

### **Account Services**

# **Monthly Statement**

**EDGE USA INC** 

edgeusa123@aol.com frenchielover65@aol.com

Invoice Number: Invoice Month: Billing Date:

5109-2206

JUNE

05/15/2022 Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$512.36	\$512.36
GOLD	Employee & Spouse Only	1	\$1,332.62	\$1,332.62
GOLD	Family	1	\$1,986.43	\$1,986.43
ADJUSTMENT	FAM PLAN ADDED MAR DIFF			\$0.00
ADJUSTMENT	FAM PLAN ADDED APRII	_		\$653.81
ADJUSTMENT	FAM PLAN ADD MAY			\$653.81
			CD LVD TOTAL	Φ.Σ. 1.20. 0.2
			GRAND TOTAL	\$5,139.03

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



# **Account Services**

#### EDGE USA INC

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#### CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARAHONA, JESSICA	08/01/2021	BRONZE	EE	\$512.36
DIMECH, REDWIN	03/01/2021	GOLD	FAM	\$1986.43
DIMECHSR, EDWINA	03/01/2021	GOLD	ES	\$1332.62

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