



Prime Binder check detail

Customer/Group name: _____

Tax ID # _____

Effective Date _____

Check # _____

Check Amount _____

****Retain a copy of the check for your files and submit to Case Install****

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. ALWAYS KEEP A COPY FOR YOUR FILES!
Thank you!**