UNITED CONCORDIA
America's Premier Dental Insurer

UCCI
FINANCIAL REPORTING

(SEND TO THIS ADDRESS)

SPECIAL INSTRUCTIONS:

RECONCILEMENT SUB-ACCOUNT:

CLIENT NAME:

CLIENT NUMBER:

PERIOD ENDING:

COMPANY NAME: UNITED CONCORDIA

CUSTOMER CONTACT:

UNITED CONCORDIA
America's Premier Dental Insurer

PERIOD ENDING
PREVIOUS PERIOD
STATEMENT DATE

SUB-ACCOUNT ACTIVITY

DATE	DESCRIPTION OF ACTIVITY	DEBITS	CREDITS	BALANCE
	OPENING BALANCE			0.00
				0.00
	CLOSING BALANCE			0.00

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PERIOD ENDING
PREVIOUS PERIOD
STATEMENT DATE

SUB ACCOUNT SUMMARY

PREVIOUS BALANCE		0.00
CREDIT AMOUNT	(+)	0.00
DEBIT AMOUNT	(-)	0.00
ENDING BALANCE		0.00

NUMBER OF CREDITS	0
NUMBER OF DEBITS	0

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PERIOD ENDING
PREVIOUS PERIOD
STATEMENT DATE

DISBURSEMENT DETAILS
ACTIVITY PERIOD:

ISSUE DATE	SERIAL NUMBER	CHECK AMOUNT	CHECK DATE	CURRENT STATUS	STATUS DATE	REFERENCE NUMBER	COMPANY LIABILITY	PAYEE
								NO DISBURSEMENT DETAILS FOR THIS PERIOD

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PERIOD ENDING
PREVIOUS PERIOD
STATEMENT DATE

DISBURSEMENT SUMMARY
ACTIVITY PERIOD:

DATE	CHECKS ISSUED		CHECKS PAID	
	COUNT	AMOUNT	COUNT	AMOUNT

DATE	CHECKS ISSUED		CHECKS PAID	
	COUNT	AMOUNT	COUNT	AMOUNT

SUMMARY OF ACTIVITY

PREVIOUS OUTSTANDING.....		0.00
ISSUED THIS PERIOD.....	(+)	0.00
P A I D THIS PERIOD.....	(-)	0.00
PREVIOUS O/S STOPPED THIS PERIOD.....	(-)	0.00
PREVIOUS O/S CANCELED THIS PERIOD....	(-)	0.00
N E W OUTSTANDING.....	(=)	0.00
O/S CANCELED THIS PERIOD.....		0.00