



Prime Binder check detail

Customer/Group name: \_\_\_\_\_

Tax ID # \_\_\_\_\_

Effective Date \_\_\_\_\_

Check # \_\_\_\_\_

Check Amount \_\_\_\_\_

Please remit payment to the following lockbox for **all markets except CA**:

Regular Mail:  
UHS Premium Billing  
P.O. Box 94017  
Palatine, IL 60094-4017

Overnight Mail:  
UHS Premium Billing  
Attn: Box 94017  
5505 N. Cumberland Ave Ste 307  
Chicago, IL 60656-1471

Please remit payment to the following lockbox for **CA market**:

Regular Mail:  
UHIC – UnitedHealthcare of CA  
P.O. Box 843118  
Los Angeles, CA 90084-3118

Overnight Mail:  
UHIC – UnitedHealthcare of CA  
Wells Fargo Bank E2001-049  
Lockbox 843118  
3440 Flair Drive  
El Monte, CA 91731

**Note: Please do not staple or paper clip this form to the binder check prior to sending to the lockbox. Thank you!**