



United Concordia's Invoice Guide

Combining online tools and personal
service to make insurance easy.

We strive to make your life easier through effective and efficient tools that ensure invoice accuracy. This guide identifies and explains the parts of the invoice we use to communicate:

- Current enrollment.
- The amount billed for each contract type.
- The total amount due.
- How to remit payment.

Understanding the invoice summary

The invoice summary shows detailed charge and payment information posted since the last invoice date through the “As Of” date shown. This includes:

- 1. Recipient** — the unique numeric identifier for your company. This can appear in the following formats:

 - Group Number — e.g., 005123456000D000
 - Customer Number — e.g., 000012345
 - Customer Number with Payroll Location — e.g., 00001234500001

2. Recipient Name — your company name.

3. As Of — the date the invoice was generated by our billing system.

4. Invoice Number — the unique number assigned to each invoice.

5. Due Date — the date payment is due.

6. Prior Amount Due — the billed amount from the prior invoice.

7. Payments — payments posted to your account since the last invoice was generated.

8. Cash Posted — the date the payment listed was posted to your account.

9. Check # — the check number of the payment that was posted.

10. Current Amount/Date — the beginning and ending dates of the current coverage period being billed and the current amount due.

11. Retroactive Adjustment Amount/Date — the period and amount due to a retroactive enrollment addition, cancellation or change.

12. Total Amount Due — the sum of the Prior Amount Due, Current Amount and Retroactive Adjustment Amount, less Payments received.

13. Messages — important Enrollment and Billing information that explains how and where to remit payment, how to obtain enrollment forms and whom to contact with questions.

The sample invoice is from ABC COMPANY, dated 04/03/2013. It shows a group number 00000000, a customer number 00000000, and a payroll location 00000000. The invoice number is 00000000, and the due date is 04/24/2013. The prior amount due is \$1,164.62. There are two payments: one cash posted on 03/18/2013 for \$1,164.62CR, and another check # 00000000 for \$1,164.62CR. The current amount due is \$1,181.33, and the retroactive adjustment amount is \$20.60CR. The total amount due is \$1,201.93. The message section contains instructions for timely processing of payments and contact information for enrollment forms.

		00000000
		Page: 1
1	2	
3	4	5
Recipient: 00000000	ABC COMPANY	
As Of: 04/03/2013	Invoice Number: 00000000	Due Date: 04/24/2013
6		\$1,164.62
Prior Amount Due:		
7	8	9
Payments:	Cash Posted	Check #
	03/18/2013	000000000
		\$1,164.62CR
10	Current Amount 05/01/2013 - 05/31/2013: \$1,181.33	
11	Retroactive Adjustment Amount 05/01/2013 - 05/31/2013: \$20.60CR	
12	Total Amount Due:	\$1,201.93
13	<p>If paying by check, please send your payment and remittance slip in the enclosed envelope to ensure timely processing. Make your check payable to United Concordia. Do not remit payments to the Camp Hill address.</p> <p>For enrollment forms, visit our website at www.ucci.com. Fax enrollment forms to 800-329-9093. Do not submit enrollment changes or other written communication with your payment.</p> <p>Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.</p>	
<p>UNITED CONCORDIA®</p> <p>1800 Center Street, Suite 2B 220</p> <p>Camp Hill, PA 17011</p>		
<p> </p> <p>ABC COMPANY</p> <p>123 ANY STREET</p> <p>YOURTOWN, PA 17000</p>		
		00000000

Understanding the invoice summary by type contract

The invoice summary by type contract lists the total amounts billed by contract type or “type contract” (i.e., Individual, Two Adults, Family, etc.). This includes:

1. **Recipient** — see previous page.
2. **Recipient Name** — see previous page.
3. **As Of** — see previous page.
4. **Invoice Number** — see previous page.
5. **Due Date** — see previous page.
6. **Product** — the product name (i.e., Concordia Flex, Concordia Preferred, Concordia Access, Concordia Plus, etc.).
7. **Current Billed Amount/Date** — the beginning and ending dates of the current coverage period being billed and the amount due by type contract.
8. **Retroactive Adjustment Billed Amount** — the billing period and amount due to retroactive enrollment additions, cancellations or changes, by type contract.
9. **Total Billed Amount** — the sum of the Current Billed Amount and the Retroactive Adjustment Billed Amount by type contract.
10. **Type Contract Summary** — the type of contracts in which contract holders are enrolled based on the enrollment detail for the coverage period indicated.
11. **Total** — the column totals for the Current Billed Amount, Retroactive Adjustment Billed Amount and Total Billed Amount.

United Concordia dentalSM 00000000

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1 Recipient: 00000000 2 ABC COMPANY 5

3 As Of: 04/01/2013 4 Invoice Number: 00000000 Due Date: 04/23/2013

6 Concordia Flex	7 Current Billed Amount 04/01/2013-04/31/2013	8 Retroactive Adjustment Billed Amount 02/01/2013-03/30/2013	9 Total Billed Amount
10 Type Contract Summary:			
Individual	\$597.40	\$20.60	\$618.00
Two Adults	\$246.60	\$0.00	\$246.60
Family	\$923.00	\$0.00	\$923.00
11 Total	\$1,767.00	\$180.00CR	\$1,787.60

Using the remittance slip

Return the remittance slip with your payment in the enclosed envelope to ensure that your payment is posted accurately and timely.

1. **Recipient** — see previous page.
2. **Payee Name and Address** — this identifies to whom payment is to be made and where the payment should be sent. Do not send payments to the Camp Hill, PA, office. Doing so will result in delays in posting payments to your account.
3. **Due Date** — see previous page.
4. **Current Period** — the beginning and ending dates of the current coverage period being billed.
5. **Invoice Number** — see previous page.
6. **Amount Due** — the sum of the Prior Amount Due, Current Amount and Retroactive Adjustment Amount, less Payments received.
7. **Amount Paid** — the amount you are sending. The invoice should be paid in full. Adjustments for enrollment changes will be reflected on future invoices.

United Concordia dentalSM REMITTANCE

1 Recipient: 00000000 2 ABC COMPANY 3 Due Date: 06/27/2013

4 Current Period: 06/01/2013-06/30/2013

5 Invoice Number: 00000000 6 Amount Due: \$1,787.60

7 Amount Paid:

Please return this slip with your payment to ensure proper credit to your account.

Understanding the subscriber detail billing report

- Identification Number** — the unique number used to identify each subscriber (e.g., Social Security number).
- Name** — the first and last name of the subscriber.
- Product Line** — the subscriber's chosen benefit.
- Type Contract** — the subscriber's type of coverage for the current period.
- Effective Date** — the effective date of coverage for the type contract billed.
- Cancel Date** — the date the subscriber either canceled from the recipient number shown or the date that the type of contract was changed.
- Rate** — the amount billed for the subscriber.
- Current Billing Period** — the number of current periods (which could be months or pay periods) billed for the subscribers.
- Retro Adjust Bill Period** — the number of adjusted periods (which could be months or pay periods) billed retroactively for the subscribers.
- Total Billed Amount** — the amount billed for each subscriber for current and retroactive periods. This amount represents the rate multiplied by the sum of the number of Current Billed and Retroactive Adjustment Periods.
- Totals by Type Contract** — the summary of the current and adjusted periods and billed amounts by the type of contract for the current billing period.

04/01/2013		22.43.44		United Concordia Companies, Inc.		Page: 1													
PA0000D-0000				Subscriber Detail Billing Report															
				Current Period and Adjustments															
Recipient: 000 000000 000 ABC Company				Invoice Number:		00000000													
				Current Period:		04/01/2013 - 04/30/2013													
				Enrollment Maint Through:		04/01/2013 22.30.40													
1	Identification Number	2	Name	3	Product Line	4	Type Contract	5	Eff Date	6	Cancel Date	7	Rate	8	Current Bill Period	9	Retro Adjust Bill Period	10	Total Billed Amount
	000000000		Doe, John		Dental		Two Adults		01/01/2013				\$26.00		---		---		\$14.00
	000000000		Doe, George		Dental		Individual		01/01/2013				\$14.00		1.0		---		
	000000000		Smith, Jennifer		Dental		Family		01/01/2013				\$29.00		---		---		\$40.00
	000000000		Smith, Jane		Dental		Family		01/01/2013				\$20.00		1.0		---		
	000000000		Smith, Linda		Dental		Individual		01/01/2013				\$20.00		1.0		---		
	000000000		Johnston, Jeffery		Dental		Two Adults		01/01/2013				\$19.00		---		---		\$22.00
	000000000		Johnston, Will		Dental		Family		01/01/2013		12/12/2012		\$22.00		1.0		---		
	000000000		Doe, George		Dental		Individual		01/01/2013				\$14.00		1.0		---		
	000000000		Smith, Jennifer		Dental		Family		01/01/2013				\$21.00		---		---		\$40.00
	000000000		Smith, Jane		Dental		Family		01/01/2013				\$20.00		1.0		---		
	000000000		Smith, Linda		Dental		Individual		01/01/2013				\$20.00		1.0		---		
	000000000		Johnston, Jeffery		Dental		Two Adults		01/01/2013				\$29.00		---		---		\$22.00
	000000000		Johnston, Will		Dental		Family		01/01/2013				\$22.00		1.0		---		
11	Total For Individual													29.0	1.0	\$618.00			
	Total For Two Adults													6.0		\$246.00			
	Total For Family													13.0		\$923.00			
	Total For 000 000000 000													14.0		\$1,220.00			
														62.0	1.0	\$3,007.00			



Contacting us

To update recipient or group name, administrative contact, billing address or contact phone number, please call the number shown in the message section of your invoice summary. For enrollment additions, cancellations or changes:

- Online Enrollment Applications Users** — add, change or cancel contracts online.
- Electronic Enrollment Users** — make changes to the next enrollment file submitted to us.
- Paper Forms** — Fax forms to 1-800-329-9093, or mail enrollment forms to:

United Concordia Companies, Inc.
P.O. Box 69405
1800 Center Street, Suite 2B 220
Camp Hill, PA 17011

Visit UnitedConcordia.com for more dental health tips.