Combining Online Tools and Personal Service to Make Dental 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 Subscriber Detail Billing Report

1. Identification Number—the unique number used to identify each subscriber (e.g., Social Security number).
2. Name—the first and last name of the subscriber.
3. Product Line—the subscriber’s chosen benefit.
4. Type Contract—the subscriber’s type of coverage for the current period.
5. Effective Date—the effective date of coverage for the type contract billed.
6. Cancel Date—the date the subscriber either cancelled from the recipient number shown or the date that the type of contract was changed.
7. Rate—the amount billed for the subscriber.
8. Current Billing Period—the number of current periods (which could be months or pay periods) billed for the subscribers.
9. Retro Adjust Bill Period—the number of adjusted periods (which could be months or pay periods) billed retroactively for the subscribers.
10. 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.
11. 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.

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.
  Attn: Enrollment & Billing
  Northwoods Crossing Office Park
  4401 Deer Path Road
  Harrisburg, PA 17110

Understanding your invoice from United Concordia Dental
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 one of the following formats:
   - Group Number—e.g., 001234560000D000
   - 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 retroactive enrollment additions, cancellations or changes.

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.

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 Male, 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.

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 Harrisburg, 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.
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