



PRIME Binder Check Coversheet
DO NOT STAPLE OR PAPER CLIP FORM TO CHECK

Customer/Group name: _____

Tax ID # _____

Effective Date _____

Check # _____

Check Amount _____

****Retain a copy of the check for your files and for case submission****

All markets **excluding California:**

Regular Mail

**UHS Premium Billing
PO Box 94017
Palatine, IL 60094-4017**

Overnight Mail

**UHS Premium Billing
Attn: Box 94017
5505 N Cumberland Ave #307
Chicago, IL 60656-1471**

For the **California market:**

Regular Mail

**UHIC-UHC of CA
PO Box 843118
Los Angeles, CA 90084-3118**

Overnight Mail

**UHIC-UHC of CA
Wells Fargo E2001-049
Lockbox 843118
3440 Flair Drive
El Monte, CA 91731**