



55 Water Street, New York, NY 10041-8190



Page 1 of 7



PATOMA INC
REGINA KLOSE BRIGANTI
PO BOX 1252
PICO RIVERA, CA 90660-1252

145

FOR BILLING INQUIRIES:

Call 1-212-615-4858

**EmblemHealth
COMMERCIAL STATEMENT**

DUE DATE	NAME	GROUP/ACCOUNT #	INVOICE #	AMOUNT DUE
02/01/2023	PATOMA INC	1306443 000	00420531846	\$4,429.56

IMPORTANT MESSAGE:

Make your payments online. Sign in to www.emblemhealth.com/employers using your registered user ID, then click Pay My Bill.

REMINDER NOTICE: Please be advised that your organization must pay the charges on this invoice to EmblemHealth by the due date. If EmblemHealth does not receive your payment on a timely basis, the notice at the end of this invoice, "Important Notice Regarding Nonpayment of Premium" as required by 11 NYCRR 55.2, will apply. In this event your organization is required by law to adhere to the requirements set forth in this notice.

If EmblemHealth receives your premium on a timely basis, please disregard the notice. The notice only applies if you fail to pay your premium on time.

PLEASE TEAR OFF AND RETURN THIS PORTION WITH PAYMENT IN ENCLOSED ENVELOPE



55 Water Street, New York, NY 10041-8190

Invoice #	00420531846	Amount Due
Due Date	02/01/2023	\$4,429.56
Group/Account #	1306443 000	Amount Enclosed

PATOMA INC
REGINA KLOSE BRIGANTI
PO BOX 1252
PICO RIVERA, CA 90660-1252

Please send payment to:

EmblemHealth
P.O. BOX 21105
NEW YORK, NY 10087-1105

3130644300005020123004205318460000044295615


EmblemHealth®

55 Water Street, New York, NY 10041-8190

Page 2 of 7

FOR BILLING INQUIRIES:

Call 1-212-615-4858

**EmblemHealth
COMMERCIAL STATEMENT**

DUE DATE	NAME	GROUP/ACCOUNT #	INVOICE #	BALANCE FORWARD
02/01/2023	PATOMA INC	1306443 000	00420531846	\$0.00

SUB ACCOUNT: 1306443 001

CHARGES BILLING DETAIL – CURRENT PERIOD

CLASS ID	MEMBER ID	RATE CODE	PLAN ID	LAST NAME	FIRST NAME, M.I.	DUE DATE	DESCRIPTION	AMOUNT DUE
1001	K60522912	3	MH001186	BLUE	DAVID C	02/01/2023	CURRENT	\$1,602.18
1001	K60327300	1	MH001186	FINNICAN	THOMAS M	02/01/2023	CURRENT	\$942.46
1001	K60785419	1	MH001186	GOPUAL	ASHLEY	02/01/2023	CURRENT	\$942.46
1001	K60711427	1	MH001186	TERRY	MATTHEW	02/01/2023	CURRENT	\$942.46

TOTAL BROKER ADVISORY FEE	\$0.00
TOTAL CURRENT CHARGES	\$4,429.56
TOTAL RETRO CHARGES	\$0.00
TOTAL DUE FOR SUB_GROUP	\$4,429.56



55 Water Street, New York, NY 10041-8190

Page 3 of 7

FOR BILLING INQUIRIES:

Call 1-212-615-4858

**EmblemHealth
COMMERCIAL STATEMENT**

DUE DATE	NAME	GROUP/ACCOUNT #	INVOICE #	BALANCE FORWARD
02/01/2023	PATOMA INC	1306443 000	00420531846	\$0.00

SUB ACCOUNT: 1306443 001

BILLING SUMMARY BY SUB-GROUP

PLAN ID	TIER DESCRIPTION	RATE CODE	CURRENT NUMBER OF SUBSCRIBERS	CURRENT CHARGES	RETROACTIVE CHARGES	TOTAL DUE
MH001186	Sub	1	3	\$2,827.38	\$0.00	\$2,827.38
MH001186	Sub+Ch(ren)	3	1	\$1,602.18	\$0.00	\$1,602.18
MH001186	SUB TOTAL		4	\$4,429.56	\$0.00	\$4,429.56
	TOTAL		4	\$4,429.56	\$0.00	\$4,429.56

SUMMARY TOTALS

PLAN ID	CURRENT NUMBER OF SUBSCRIBERS	CURRENT CHARGES	RETROACTIVE CHARGES	TOTAL DUE
TOTAL	4	\$4,429.56	\$0.00	\$4,429.56
TOTAL				\$4,429.56
BROKER ADVISORY FEE TOTAL				\$0.00
SUB GROUP TOTAL				\$4,429.56



55 Water Street, New York, NY 10041-8190



Page 4 of 7

FOR BILLING INQUIRIES:

Call 1-212-615-4858

**EmblemHealth
COMMERCIAL STATEMENT**

DUE DATE	NAME	GROUP/ACCOUNT #	INVOICE #	BALANCE FORWARD
02/01/2023	PATOMA INC	1306443 000	00420531846	\$0.00

BILLING SUMMARY BY GROUP

SUB GROUP	PLAN ID	PRODUCT (M/D/V/R)	RATE CODE	TIER DESCRIPTION	NUMBER OF SUBSCRIBERS	RATE CHARGES	CURRENT CHARGES	RETROACTIVE CHARGES	TOTAL DUE
001	MH001186	M	1	Sub	3	\$942.46	\$2,827.38	\$0.00	\$2,827.38 h
001	MH001186	M	3	Sub+Ch(ren)	1	\$1,602.18	\$1,602.18	\$0.00	\$1,602.18 h
				SUB TOTAL	4		\$4,429.56	\$0.00	\$4,429.56
		TOTAL			4		\$4,429.56	\$0.00	\$4,429.56

SUMMARY TOTALS

SUB GROUP	CURRENT NUMBER OF SUBSCRIBERS	CURRENT CHARGES	RETROACTIVE CHARGES	TOTAL DUE
001	4	\$4,429.56	\$0.00	\$4,429.56
TOTAL CHARGES	4	\$4,429.56	\$0.00	\$4,429.56
BALANCE FORWARD				\$0.00
TOTAL CHARGES AMOUNT				\$4,429.56
TOTAL BROKER ADVISORY FEE				\$0.00
TOTAL FEES AMOUNT				\$0.00
TOTAL DUE				\$4,429.56

Legend for premium underwritten by:

g - Premium underwritten by EmblemHealth Plan Inc.

h - Premium underwritten by Health Insurance Plan of Greater New York

**EmblemHealth®**

55 Water Street, New York, NY 10041-8190

IMPORTANT NOTICE REGARDING NONPAYMENT OF PREMIUM

If we do not receive your premium (the amount you pay for your health insurance each month) by the end of the grace period (the last day of the month the premium is due), your coverage will be terminated and your obligations to certificate holders will be as follows:

1. As a group policy holder, you must notify each New York State resident certificate holder of your intent to terminate your group policy. Refer to 11 NYCRR 55.2 and Labor Law, section 217.
2. Your notification of intended group policy termination to each certificate holder must be either: (1) hand-delivered to their place of employment (e.g., by including the notice in the certificate holder's pay envelope) at least nine days prior to the intended date of termination; or (2) mailed to their last known residential address at least nine days prior to the intended date of termination.
3. You must also post a copy of this notice and any cover letter in conspicuous locations, i.e., locations most likely to be seen by certificate holders. The notice must be posted at least nine days prior to the intended date of termination.

A certificate holder may choose to purchase direct pay coverage from EmblemHealth when your group policy terminates. The new direct pay coverage(s) offered to the certificate holder (as required by the New York State Department of Financial Services) will be EmblemHealth's standard individual HMO contracts. EmblemHealth will send the certificate holder the direct pay contract application, benefit summaries, and other information regarding the available direct pay plans.

To avoid termination of your group policy, the following provisions apply:

At least 10 days prior to the date of the scheduled termination date, you must either: (1) take the necessary steps to make the intended termination null and void (e.g., pay any necessary premium to EmblemHealth); or (2) contract with another insurer that provides similar group coverage to EmblemHealth's group coverage for the same certificate holders. In this case, you must also file an affidavit with the Commissioner of Labor and Superintendent of Insurance to that effect. Refer to Labor Law, section 217 (4) provisions and Labor Law section 217 (3).

Affidavits must be filed as follows:

Affidavits filed with the **Commissioner of Labor** should refer to Labor Law, section 217 and be addressed to:

**Director of Labor Standards
Department of Labor
Agency Building 12
State Office Building Campus
Albany, NY 12240**

Affidavits filed with the **Superintendent of Insurance** should refer to Labor Law, section 217 and be addressed to:

**Chief, Health Bureau
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257**

If you have any questions about terminating your group policy, please contact your Account Representative.



ATTENTION: Language assistance services, free of charge, are available to you. Call **1-877-411-3625** (TTY/TDD: **711**).

Español (Spanish)

ATENCIÓN: Usted tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-877-411-3625** (TTY/TDD: **711**).

中文 (Chinese)

注意：我們免費提供相關的語言協助服務。請致電 **1-877-411-3625** (TTY/TDD: **711**)。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-877-411-3625** (служба текстового телефона TTY/TDD: **711**).

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-877-411-3625** (TTY/TDD: **711**).

한국어 (Korean)

주의: 귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-877-411-3625**(TTY/TDD: **711**)번으로 전화하십시오.

Italiano (Italian)

ATTENZIONE: sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero **1-877-411-3625** (TTY/TDD: **711**).

אידיש (Yiddish)

אכטונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-877-411-3625** (TTY/TDD: **711**).

বাংলা (Bengali)

মনোযোগ দিন: ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনামূল্যে উপলব্ধ আছে। **1-877-411-3625** (TTY/TDD: **711**) নম্বরে ফোন করুন।

Polski (Polish)

UWAGA: dostępna jest bezpłatna pomoc językowa. Prosimy zadzwonić pod numer **1-877-411-3625** (TTY/TDD: **711**).

العربية (Arabic)

يرجى الانتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً، اتصل على الرقم **1-877-411-3625** أو (TTY/TDD: **711**).

Français (French)

ATTENTION : une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-877-411-3625** (TTY/TDD : **711**).

اردو (Urdu)

وجہ دیں: آپ کے لیے زبان سے متعلق اعانت کی خدمات، مفت دستیاب ہیں۔ 1-877-411-3625 (TTY/TDD: 711) پر کال کریں۔

Tagalog (Tagalog)

NANANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang 1-877-411-3625 (TTY/TDD: 711).

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: Διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε το 1-877-411-3625 (για άτομα με προβλήματα ακοής (TTY/TDD): 711).

Shqip (Albanian)

VINI RE: Shërbime ndihmore për gjuhën, falas, janë në dispozicionin tuaj. Telefononi në 1-877-411-3625 (TTY/TDD: 711).

NOTICE OF NONDISCRIMINATION POLICY

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-877-411-3625 (TTY/TDD: 711)**.

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.