

EXPERT MEDICAL DIAGNOSTICS
271 Main St
Eastchester, NY 10709

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

**Nuaxess
Wells Fargo Bank**

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:
 ACH Routing: #063107513
 Wire Routing: #121000248
 Account: #1079684617

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



Account Services

Monthly Statement

EXPERT MEDICAL DIAGNOSTICS
271 Main St
Eastchester, NY 10709
phoenixrises1982@gmail.com
support@nuaccess.com

Invoice Number: 4988-2301
Coverage For: JANUARY
Payment Due Date: 12/28/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	5	\$814.50	\$4,072.50
PLATINUM	Employee & Spouse Only	1	\$1,599.14	\$1,599.14
ADJUSTMENT	HOSKULDS 12/2022 CREDIT			\$1,599.14
			GRAND TOTAL	\$7,270.78

Primary ACH Instructions:
Account Name: Nuaccess
Bank: Wells Fargo Bank
ACH Routing Number 063107513
Wire Routing Number 121000248
Account Number: 1079684617
Bank Address:
1524 US 1
Sebastian, FL 32958

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRESPO BARSOUM, STEPHANIE	11/01/2022	PLATINUM	EE	\$814.5
MATTISON, TAMULA	01/01/2022	PLATINUM	EE	\$814.5
PETRE, LUIZA	12/01/2020	PLATINUM	EE	\$814.5
PIRJOL, SMARANDA	03/01/2022	PLATINUM	EE	\$814.5
SCHETTINO, DEIDRE	01/01/2022	PLATINUM	ES	\$1599.14
SOLOMON, DONNA	12/01/2020	PLATINUM	EE	\$814.5

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