



Account Services

Monthly Statement

MIRABI MNM2
179 W 4TH STREET
NEW YORK, NY 10014
hr@eatdrinkandbemerry.com

Invoice Number: 5998-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	4	\$38.75	\$155.00
GOLD	Employee Only	5	\$546.12	\$2,730.60
GOLD	Family	1	\$1,911.42	\$1,911.42
VISION	Employee Only	4	\$6.82	\$27.28
			GRAND TOTAL	\$4,824.30

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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179 W 4TH STREET
NEW YORK, NY 10014

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KAY, JENNIFER	02/01/2022	GOLD	EE	\$546.12
KAY, JENNIFER	02/01/2022	DENTALGUARD	EE	\$38.75
KAY, JENNIFER	02/01/2022	VISION	EE	\$6.82
KUNZ, MADDY	02/01/2022	GOLD	EE	\$546.12
KUNZ, MADDY	02/01/2022	DENTALGUARD	EE	\$38.75
KUNZ, MADDY	02/01/2022	VISION	EE	\$6.82
LANZI, THEODORE	02/01/2022	GOLD	EE	\$546.12
LANZI, THEODORE	02/01/2022	VISION	EE	\$6.82
MILLER, NICOLE	02/01/2022	GOLD	EE	\$546.12
MILLER, NICOLE	02/01/2022	DENTALGUARD	EE	\$38.75
PATRINA, JULIANNE	02/01/2022	GOLD	EE	\$546.12
PATRINA, JULIANNE	02/01/2022	DENTALGUARD	EE	\$38.75
PATRINA, JULIANNE	02/01/2022	VISION	EE	\$6.82
SHEHADY, RANDY	02/01/2022	GOLD	FAM	\$1911.42

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	1