UnitedHealthcare
Atlanta, GA 30374-0376

Manage your Account: www.uhceservices.com
Invoice No: 835399991600
Invoice Date: 03/07/2025
Consolidated Customer No: 9742999921
Customer Numbers: 1351166;09S0588
Coverage Period: 04/01/2025 - 04/30/2025
Due Date: 04/01/2025

069IMBSTANDARDBW0009001-11369-01
VERATEX
CAROLYN SIMON
PO BOX 682
NEW YORK NY 10108-0682

Thank you for your business.

Account Summary

Previous Balance	$12,946.91
Payments (-)	-$8,456.92
Account Adjustments (+/-)	$0.00
Current Charges (+)	$4,489.99
Total Balance Due	$8,979.98

About Your Payment

We offer several payment options to help you manage your account.

Pay Online. Go to **www.uhceservices.com** to make a one-time payment or schedule monthly payments directly from your bank 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 1351166 and bill group number 263066 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.

This invoice combines the information from both of your customer billing account details.

Please detach and return with your payment.

Customer Name	Customer Number	Payment Due Date	Invoice #
VERATEX	9742999921	04/01/2025	835399991600

Send payment to:

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

Amount due: $8,979.98

Amount Enclosed

$											.		

0823999148001000000089799883539999916001

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: 350195182530
Invoice Date: 03/07/2025
Bill Group: 263066
Coverage Period: 04/01/2025 - 04/30/2025
Due Date: 04/01/2025

Summary

Description	Employee Count	Total Volume (000's)	Net Amount
312068-ALL ELIGIBLE EMPLOYEES			
NY P FRDM NG 20/40/100 PPO 25			
Employee	1		$1,566.10
Employee & Child(ren)	1		$2,662.36
Subtotal, NY P FRDM NG 20/40/100 PPO 25	2		$4,228.46
Dental Voluntary P9398			
Employee	2		$130.16
Employee & Child(ren)	1		$131.37
Subtotal, Dental Voluntary P9398	3		$261.53
Subtotal 312068-ALL ELIGIBLE EMPLOYEES			**$4,489.99**
Adjustments			
Account Adjustments			$0.00
Current Adjustments			$0.00
Subtotal, Adjustments			$0.00
Subtotal Plan Charges			**$4,489.99**
Grand Total			**$4,489.99**

Consolidated Customer No: 9742999921
VERATEX
Customer No: 1351166

Invoice No: 350195182530
Invoice Date: 03/07/2025
Bill Group: 263066
Coverage Period: 04/01/2025 - 04/30/2025
Due Date: 04/01/2025

Details

Current Detail - 4/01-4/30/2025								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 25	*****505900	E	A		$1,566.10				$1,631.18
312068	D'alessio, Claudio	Dental Voluntary P9398	*****505900	E	A		$65.08				
312068	Simon, Carolyn	NY P FRDM NG 20/40/100 PPO 25	*****765600	EC	A		$2,662.36				$2,793.73
312068	Simon, Carolyn	Dental Voluntary P9398	*****765600	EC	A		$131.37				
312068	SIMON, CLAUDE	Dental Voluntary P9398	*****036900	E	A		$65.08				$65.08
Subtotal Plan Charges							**$4,489.99**			**$0.00**	**$4,489.99**
Grand Total											**$4,489.99**

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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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 Oxford Health Insurance, Inc., UnitedHealthcare Insurance Company of New York.

Payment is due in full on or before 04/01/2025. 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.