Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000466
06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/18/2026		5.40	10-1110-282-000-20-500-000-000-0000	Dental Admin Fee Mar - May
	06/18/2026		5.40	10-1110-282-000-30-800-000-000-0000	Dental Admin Fee Mar - May
	06/18/2026		5.40	10-2620-282-000-00-000-000-000-0000	Dental Admin Fee Mar - May
	06/18/2026		7.20	10-2120-282-000-10-200-000-000-0000	Dental Admin Fee Feb - May
	06/18/2026		-14.70	10-2440-282-000-30-800-000-000-0000	Dental Admin Fee Correction
	Payment Amount:		**8.70**		

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000466
06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/18/2026		5.40	10-1110-282-000-20-500-000-000-0000	Dental Admin Fee Mar - May
	06/18/2026		5.40	10-1110-282-000-30-800-000-000-0000	Dental Admin Fee Mar - May
	06/18/2026		5.40	10-2620-282-000-00-000-000-000-0000	Dental Admin Fee Mar - May
	06/18/2026		7.20	10-2120-282-000-10-200-000-000-0000	Dental Admin Fee Feb - May
	06/18/2026		-14.70	10-2440-282-000-30-800-000-000-0000	Dental Admin Fee Correction
	Payment Amount:		**8.70**		

M100000466

06/18/2026

**********8.70

PAY Eight and 70/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

United Concordia dental℠

216634710

Page: 1

Recipient: [redacted] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 05/23/2026 Invoice Number: 216634710 **Due Date: 06/17/2026**

Prior Amount Due:	$3.90CR
Current Amount 05/01/2026 - 05/31/2026:	$7.20
Retroactive Adjustment Amount 02/01/2026 - 04/30/2026:	$5.40
Total Amount Due:	**$8.70**

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United Concordia dental℠

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235

[redacted]

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000467
06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/18/2026		1.80	10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		1.80	10-1241-272-000-30-800-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		1.80	10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		5.40	10-2120-272-000-10-200-000-000-0000	Cobra Dental Admin Fee - Feb -
	06/18/2026		1.80	10-1110-272-000-30-800-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		3.60	10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee Apr & M
	06/18/2026		1.80	10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee - May
	Payment Amount:		**18.00**		

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000467
06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/18/2026		1.80	10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		1.80	10-1241-272-000-30-800-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		1.80	10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		5.40	10-2120-272-000-10-200-000-000-0000	Cobra Dental Admin Fee - Feb -
	06/18/2026		1.80	10-1110-272-000-30-800-000-000-0000	Cobra Dental Admin Fee - May
	06/18/2026		3.60	10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee Apr & M
	06/18/2026		1.80	10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee - May
	Payment Amount:		**18.00**		

M100000467

06/18/2026

**********18.00

PAY Eighteen and 00/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

United Concordia dental℠

216634707

Page: 1

Recipient: [redacted] **LEHIGHTON AREA SCHOOL DISTRICT COBRA**

As Of: 05/23/2026 Invoice Number: 216634707 **Due Date: 06/17/2026**

Prior Amount Due:		$10.80
Payments:		$10.80CR
Cash Posted 05/18/2026	Check # $10.80CR	
Current Amount 05/01/2026 - 05/31/2026:		$12.60
Retroactive Adjustment Amount 02/01/2026 - 04/30/2026:		$5.40
Total Amount Due:		**$18.00**

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available under Employers on UnitedConcordia.com

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United Concordia dental℠

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT COBRA
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235

[redacted]

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000468
06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	423.00		
		SEE PAYMENT DETAIL LISTING			

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000468
06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	423.00		
		SEE PAYMENT DETAIL LISTING			

M100000468

06/18/2026

**********423.00

PAY Four Hundred Twenty-Three and 00/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000468
Payment Date: 06/18/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/18/2026		0.59	10-2140-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		0.72	10-1225-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		0.76	10-2140-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		0.85	10-2240-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		0.93	10-2250-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		0.93	10-2160-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		1.23	10-2839-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		1.35	10-1225-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		1.65	10-2140-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		1.82	10-2120-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2611-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2514-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2440-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2440-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2360-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2250-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2170-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2160-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2160-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2125-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-2120-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-1801-272-217-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		2.07	10-1211-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		3.00	10-2620-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		3.00	10-2269-272-000-00-000-000-012-0000	Dental Admin Fee May
	06/18/2026		3.00	10-2120-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		3.13	10-3250-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		4.15	10-2440-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		4.15	10-2250-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		4.15	10-1225-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		4.57	10-2818-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		4.99	10-2513-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		5.08	10-1231-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		6.22	10-2380-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		6.22	10-2380-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		6.22	10-1211-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		6.89	10-2620-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		7.06	10-2260-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		7.15	10-1231-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		7.15	10-0132-000-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		7.28	10-2380-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		8.08	10-2620-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		8.08	10-2620-272-000-00-000-000-000-0000	Dental Admin Fee May
	06/18/2026		8.08	10-1211-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		8.29	10-1231-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		13.16	10-1241-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		14.30	10-1241-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		17.51	10-1241-272-000-10-200-000-000-0000	Dental Admin Fee May
	06/18/2026		60.87	10-1110-272-000-20-500-000-000-0000	Dental Admin Fee May
	06/18/2026		59.81	10-1110-272-000-30-800-000-000-0000	Dental Admin Fee May
	06/18/2026		93.67	10-1110-272-000-10-200-000-000-0000	Dental Admin Fee May
	Payment Amount:		423.00		

United Concordia dental℠

216634323

Page: 1

Recipient: [redacted] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 05/23/2026 Invoice Number: 216634323 **Due Date: 06/17/2026**

Prior Amount Due:		$424.80
Payments:		$424.80CR
Cash Posted 05/18/2026	Check # $424.80CR	
Current Amount 05/01/2026 - 05/31/2026:		$423.00
Total Amount Due:		**$423.00**

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United Concordia dental℠

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235

[redacted]

Vendor: PSERS-PSERS
PO Box 643623 PITTSBURGH PA 15264-3623

Pymt # M100000469
06/23/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/23/2026		170.90	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		678.83	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		181.51	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		114.58	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		229.24	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		13.04	10-1110-230-000-30-800-000-000-0000	Lump Sum POS
	06/23/2026		130.58	10-1110-230-000-30-800-000-000-0000	Lump Sum POS
	06/23/2026		384.66	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		94.50	10-1110-230-000-30-800-000-000-0000	Lump Sum POS
	06/23/2026		463574.15	10-0460-230-000-00-000-000-000-0000	03.26 3045291
	06/23/2026		437633.59	10-0460-230-000-00-000-000-000-0000	02.26 3031387
	06/23/2026		651618.42	10-0460-230-000-00-000-000-000-0000	01.26 3015695
	Payment Amount:		1554824.00		

Vendor: PSERS-PSERS
PO Box 643623 PITTSBURGH PA 15264-3623

Pymt # M100000469
06/23/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	06/23/2026		170.90	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		678.83	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		181.51	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		114.58	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		229.24	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		13.04	10-1110-230-000-30-800-000-000-0000	Lump Sum POS
	06/23/2026		130.58	10-1110-230-000-30-800-000-000-0000	Lump Sum POS
	06/23/2026		384.66	10-1110-230-000-10-200-000-000-0000	Lump Sum POS
	06/23/2026		94.50	10-1110-230-000-30-800-000-000-0000	Lump Sum POS
	06/23/2026		463574.15	10-0460-230-000-00-000-000-000-0000	03.26 3045291
	06/23/2026		437633.59	10-0460-230-000-00-000-000-000-0000	02.26 3031387
	06/23/2026		651618.42	10-0460-230-000-00-000-000-000-0000	01.26 3015695
	Payment Amount:		1554824.00		

M100000469

06/23/2026

**************1,554,824.00**

PAY One Million Five Hundred Fifty-Four Thousand Eight Hundred Twenty-Four and 00/100 Dollars

To the Order of:

PSERS
PO Box 643623
PITTSBURGH PA 15264-3623

Commonwealth of Pennsylvania – Public School Employees' Retirement System

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
Fax: 717.772.3860
www.pa.gov/PSERS

Monthly Statement of Employer Transaction Details
May 2026

Mail Center

LEHIGHTON AREA SD
1000 UNION ST
LEHIGHTON PA 18235-1700

DETAILED Billing Statement

Employer Code [redacted]

Period: 05/01/2026 to 05/31/2026

Current Date: 06/09/2026

	Employer Contributions	Employer POS
Past Due		
Currently Due	1,552,826.16	1,997.84

A negative value in the table above indicates that you have a credit.

Post Date	Trans #	Trans Type	Trans Identifier	Applied To	Employer Due Date	Employer Contributions	Employer POS
01/15/2026	[redacted]	SCP Employer Contribution	[redacted]		06/24/2026		94.50
01/22/2026		WH Report			06/24/2026	651,618.42	
02/12/2026		SCP Employer Contribution			06/24/2026		384.66
02/19/2026		SCP Employer Contribution			06/24/2026		130.58
02/24/2026		WH Report			06/24/2026	437,633.59	
03/06/2026		SCP Employer Contribution			06/24/2026		13.04
03/17/2026		SCP Employer			06/24/2026		229.24

Post Date	Trans #	Trans Type	Trans Identifier	Applied To	Employer Due Date	Employer Contributions	Employer POS
	[redacted]	Contribution	[redacted]				
03/20/2026		WH Report			06/24/2026	463,574.15	
03/25/2026		SCP Employer Contribution			06/24/2026		114.58
03/30/2026		SCP Employer Contribution			06/28/2026		181.51
03/31/2026		SCP Employer Contribution			06/29/2026		678.83
03/31/2026		SCP Employer Contribution			06/29/2026		170.90
					Jun 2026 Total	1,552,826.16	1,997.84
04/16/2026		WH Report			09/23/2026	442,816.51	
04/20/2026		SCP Employer Contribution			09/23/2026		321.02
04/21/2026		SCP Employer Contribution			09/23/2026		223.21
04/27/2026		SCP Employer Contribution			09/23/2026		115.68
05/04/2026		SCP Employer Contribution			09/23/2026		11.70
05/07/2026		DC Payment		3074856	09/23/2026	-2,868.36	
05/10/2026		SCP Employer Contribution			09/23/2026		2,236.39
05/18/2026		WH Report			09/23/2026	457,806.06	
05/21/2026		DC Payment		3074856	09/23/2026	-2,773.94	
					Sep 2026 Total	894,980.27	2,908.00
05/31/2026		**Ending Balance**				**2,447,806.43**	**4,905.84**

If payments are not remitted by the established due dates, delinquent amounts may be deducted from your subsidy payments.

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000470
07/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	14618.91		* Accrued A/P
		SEE PAYMENT DETAIL LISTING			

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000470
07/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	14618.91		* Accrued A/P
		SEE PAYMENT DETAIL LISTING			

M100000470

07/03/2026

**********14,618.91

PAY Fourteen Thousand Six Hundred Eighteen and 91/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000470
Payment Date: 07/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/03/2026		20.47	10-2140-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		24.85	10-1225-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		26.31	10-2140-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		29.24	10-2240-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		32.16	10-2250-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		32.16	10-2160-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		32.16	10-1110-282-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		32.16	10-1110-282-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		42.39	10-2839-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		46.78	10-1225-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		57.01	10-2140-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		62.86	10-2620-282-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		62.86	10-2120-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2611-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2514-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2440-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2440-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2360-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2250-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2170-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2160-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2160-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2125-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-2120-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-1801-272-217-10-200-000-000-0000	June Dental Claims
	07/03/2026		71.63	10-1211-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		103.79	10-2620-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		103.79	10-2269-272-000-00-000-000-012-0000	June Dental Claims
	07/03/2026		103.79	10-2120-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		108.18	10-3250-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		143.27	10-2440-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		143.27	10-2250-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		143.27	10-1225-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		157.88	10-2810-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		172.50	10-2513-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		175.43	10-1231-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		214.90	10-2380-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		214.90	10-2380-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		214.90	10-1211-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		238.29	10-2620-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		244.14	10-2260-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		247.06	10-1231-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		247.06	10-0132-000-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		251.45	10-2380-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		279.22	10-2620-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		279.22	10-2620-272-000-00-000-000-000-0000	June Dental Claims
	07/03/2026		279.22	10-1211-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		286.53	10-1231-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		454.65	10-1241-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		494.12	10-1241-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		605.22	10-1241-272-000-10-200-000-000-0000	June Dental Claims
	07/03/2026		1976.48	10-1110-272-000-20-500-000-000-0000	June Dental Claims
	07/03/2026		2867.11	10-1110-272-000-30-800-000-000-0000	June Dental Claims
	07/03/2026		3236.67	10-1110-272-000-10-200-000-000-0000	June Dental Claims
	Payment Amount:		14618.91		* Accrued A/P

United Concordia dental™

1000 UNION STREET
LEHIGHTON, PA 18235-

Invoice: 000379304
Due Date: 07/02/2026
Previous Bill Date/Current Bill Date: 05/29/2026 - 06/30/2026

Claims Invoice

Date	Invoice Number	Client Name	Client Number	Total Due
06/30/2026	000379304	LEHIGHTON AREA SCHOOL DISTRICT	[redacted]	$14,618.91

Invoice Total Amount Due: $14,618.91

Amount due includes the plan benefits paid and the network access fee to claims administrator per the Agreement for Administrative and Claims Payment Services. Additional information upon request.

The total amount due reflects the current period only and does not include any outstanding balances. If you have any questions concerning this invoice, please send an email to ASOClaims@ucci.com. Thank you.

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000471
07/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	3204.34		* Accrued A/P
		SEE PAYMENT DETAIL LISTING			

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000471
07/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	3204.34		* Accrued A/P
		SEE PAYMENT DETAIL LISTING			

M100000471

07/06/2026

**********3,204.34

PAY Three Thousand Two Hundred Four and 34/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Payment Detail Listing

Mutual of Omaha (MUTUAL OF)
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Payment Number: M100000471
Payment Date: 07/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/06/2026		3.89	10-2140-213-000-20-500-000-000-0000	June Life
	07/06/2026		4.72	10-1225-213-000-30-800-000-000-0000	June Life
	07/06/2026		5.00	10-2140-213-000-30-800-000-000-0000	June Life
	07/06/2026		5.56	10-2240-213-000-00-000-000-000-0000	June Life
	07/06/2026		6.11	10-2250-213-000-10-200-000-000-0000	June Life
	07/06/2026		6.11	10-2160-213-000-10-200-000-000-0000	June Life
	07/06/2026		8.06	10-2839-213-000-00-000-000-000-0000	June Life
	07/06/2026		8.89	10-1225-213-000-20-500-000-000-0000	June Life
	07/06/2026		10.84	10-2140-213-000-10-200-000-000-0000	June Life
	07/06/2026		11.95	10-2120-213-000-10-200-000-000-0000	June Life
	07/06/2026		13.61	10-2611-213-000-00-000-000-000-0000	June Life
	07/06/2026		13.61	10-2514-213-000-00-000-000-000-0000	June Life
	07/06/2026		13.61	10-2440-213-000-30-800-000-000-0000	June Life
	07/06/2026		13.61	10-2440-213-000-20-500-000-000-0000	June Life
	07/06/2026		13.61	10-2360-213-000-00-000-000-000-0000	June Life
	07/06/2026		13.61	10-2250-213-000-30-800-000-000-0000	June Life
	07/06/2026		13.61	10-2170-213-000-00-000-000-000-0000	June Life
	07/06/2026		13.61	10-2160-213-000-30-800-000-000-0000	June Life
	07/06/2026		13.61	10-2160-213-000-20-500-000-000-0000	June Life
	07/06/2026		13.61	10-2125-213-000-20-500-000-000-0000	June Life
	07/06/2026		13.61	10-2120-213-000-30-800-000-000-0000	June Life
	07/06/2026		13.61	10-1801-213-217-10-200-000-000-0000	June Life
	07/06/2026		13.61	10-1211-213-000-30-800-000-000-0000	June Life
	07/06/2026		19.73	10-2620-213-000-30-800-000-000-0000	June Life
	07/06/2026		19.73	10-2120-213-000-20-500-000-000-0000	June Life
	07/06/2026		20.56	10-3250-213-000-00-000-000-000-0000	June Life
	07/06/2026		25.84	10-2269-213-000-00-000-000-000-0000	June Life
	07/06/2026		27.23	10-2440-213-000-10-200-000-000-0000	June Life
	07/06/2026		27.23	10-2250-213-000-20-500-000-000-0000	June Life
	07/06/2026		27.23	10-1225-213-000-10-200-000-000-0000	June Life
	07/06/2026		30.01	10-2818-213-000-00-000-000-000-0000	June Life
	07/06/2026		32.78	10-2513-213-000-00-000-000-000-0000	June Life
	07/06/2026		33.34	10-1231-213-000-30-800-000-000-0000	June Life
	07/06/2026		40.84	10-2380-213-000-20-500-000-000-0000	June Life
	07/06/2026		40.84	10-2380-213-000-10-200-000-000-0000	June Life
	07/06/2026		40.84	10-1211-213-000-20-500-000-000-0000	June Life
	07/06/2026		45.29	10-2620-213-000-20-500-000-000-0000	June Life
	07/06/2026		46.40	10-2260-213-000-00-000-000-000-0000	June Life
	07/06/2026		46.95	10-1231-213-000-10-200-000-000-0000	June Life
	07/06/2026		0.44	10-0132-000-000-00-000-000-000-0000	June Life
	07/06/2026		47.79	10-2380-213-000-30-800-000-000-0000	June Life
	07/06/2026		53.07	10-2620-213-000-10-200-000-000-0000	June Life
	07/06/2026		53.07	10-1211-213-000-10-200-000-000-0000	June Life
	07/06/2026		54.46	10-1231-213-000-20-500-000-000-0000	June Life
	07/06/2026		65.01	10-2620-213-000-00-000-000-000-0000	June Life
	07/06/2026		86.41	10-1241-213-000-20-500-000-000-0000	June Life
	07/06/2026		93.91	10-1241-213-000-30-800-000-000-0000	June Life
	07/06/2026		115.02	10-1241-213-000-10-200-000-000-0000	June Life
	07/06/2026		375.64	10-1110-213-000-20-500-000-000-0000	June Life
	07/06/2026		398.98	10-1110-213-000-30-800-000-000-0000	June Life
	07/06/2026		661.68	10-1110-213-000-10-200-000-000-0000	June Life
	07/06/2026		20.04	10-2611-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		21.11	10-3250-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		10.31	10-2260-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		10.31	10-2240-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		5.15	10-2818-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		8.79	10-2839-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		5.86	10-2513-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		20.35	10-2513-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		23.73	10-2380-214-000-30-800-000-000-0000	LTD & STD - June
	07/06/2026		30.10	10-2380-214-000-30-800-000-000-0000	LTD & STD - June
	07/06/2026		22.54	10-2380-214-000-20-500-000-000-0000	LTD & STD - June

Payment Detail Listing

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/06/2026		25.77	10-2380-214-000-20-500-000-000-0000	LTD & STD - June
	07/06/2026		27.04	10-2380-214-000-10-200-000-000-0000	LTD & STD - June
	07/06/2026		31.83	10-2380-214-000-10-200-000-000-0000	LTD & STD - June
	07/06/2026		30.10	10-2380-214-000-10-200-000-000-0000	LTD & STD - June
	07/06/2026		14.52	10-2360-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		37.11	10-2360-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		12.25	10-2260-214-000-00-000-000-000-0000	LTD & STD - June
	07/06/2026		9.57	10-2140-214-000-30-800-000-000-0000	LTD & STD - June
	07/06/2026		7.66	10-2140-214-000-20-500-000-000-0000	LTD & STD - June
	07/06/2026		21.05	10-2140-214-000-10-200-000-000-0000	LTD & STD - June
	07/06/2026		30.77	10-2269-214-000-00-000-000-012-0000	LTD & STD - June
	Payment Amount:		3284.34		* Accrued A/P

[redacted]

Billing Reports Documents Help Center

Lehighton Area School District [redacted] | Return to my Dashboard

Customer Service will be closed for Independence Day on Friday, July 3, and will resume normal business hours on Monday, July 6.

Bill Group Dashboard My Bill Payments Help & Documents

Current Bill Group: [redacted]

Current Balance: $3,204.34
Currently paid to: 06/01/2026

Pay Now

Next Bill Generation Date: 07/02/2026

Delivery Method: ○ Paper Bill (U.S. Mail) ○ Paperless

View My Bill: [redacted] Ready to Pay

Bill Details

View/Save PDF Bill

Invoice Number: 002097739246

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
A001	Life	263	$27,783,800.00	0.08/1000	$2,222.70
	AD&D	263	$27,783,800.00	0.02/1000	$555.68
	LTD	18	$137,742.86	0.14/100	$192.84
	STD	18	$21,192.73	0.11/10	$233.12

Total Due on 06/01/2026: $3,204.34

[redacted]

Billing Reports Documents Help Center [redacted]

Lehighton Area School District [redacted] Return to my Dashboard

Customer Service will be closed for Independence Day on Friday, July 3, and will resume normal business hours on Monday, July 6. ×

Bill Group Dashboard My Bill Payments Help & Documents Current Bill Group: [redacted]

Current Balance: $3,204.34
Currently paid to: 06/01/2026

Next Bill Generation Date: 07/02/2026

Your payment was processed successfully! Click Here to Print

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in thePayment History section.

Payment Amount	Account Number	Payment ID	Payment Submitted Date
$3,204.34	[redacted]	[redacted]	07/02/2026 8:23 AM

[redacted]

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)		
Basic Life & AD&D		Act 93	Employee Only	17	3,018,000.00	301.79		
Basic Life & AD&D		Professional Staff	Employee Only	171	24,249,000.00	2,425.16		
Basic Life & AD&D		Superintendent	Employee Only	1	433,000.00	43.29		
Basic Life and AD&D - Support		default	Employee Only	74	3,635,000.00	81.14	2778.38	27,783,800.00
Employer-Funded Long-Term Disability		default	Employee Only	18	137,863.79	192.84		
Employer-Funded Short-Term Disability		default	Employee Only	18	21,191.64	233.12		
	Totals:			299	$31,494,055.42	$ 3,204.34		

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000472
07/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/06/2026		2548.74	10-0462-213-000-00-000-000-000-0000	EE Vol. Life June
	07/06/2026		2199.88	10-0462-214-000-00-000-000-000-0000	EE Vol. LTD June
		Payment Amount:	4748.62		

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000472
07/06/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/06/2026		2548.74	10-0462-213-000-00-000-000-000-0000	EE Vol. Life June
	07/06/2026		2199.88	10-0462-214-000-00-000-000-000-0000	EE Vol. LTD June
		Payment Amount:	4748.62		

M100000472

07/06/2026

**********4,748.62

PAY Four Thousand Seven Hundred Forty-Eight and 62/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Billing Reports Documents Help Center [redacted]

Lehighton Area School District [redacted] Return to my Dashboard

Customer Service will be closed for Independence Day on Friday, July 3, and will resume normal business hours on Monday, July 6.

Bill Group Dashboard My Bill Payments Help & Documents Current Bill Group: [redacted]

Current Balance: No Calculations Due
Currently paid to: 06/01/2026
Pay Now

Next Bill Generation Date: 07/02/2026

Delivery Method: ○ Paper Bill (U.S. Mail) ○ Paperless

View My Bill: [redacted] Ready to Pay

Bill Details

View/Save PDF Bill

Invoice Number: 002097739245

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	AD&D Vol Employee	111	$10,800,000.00	0.02/1000	$216.00
	Life Vol Spouse	56	$1,485,000.00	Age Banded	$154.73
	Life Vol Employee	111	$10,800,000.00	Age Banded	$2,073.83
	AD&D Vol Spouse	56	$1,485,000.00	0.02/1000	$29.70
	Life Vol Dep	55	$532,000.00	0.1/1000	$53.20
	AD&D Vol Dep	55	$532,000.00	0.04/1000	$21.28
	LTD Vol	109	$543,487.00	Age Banded	$2,199.88

Total Due on 06/01/2026: $4,748.62

[redacted]

Billing Reports Documents Help Center [redacted]

Lehighton Area School District [redacted] | Return to my Dashboard

Customer Service will be closed for Independence Day on Friday, July 3, and will resume normal business hours on Monday, July 6. ✖

Bill Group Dashboard My Bill Payments ▾ Help & Documents ▾ Current Bill Group: [redacted]

Current Balance: No Calculations Due
Currently paid to: 06/01/2026

Next Bill Generation Date: 07/02/2026

Your payment was processed successfully! Click Here to Print

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in thePayment History section.

Payment Amount	Account Number		Payment Submitted Date
$4,748.62	[redacted]	[redacted]	07/02/2026 8:27 AM

[redacted]

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)			
Voluntary Child Life		Support	Children Only	10	90,000.00	12.69			
Voluntary Child Life		Act 93/Business Adminis	Children Only	45	442,000.00	62.32	75.01	-74.48	0.53
Voluntary Employee Life		Act 93/Business Adminis	Employee Only	86	8,920,000.00	1,711.05			
Voluntary Employee Life		Support	Employee Only	25	1,880,000.00	578.78	2,289.83	2,073.83	
Voluntary LTD		Support	Employee Only	28	83,418.80	469.35			
Voluntary LTD		Professional Staff	Employee Only	81	460,068.20	1,730.53	2,199.88		
Voluntary Spouse Life		Support	Spouse Only	11	320,000.00	70.22			
Voluntary Spouse Life		Act 93/Business Adminis	Spouse Only	44	1,165,000.00	114.21	184.43	154.73	
	Totals:			331	$ 13,360,487.00	$ 4,749.15			
					Child Life Diff	(0.53)			
						$ 4,748.62			

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000473
07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/17/2026		1.80	10-1110-282-000-20-500-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-282-000-30-800-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-2620-282-000-00-000-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-2120-282-000-10-200-000-000-0000	Dental Admin Fee June
	Payment Amount:		7.20		* Accrued A/P

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000473
07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/17/2026		1.80	10-1110-282-000-20-500-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-282-000-30-800-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-2620-282-000-00-000-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-2120-282-000-10-200-000-000-0000	Dental Admin Fee June
	Payment Amount:		7.20		* Accrued A/P

M100000473

07/17/2026

**********7.20

PAY Seven and 20/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

United Concordia dental™

217474687

Page: 1

Recipient [redacted] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 06/23/2026 Invoice Number: 217474687 **Due Date: 07/16/2026**

Prior Amount Due:		$8.70
Payments:		$8.70CR
Cash Posted Check #		
06/17/2026	$8.70CR	
Current Amount 06/01/2026 - 06/30/2026:		$7.20
Total Amount Due:		**$7.20**

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.
Fax enrollment forms to 800-329-9093.
Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

United Concordia dental™

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235

[redacted]

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000474
07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/17/2026		1.80	10-1110-272-000-10-200-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1241-272-000-30-800-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-20-500-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-2120-272-000-10-200-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-30-800-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-10-200-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-20-500-000-000-0000	Dental Admin Fee June
	Payment Amount:		12.60		* Accrued A/P

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000474
07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/17/2026		1.80	10-1110-272-000-10-200-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1241-272-000-30-800-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-20-500-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-2120-272-000-10-200-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-30-800-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-10-200-000-000-0000	Dental Admin Fee June
	07/17/2026		1.80	10-1110-272-000-20-500-000-000-0000	Dental Admin Fee June
	Payment Amount:		12.60		* Accrued A/P

M100000474

07/17/2026

**********12.60

PAY Twelve and 60/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

United Concordia dental℠

217474684

Page: 1

Recipient: [redacted] **LEHIGHTON AREA SCHOOL DISTRICT COBRA**

As Of: 06/23/2026 Invoice Number: 217474684 **Due Date: 07/16/2026**

Prior Amount Due:		$18.00
Payments:		$18.00CR
Cash Posted Check # 06/17/2026	$18.00CR	
Current Amount 06/01/2026 - 06/30/2026:		$12.60
Total Amount Due:		**$12.60**

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United Concordia dental℠

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT COBRA
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235

[redacted]

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827308 PHILADELPHIA PA 19182-7308

Pymt # M100000475
07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	408.50		* Accrued A/P
		SEE PAYMENT DETAIL LISTING			

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827308 PHILADELPHIA PA 19182-7308

Pymt # M100000475
07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	408.50		* Accrued A/P
		SEE PAYMENT DETAIL LISTING			

M100000475

07/17/2026

**********408.50

PAY Four Hundred Eight and 50/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000475
Payment Date: 07/17/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
	07/17/2026		0.57	10-2140-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		0.69	10-1225-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		0.74	10-2140-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		0.82	10-2240-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		0.90	10-2250-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		0.90	10-2160-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		1.18	10-2839-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		1.31	10-1225-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		1.59	10-2140-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		1.76	10-2120-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2611-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2514-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2440-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2440-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2360-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2250-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2170-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2160-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2160-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2125-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-2120-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-1801-272-217-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		2.00	10-1211-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		2.90	10-2620-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		3.80	10-2269-272-000-00-000-000-012-0000	June Dental Admin Fee
	07/17/2026		2.90	10-2120-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		3.02	10-3250-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		4.00	10-2440-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		4.00	10-2250-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		4.00	10-1225-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		4.41	10-2818-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		4.82	10-2513-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		4.90	10-1231-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		6.00	10-2380-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		6.00	10-2380-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		6.00	10-1211-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		6.66	10-2620-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		6.82	10-2260-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		6.90	10-1231-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		6.90	10-0132-000-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		7.03	10-2380-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		7.80	10-2620-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		9.56	10-2620-272-000-00-000-000-000-0000	June Dental Admin Fee
	07/17/2026		7.80	10-1211-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		8.01	10-1231-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		12.78	10-1241-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		13.81	10-1241-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		16.91	10-1241-272-000-10-200-000-000-0000	June Dental Admin Fee
	07/17/2026		55.23	10-1110-272-000-20-500-000-000-0000	June Dental Admin Fee
	07/17/2026		58.66	10-1110-272-000-30-800-000-000-0000	June Dental Admin Fee
	07/17/2026		98.50	10-1110-272-000-10-200-000-000-0000	June Dental Admin Fee
	Payment Amount:		408.50		* Accrued A/P

United Concordia dental™

217474301

Page: 1

Recipient: [redacted] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 06/23/2026 Invoice Number: 217474301 **Due Date: 07/16/2026**

Prior Amount Due:		$423.00
Payments:		$423.00CR
Cash Posted Check # 06/17/2026	$423.00CR	
Current Amount 06/01/2026 - 06/30/2026:		$421.20
Retroactive Adjustment Amount 11/01/2025 - 05/31/2026:		$12.70CR
Total Amount Due:		**$408.50**

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United Concordia dental™

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235

[redacted]