UnitedHealthcare
Atlanta, GA 30374-0376

Manage your Account: www.uhceservices.com
Invoice No: 835399960810
Invoice Date: 04/07/2026
Consolidated Customer No: 9742999921
Customer Numbers: 1351166;09S0588
Coverage Period: 05/01/2026 - 05/31/2026
Due Date: 05/01/2026

DPS$$$PKG
VERATEX
CAROLYN SIMON
336 E 56TH ST FRNT A
NEW YORK NY 10022-4145

Thank you for your business.

Account Summary

Previous Balance	$9,464.48
Payments (-)	-$4,732.24
Account Adjustments (+/-)	$0.00
Current Charges (+)	$4,732.24
Total Balance Due	$9,464.48

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	05/01/2026	835399960810

Send payment to:

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

Amount due: $9,464.48

Amount Enclosed

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Invoice No: 350193632996
Invoice Date: 04/07/2026
Bill Group: 263066
Coverage Period: 05/01/2026 - 05/31/2026
Due Date: 05/01/2026

Summary

Description	Employee Count	Total Volume (000's)	Net Amount
312068-ALL ELIGIBLE EMPLOYEES			
NY P FRDM NG 20/40/100 PPO 26			
Employee	1		$1,703.99
Employee & Child(ren)	1		$2,896.79
Subtotal, NY P FRDM NG 20/40/100 PPO 26	2		$4,600.78
Dental Voluntary P3366			
Employee	2		$131.46
Subtotal, Dental Voluntary P3366	2		$131.46
Subtotal 312068-ALL ELIGIBLE EMPLOYEES			**$4,732.24**
Adjustments			
Account Adjustments			$0.00
Current Adjustments			$0.00
Subtotal, Adjustments			$0.00
Subtotal Plan Charges			**$4,732.24**
Grand Total			**$4,732.24**