

Democratic Party of Virginia
919 East Main Street, Suite 2050
Richmond, VA 23218

Amalgamated Bank
FEDERAL ACCOUNT
1-337/260

4803

04/28/2016

PAY TO THE ORDER OF United Healthcare

\$ **19,516.54

Nineteen thousand five hundred sixteen and 54/100***** DOLLARS

PROTECTED AGAINST FRAUD

United Healthcare
Dept. CH 10151
Palatine, IL 60055-0151

50,000+ Needs Two Signatures

[Signature]
Void After 90 Days

MEMO

⑈004803⑈ ⑆026003379⑆151021389⑈

Democratic Party of Virginia

4803

Date	Type	Reference	Original Amount	Balance Due	Payment
04/28/2016	Bill	United Healthcare	20,895.97	19,516.54	19,516.54
			Check Amount		19,516.54

DPVA Federal Accou

19,516.54

Democratic Party of Virginia

4803

Date	Type	Reference	Original Amount	Balance Due	Payment
04/28/2016	Bill	United Healthcare	20,895.97	19,516.54	19,516.54
			Check Amount		19,516.54

PAYMENT RECORD

DPVA Federal Accou

19,516.54



102531

ENDORSE HERE

X

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

As the issuer, this **CheckLock™** Secure Premier check may help reduce your risk of fraud and liability.

To learn how to protect your business, call our check-fraud experts at 1-800-548-0289 or visit: www.Intuitmarket.com/fraudcenter

REPLICATING, FORGING OR ALTERING THIS CHECK IS EXTREMELY DIFFICULT DUE TO CheckLock™ HIGH SECURITY FEATURES

SECURITY FEATURES:

DO NOT CASH IF:

- Security Hologram
 - Multi-Colored Prismatic Background
 - CheckLock™ Watermark
 - Heat Sensitive Ink
 - Security Border or Microprint Lines
 - Chemically Sensitive Paper
 - Fugitive Ink on Back
 - Toner Adhesion
 - Projected Against Fraud Area
 - Visible Fibers
 - Invisible Fibers
 - VOID Indication
 - Security Weaver® Backer
 - Listed and not listed check security features exceed industry standards.
- "CheckLock" is not visible in foil medallion
 - Pattern on front of check does not vary in color from edge to edge
 - Word "CheckLock™" is not visible in paper when held to light
 - Pink icon does not fade & reappear when rubbed or breathed on
 - "INTUITIVECHECKLOCK™SECURITYSYSTEM" not visible with magnification
 - Stains or spots appear on front or back
 - Ink on back looks pink or has disappeared
 - Printed information appears tampered with
 - Pink discoloration appears in PROTECTED AGAINST FRAUD area and/or information appears broken, scratched and/or shows signs of paper damage
 - Red and blue fibers are not visible
 - White and blue fibers are not visible under ultraviolet light
 - "VOID" appears clearly to the left of this message
 - "ORIGINAL DOCUMENT" cannot be read

Democratic Party of Virginia
 919 East Main Street, Suite 2050
 Richmond, VA 23218

Amalgamated Bank
 STATE ACCOUNT
 1-337/260

2212

04/28/2016

PAY TO THE ORDER OF United Healthcare

\$ ****1,379.43**

One thousand three hundred seventy-nine and 43/100***** DOLLARS

PROTECTED AGAINST FRAUD

United Healthcare
 Dept. CH 10151
 Palatine, IL 60055-0151

\$50,000+ Needs Two Signatures

[Handwritten Signature]

Void After 90 Days

MEMO

⑈002212⑈ ⑆026003379⑆ 151021400⑈

2212

Date	Type	Reference	Original Amount	Balance Due	Payment
04/28/2016	Bill	United Healthcare	20,895.97	20,895.97	1,379.43
		Check Amount			1,379.43

DPVA Non Federal 1,379.43

2212

Date	Type	Reference	Original Amount	Balance Due	Payment
04/28/2016	Bill	United Healthcare	20,895.97	20,895.97	1,379.43
		Check Amount			1,379.43

DPVA Non Federal 1,379.43

PAYMENT RECORD



102581

ENDORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

As the issuer, this **CheckLock™** Secure Premier check may help reduce your risk of fraud and liability. To learn how to protect your business, call our check fraud experts at 1-800-548-0289 or visit: www.intuitmarket.com/fraudcenter

REPLICATING, FORGING OR ALTERING THIS CHECK IS EXTREMELY DIFFICULT DUE TO CHECKLOCK™ HIGH SECURITY FEATURES

SECURITY FEATURES:

DO NOT CASH IF:

- Security Hologram
 - Multi-Colored Prismatic Background
 - CheckLock™ Watermark
 - Heat Sensitive Ink
 - Security Border or Microprint Lines
 - Chemically Sensitive Paper
 - Fugitive Ink on Back
 - Toner Adhesion
 - Protected Against Fraud Area
 - Visible Fibers
 - Invisable Fibers
 - VOID Indication
 - Security Weave® Backer
- CheckLock™ does not have a watermark. CheckLock™ does not have a security watermark.*
- "CheckLock" is not visible in foil medallion
 - Pattern on front of check does not vary in color from edge to edge
 - Word "CheckLock™" is not visible in paper when held to light
 - Pink icon does not fade & reappear when rubbed or breathed on
 - "INTUIT@CHECKLOCK™SECURITYSYSTEM" not visible with magnification
 - Stains or spots appear on front or back
 - Ink on back looks pink or has disappeared
 - Printed information appears tampered with
 - Pink discoloration appears in Protected Against Fraud area and/or information appears broken, scratched and/or shows signs of paper damage
 - Red and blue fibers are not visible
 - White and blue fibers are not visible under ultraviolet light
 - "VOID" appears clearly to the left of this message
 - "ORIGINAL DOCUMENT" cannot be read
- Listed and not listed check security features exceed industry standards.*

VADEMS

EXPENSE AUTHORIZATION

EXPENSE INFORMATION:

Requested By: Brittne Total Amount: \$ 20895.97

Date: 4/26/16 Purpose: Insurance

VENDOR / PAYEE INFORMATION:

Name: United Healthcare

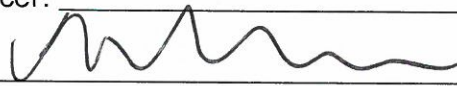
Address: Dept. Ch 10151

City: Palatine State: IL Zip: 60055

AUTHORIZATION:

Bank: FEDERAL STATE Budget Line: _____

Chief Operating Officer: _____

Executive Director: 

Chairwoman: _____

Expenditures must be authorized before the can funds can be committed.

ATTACH ALL RECEIPTS

All requests must be submitted with full documentation within 30 days to the Operations Department.

UnitedHealthcare
 Dept. CH 10151
 600550151C0009
 Palatine, IL 60055-0151



Page: 1 of 7

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509804
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 05/01-05/31/2016
 Due Date: May 01, 2016

Account Summary

Previous Balance	\$12,874.35
Payments (-)	\$-12,874.35
Bill Group Adjustments (+/-)	\$0.00
Late Payment Charge (+)	\$0.00
Current Charges (+)	
40509804	\$15,543.81
Current Adjustments (+/-)	
0040509872	\$5,352.16
Total Balance Due	\$20,895.97

Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
01U5308-DEMOCRATIC PARTY OF VIRGINIA				
CHOYC+				
EMPLOYEE	30		-	\$13,625.40
EMPLOYEE & CHILD(REN)	1		-	\$885.65
EMPLOYEE & SPOUSE	1		-	\$908.36
Vision				
EMPLOYEE	30		-	\$163.50
EMPLOYEE & CHILD(REN)	1		-	\$13.46
EMPLOYEE & SPOUSE	1		-	\$11.44
Subtotal - 01U5308-DEMOCRATIC PARTY OF VIRGINIA	64		-	\$15,607.81
Packaged Savings Administrative Credit				
Subtotal - Packaged Savings Administrative Credit			-	\$-64.00

Please Detach and Return the Portion Below with Remittance

Customer Name DEMOCRATIC PARTY OF VIRGINIA	Customer Number 668857	Payment Due Date May 01, 2016	INV # C0040507720
------------------------------------------------------	----------------------------------	-----------------------------------------	-----------------------------

Return payment stub to:

UnitedHealthcare Insurance Company
 Dept. CH 10151
 Palatine, IL 60055-0151

AMOUNT DUE

\$20,895.97

AMOUNT PAID

\$ _____

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509804
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 05/01-05/31/2016
 Due Date: May 01, 2016

Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
TOTAL	64		-	\$15,543.81

Invoice Detail

Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
01U5308	ABEBE, NGISTE R	CHOYC+	327844731-00	E		\$454.18
01U5308	BANKS, KRISTOPHER	CHOYC+	363080495-00	E		\$454.18
01U5308	BEAVER, FLEMING	CHOYC+	242752349-00	E		\$454.18
01U5308	BOLLING, JON CHRISTOPHE	CHOYC+	226338327-00	E		\$454.18
01U5308	BOLTON, EMILY	CHOYC+	319823750-00	E		\$454.18
01U5308	BRASFIELD, BROOKS	CHOYC+	414712764-00	E		\$454.18
01U5308	BUNEO, THOMAS	CHOYC+	076785161-00	E		\$454.18
01U5308	CANNAN, GEORGINA C	CHOYC+	225458606-00	E		\$454.18
01U5308	CLARKE, AMANDA	CHOYC+	150880015-00	E		\$454.18
01U5308	CUMMINGS, KATE	CHOYC+	435835440-00	E		\$454.18
01U5308	CUTRIGHT, JOSEPH C	CHOYC+	228636139-00	E		\$454.18
01U5308	DOUGHERTY, PETER M	CHOYC+	578212835-00	E		\$454.18

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509804
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 05/01-05/31/2016
 Due Date: May 01, 2016

Policy No.	Name	Invoice Detail				Charge Amount
		Plan	ID	Coverage	Volume (000's)	
01U5308	GROH, KEVIN	CHOYC+	574063606-00	E		\$454.18
01U5308	HARRISON, BRYAN	CHOYC+	230575046-00	E		\$454.18
01U5308	HOLMES, AMANDA	CHOYC+	226352049-00	E		\$454.18
01U5308	IYER, PALAKI	CHOYC+	620746795-00	E		\$454.18
01U5308	KIERNAN, DERRY	CHOYC+	046863515-00	E		\$454.18
01U5308	KIM, NOAH	CHOYC+	230613572-00	E		\$454.18
01U5308	MANISCALCO, JAMIE L	CHOYC+	053784382-00	E		\$454.18
01U5308	MOHAN, CASEY	CHOYC+	494062720-00	E		\$454.18
01U5308	NOLAN, JAMIE D	CHOYC+	228312956-00	E		\$454.18
01U5308	NORDIN, KEES	CHOYC+	574080223-00	E		\$454.18
01U5308	RABIN, TESS	CHOYC+	602609622-00	E		\$454.18
01U5308	RAMAN, SHYAM	CHOYC+	022764196-00	E		\$454.18
01U5308	RAMON, JULIAN	CHOYC+	644097192-00	E		\$454.18
01U5308	SEPPI, MAGGIE	CHOYC+	591134327-00	E		\$454.18
01U5308	SLUTZKY, REBECCA L	CHOYC+	348825788-00	E		\$454.18

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509804
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 05/01-05/31/2016
 Due Date: May 01, 2016

Invoice Detail

Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
01U5308	SMITH, SAMADRIAN H	CHOYC+	392064243-00	E		\$454.18
01U5308	VEGA, CHRISTOPHER R	CHOYC+	590821515-00	E		\$454.18
01U5308	WALKER, BRITTNE	CHOYC+	627329053-00	E		\$454.18
01U5308	TOBE, BRENNER A	CHOYC+	303882770-00	EC		\$885.65
01U5308	SOUTHERLAND, TREVOR M	CHOYC+	411652056-00	ES		\$908.36
01U5308	ABEBE, NGISTE R	Vision	327844731-00	E		\$5.45
01U5308	BANKS, KRISTOPHER	Vision	363080495-00	E		\$5.45
01U5308	BEAVER, FLEMING	Vision	242752349-00	E		\$5.45
01U5308	BOLLING, JON CHRISTOPHE	Vision	226338327-00	E		\$5.45
01U5308	BOLTON, EMILY	Vision	319823750-00	E		\$5.45
01U5308	BRASFIELD, BROOKS	Vision	414712764-00	E		\$5.45
01U5308	BUNEO, THOMAS	Vision	076785161-00	E		\$5.45
01U5308	CANNAN, GEORGINA C	Vision	225458606-00	E		\$5.45
01U5308	CLARKE, AMANDA	Vision	150880015-00	E		\$5.45
01U5308	CUMMINGS, KATE	Vision	435835440-00	E		\$5.45

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509804
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 05/01-05/31/2016
 Due Date: May 01, 2016

Invoice Detail

Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
01U5308	CUTRIGHT, JOSEPH C	Vision	228636139-00	E		\$5.45
01U5308	DOUGHERTY, PETER M	Vision	578212835-00	E		\$5.45
01U5308	GROH, KEVIN	Vision	574063606-00	E		\$5.45
01U5308	HARRISON, BRYAN	Vision	230575046-00	E		\$5.45
01U5308	HOLMES, AMANDA	Vision	226352049-00	E		\$5.45
01U5308	IYER, PALAKI	Vision	620746795-00	E		\$5.45
01U5308	KIERNAN, DERRY	Vision	046863515-00	E		\$5.45
01U5308	KIM, NOAH	Vision	230613572-00	E		\$5.45
01U5308	MANISCALCO, JAMIE L	Vision	053784382-00	E		\$5.45
01U5308	MOHAN, CASEY	Vision	494062720-00	E		\$5.45
01U5308	NOLAN, JAMIE D	Vision	228312956-00	E		\$5.45
01U5308	NORDIN, KEES	Vision	574080223-00	E		\$5.45
01U5308	RABIN, TESS	Vision	602609622-00	E		\$5.45
01U5308	RAMAN, SHYAM	Vision	022764196-00	E		\$5.45
01U5308	RAMON, JULIAN	Vision	644097192-00	E		\$5.45

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509804
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 05/01-05/31/2016
 Due Date: May 01, 2016

Invoice Detail						
Policy No.	Name	Plan	ID	Coverage	Volume (000's)	Charge Amount
01U5308	SEPPI, MAGGIE	Vision	591134327-00	E		\$5.45
01U5308	SLUTZKY, REBECCA L	Vision	348825788-00	E		\$5.45
01U5308	SMITH, SAMADRIAN H	Vision	392064243-00	E		\$5.45
01U5308	VEGA, CHRISTOPHER R	Vision	590821515-00	E		\$5.45
01U5308	WALKER, BRITTNE	Vision	627329053-00	E		\$5.45
01U5308	TOBE, BRENNER A	Vision	303882770-00	EC		\$13.46
01U5308	SOUTHERLAND, TREVOR M	Vision	411652056-00	ES		\$11.44
01U5308	Packaged Savings Credit	Packaged Savings Credit	000000000-00			\$-64.00
TOTAL:						\$15,543.81

UnitedHealthcare
 Dept. CH 10151
 600550151C0009
 Palatine, IL 60055-0151



Page: 1 of 4

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509872
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 12/01-04/30/2016
 Due Date: May 01, 2016

Account Summary

Previous Balance	\$12,874.35
Payments (-)	\$-12,874.35
Bill Group Adjustments (+/-)	\$0.00
Late Payment Charge (+)	\$0.00
Current Charges (+)	
40509804	\$15,543.81
Current Adjustments (+/-)	
0040509872	\$5,352.16
Total Balance Due	\$20,895.97

Adjustment Invoice Detail

Policy No.	Name	Charge Period	Plan	ID	Coverage	Volume (000's)	Status	Adjustment Amount
01U5308	ARMITAGE, TRENT F	03/01-03/30/2016	CHOYC+	045809440-00	E		Chg	\$439.53
		03/01-03/30/2016	Vision		E	Chg	\$5.27	
		03/01-03/31/2016	CHOYC+		E	Chg	\$-454.18	
		03/01-03/31/2016	Vision		E	Chg	\$-5.45	
		04/01-04/30/2016	CHOYC+		E	Chg	\$-454.18	
		04/01-04/30/2016	Vision		E	Chg	\$-5.45	
01U5308	BEAVER, FLEMING	04/01-04/30/2016	CHOYC+	242752349-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E	Add	\$5.45	

Please Detach and Return the Portion Below with Remittance

Customer Name DEMOCRATIC PARTY OF VIRGINIA	Customer Number 668857	Payment Due Date May 01, 2016	INV # C0040507720
------------------------------------------------------	----------------------------------	-----------------------------------------	-----------------------------

Return payment stub to:

UnitedHealthcare Insurance Company
 Dept. CH 10151
 Palatine, IL 60055-0151

AMOUNT DUE	\$20,895.97
AMOUNT PAID	\$ _____

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509872
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 12/01-04/30/2016
 Due Date: May 01, 2016

Adjustment Invoice Detail

Policy No.	Name	Charge Period	Plan	ID	Coverage	Volume (000's)	Status	Adjustment Amount
01U5308	BRASFIELD, BROOKS	04/01-04/30/2016	CHOYC+	414712764-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	CLARKE, AMANDA	04/06-04/30/2016	CHOYC+	150880015-00	E		Add	\$378.48
		04/06-04/30/2016	Vision		E		Add	\$4.54
01U5308	CUMMINGS, KATE	04/01-04/30/2016	CHOYC+	435835440-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	GROH, KEVIN	04/01-04/30/2016	CHOYC+	574063606-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	HARRISON, BRYAN	04/15-04/30/2016	CHOYC+	230575046-00	E		Add	\$242.23
		04/15-04/30/2016	Vision		E		Add	\$2.91
01U5308	IYER, PALAKI	04/01-04/30/2016	CHOYC+	620746795-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	KIERNAN, DERRY	04/01-04/30/2016	CHOYC+	046863515-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	KIM, NOAH	04/01-04/30/2016	CHOYC+	230613572-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	MOHAN, CASEY	04/01-04/30/2016	CHOYC+	494062720-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	RABIN, TESS	04/01-04/30/2016	CHOYC+	602609622-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	RAMON, JULIAN	04/06-04/30/2016	CHOYC+	644097192-00	E		Add	\$378.48
		04/06-04/30/2016	Vision		E		Add	\$4.54

DEMOCRATIC PARTY OF VIRGINIA
 TOM BUNEO
 919 EAST MAIN STREET SUITE 2050
 RICHMOND, VA 23219

Invoice No: 0040509872
 Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
 Coverage Period: 12/01-04/30/2016
 Due Date: May 01, 2016

Adjustment Invoice Detail

Policy No.	Name	Charge Period	Plan	ID	Coverage	Volume (000's)	Status	Adjustment Amount
01U5308	SEPPI, MAGGIE	04/01-04/30/2016	CHOYC+	591134327-00	E		Add	\$454.18
		04/01-04/30/2016	Vision		E		Add	\$5.45
01U5308	VEGA, CHRISTOPHER R	04/15-04/30/2016	CHOYC+	590821515-00	E		Add	\$242.23
		04/15-04/30/2016	Vision		E		Add	\$2.91
01U5308	Packaged Savings Credit	12/01-04/30/2016	Packaged Savings Credit	000000000-00			Add	\$-26.00
TOTAL:								\$5,352.16

DEMOCRATIC PARTY OF VIRGINIA
TOM BUNEO
919 EAST MAIN STREET SUITE 2050
RICHMOND, VA 23219

Invoice No: 0040509872
Invoice Date: Apr 20, 2016
Customer No: 668857
Bill Group: 1
Coverage Period: 12/01-04/30/2016
Due Date: May 01, 2016

PLEASE VISIT EMPLOYER ESERVICES AT WWW.EMPLOYERESERVICES.COM TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employee and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

To keep your group insurance coverage in effect, it is important that we receive full payment of all amounts due, as required by your Group Contract/Policy. If your Group Contract/Policy requires an initial advance notice of termination for non-payment of premium, this statement will serve as the required initial advance notice of termination that will be effective in accordance with your Group Contract/Policy.

Balance reflected is as of the invoice date and may be subject to change pending verification of payment or direct debit bank processing. Any changes will be reflected on your next invoice.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at www.employereservices.com.

Please contact your Billing/Accounts Receivable Representative if you have any questions.
Thank you. 1-888-842-4571

This invoice covers eligibility charges from the following entities:
UnitedHealthcare Insurance Company

