

PHARMACEUTICAL MEDIA INC
30 E 33RD STREET
NEW YORK, NY 10016

**In order to properly credit your account all
payments must be made to**

**Nuaxess Account Services
5/3 (Fifth-Third) Bank Account**

REMINDER: Please put invoice number(s) in the memo or notes on all forms of payment to ensure proper credit is applied to your account.

REMIT TO: Nuaxess Account Services:
 ACH Routing: #071923909
 Wire Routing: #042000314
 Account: #7242568934

IF MAILING CHECKS:

Make payable to: Nuaxess Account Services
Mail to: Nuaxess Account Services
 Lock Box #235149
 PO Box 85149
 Chicago, IL 60689-5149

WE NOW OFFER AUTOMATIC PAYMENT PROGRAMS

Contact: billing@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

PHARMACEUTICAL MEDIA INC
30 E 33RD STREET
NEW YORK, NY 10016
elastarza@pminy.com

Invoice Number: 5014-2210
Coverage For: OCTOBER
Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	6	\$907.92	\$5,447.52
PLATINUM	Employee & Spouse Only	1	\$1,815.85	\$1,815.85
PLATINUM	Family	3	\$2,587.59	\$7,762.77
			GRAND TOTAL	\$15,026.14

Primary ACH Instructions:
Account Name: Nuaxess Account Services
Bank: 5/3 Bank
Routing Number 071923909
Account Number: 7242568934
Bank Address:
38 Fountain Square Plaza
Cincinnati, OH 45263

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLAS, CHRISTOPHER	07/01/2021	PLATINUM	EE	\$907.92
BENNICASA, GINA	07/01/2021	PLATINUM	EE	\$907.92
COX, FRANK	07/01/2021	PLATINUM	FAM	\$2587.59
DELGADO, SAMIR	07/01/2021	PLATINUM	EE	\$907.92
DWYER, CHRISTINE	07/01/2021	PLATINUM	EE	\$907.92
HOUSTON, SHEMAKA	07/01/2021	PLATINUM	EE	\$907.92
LAI, BETTY	07/01/2021	PLATINUM	FAM	\$2587.59
MALSEED, KATHLEEN	07/01/2021	PLATINUM	EE	\$907.92
SCHULDNER, JOSEPH	04/01/2022	PLATINUM	FAM	\$2587.59
TRIMBOLI, SUSAN	07/01/2021	PLATINUM	ES	\$1815.85

Employee Only	6
Employee & Spouse	1
Employee & Children	0
Family	3