



Account Services

Monthly Statement

MODERN VASCULAR LLC
63 COPPS HILL RD SUITE 200 SUITE 200
RIDEFIELD, CT 06877
917-686-6681
r.damani.howell@gmail.com

Invoice Number: 5922-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Family	1	\$1,628.10	\$1,628.10
DENTALGUARD	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,812.04

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
HOWELL, RONALD	05/01/2022	BRONZE	FAM	\$1628.1
HOWELL, RONALD	05/01/2022	DENTALGUARD	FAM	\$160.18
HOWELL, RONALD	05/01/2022	VSP	FAM	\$23.76

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