

Manage your Account: www.uhceservices.com

Invoice No: 672295424675 Invoice Date: 07/13/2024

Consolidated Customer No: 0158954635 Customer Numbers: 1636404;09Q2621 Coverage Period: 08/01/2024 - 08/31/2024

Due Date: 08/01/2024

Thank you for your business.

Account Summary

Previous Balance	\$4,001.47
Payments (-)	-\$4,001.47
Account Adjustments (+/-)	\$0.00
Current Charges (+)	\$3,385.55
Other:	
Fees/Credits	-\$3.00

Total Balance Due \$3,382.55

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 1636404 and bill group number 2042922 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
ENCLAVE AT NAPLES CONDOMINIUM
ASSOC.

Customer Number
0158954635

Payment Due Date
08/01/2024

672295424675

Send payment to:

Do not mail/submit payment. A request for fund withdrawal will be initiated from your bank account on the 12th of the month.

Amount due: \$3,382.55

Amount Enclosed													
\$													