

EXPERT MEDICAL DIAGNOSTICS
271 Main St
Eastchester, NY 10709

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

**Nuaxess Account Services
5/3 (Fifth-Third) Bank Account**

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 Account Services:
 ACH Routing: #071923909
 Wire Routing: #042000314
 Account: #7242568934

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



Account Services

Monthly Statement

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

Invoice Number: 4988-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

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
			GRAND TOTAL	\$5,671.64

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
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
RIVERA, WENDY	01/01/2022	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