

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202

DO NOT PAY

Your account is enrolled in electronic payment processing.

Your payment will be made from your bank account on file.

If you have any questions

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



Account Services

Monthly Statement

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202
john.townsend@unicycive.com

Invoice Number: 54-2210
Coverage For: OCTOBER
Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Family	3	\$2,977.18	\$8,931.54
ADJUSTMENT	K. LUNA ADDING DEPENDENT AUGUST, SEPTEMBER			\$1,984.80
ADJUSTMENT	MOURYA FAMILY SEPT			\$2,977.18
			GRAND TOTAL	\$13,893.52

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
LUNA, KAYLA	02/01/2022	PLATINUM	FAM	\$2977.18
MOURYA, SANJAY	09/01/2022	PLATINUM	FAM	\$2977.18
TOWNSEND, JOHN	02/01/2022	PLATINUM	FAM	\$2977.18

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