

---

---

MEMORANDUM

---

---

TO: UNISON HEALTH PLAN PROVIDERS  
FROM: UNISON HEALTH PLAN  
SUBJECT: 6/2/06 REMITTANCE ADVICE  
DATE: 11/7/2006

---

**Attached is your corrected remittance advice(s) for June 2, 2006. The original failed to include any previously processed adjustment language necessary to accurately balance the remittance. We apologize for any inconvenience this has caused. If you should have any questions, please contact Provider Services at 1-800-600-9007.**