 12/01/2024



Summary

Description	Employee Count	Total Volume (000's)	Net Amount
312068-ALL ELIGIBLE EMPLOYEES			
NY P FRDM NG 20/40/100 PPO 24			
Employee	1		\$1,512.84
Employee & Child(ren)	1		\$2,571.83
Subtotal, NY P FRDM NG 20/40/100 PPO 24	2		\$4,084.67
Subtotal 312068-ALL ELIGIBLE EMPLOYEES			\$4,084.67
Adjustments			
Account Adjustments			\$0.00
Current Adjustments			\$12,254.01
Subtotal, Adjustments			\$12,254.01
Subtotal Plan Charges			\$16,338.68
Grand Total			\$16,338.68

Questions? We're here to help.



Toll free 1-866-764-7736



www.ufceservices.com

Invoice No: 350193200273
 Invoice Date: 11/11/2024
 Bill Group: 263066
 Coverage Period: 12/01/2024 - 12/31/2024
 Due Date: 12/01/2024

317IMBSTDARDBW0007002-01338-04

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
312068	D'alessio, Claudio	NY P FRDM NG 20/40/100 PPO 24	*****505900	E	A		\$1,512.84	9/01-9/30/2024	CHG	\$1,512.84	\$6,051.36
								10/01-10/31/2024	CHG	\$1,512.84	
								11/01-11/30/2024	ADD	\$1,512.84	
312068	Simon, Carolyn	NY P FRDM NG 20/40/100 PPO 24	*****765600	EC	A		\$2,571.83	9/01-9/30/2024	CHG	\$2,571.83	\$10,287.32
								10/01-10/31/2024	CHG	\$2,571.83	
								11/01-11/30/2024	ADD	\$2,571.83	
Subtotal Plan Charges							\$4,084.67	\$12,254.01			\$16,338.68
Grand Total											\$16,338.68

Coverage Type

E	Employee Only	E4D	Employee and Four Dependents
ES	Employee and Spouse	E5D	Employee & One or More Dependent
ESC	Employee and Family	E6D	Employee & Two or More Dependents
EC	Employee and Child(ren)	E7D	Employee & Three or More Dependents
E1D	Employee and One Dependent	E8D	Employee & Four or More Dependents
E2D	Employee and Two Dependents	E9D	Employee & Five or More Dependents
E3D	Employee and Three 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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www.uhceservices.com





9964503

1/2024

Customer No: 9742999921

12/01/2024 - 12/31/2024

2024

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are not able to process
your payment.

For more information on how to
and dependent changes.

bill?

please call us toll-free at

8 a.m. - 8 p.m. ET,

have your billing customer

number available when you call.