

SEEMAN FAMILY CHIROPRACTIC

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# 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**

SEEMAN FAMILY CHIROPRACTIC

Invoice Number: Coverage For:

5586-2211 NOVEMBER

drjoe13@aol.com

robswikart@outlook.com support@nuaxess.com Payment Due Date:

10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER IV	Employee & Spouse Only	1	\$957.11	\$957.11
			GRAND TOTAL	\$957.11

Primary ACH Instructions: Account Name: Nuaxess Bank: Wells Fargo Bank

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

Bank Address: 1524 US 1

Sebastian, FL 32958



## **Account Services**

Family

#### SEEMAN FAMILY CHIROPRACTIC

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#### CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SEEMAN, JOSEPH	02/01/2022	SILVER IV	ES	\$957.11
			Employee Only Employee & Spouse	0
			Employee & Spouse Employee & Children	0