

MIRABI 587 KING STREET PARTNERS
179 W 4TH STREET
NEW YORK, NY 10014

**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

MIRABI 587 KING STREET PARTNERS
179 W 4TH STREET
NEW YORK, NY 10014
hr@eatdrinkandbemerry.com

Invoice Number: 5997-2209
Coverage For: SEPTEMBER
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$491.50	\$983.00
DENTALGUARD	Employee Only	7	\$38.75	\$271.25
DENTALGUARD	Family	1	\$137.71	\$137.71
GOLD	Employee Only	8	\$546.12	\$4,368.96
GOLD	Family	1	\$1,911.42	\$1,911.42
VISION	Employee Only	5	\$6.82	\$34.10
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$7,724.97

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
BENJAMIN, KEITH	02/01/2022	GOLD	FAM	\$1911.42
BENJAMIN, KEITH	02/01/2022	DENTALGUARD	FAM	\$137.71
BENJAMIN, KEITH	02/01/2022	VISION	FAM	\$18.53
BOYD, RYAN	04/01/2022	DENTALGUARD	EE	\$38.75
BOYD, RYAN	04/01/2022	GOLD	EE	\$546.12
CORNIN, JAMIESON	02/01/2022	BRONZE	EE	\$491.5
EVERETT, JARRELL	02/01/2022	GOLD	EE	\$546.12
EVERETT, JARRELL	02/01/2022	DENTALGUARD	EE	\$38.75
EVERETT, JARRELL	02/01/2022	VISION	EE	\$6.82
FEUZ, BRYCE	02/01/2022	GOLD	EE	\$546.12
FEUZ, BRYCE	02/01/2022	DENTALGUARD	EE	\$38.75
FEUZ, BRYCE	02/01/2022	VISION	EE	\$6.82
GRAVES, KARA	02/01/2022	GOLD	EE	\$546.12
GRAVES, KARA	02/01/2022	DENTALGUARD	EE	\$38.75
GRAVES, KARA	02/01/2022	VISION	EE	\$6.82
LEIGH, MARISSA	02/01/2022	BRONZE	EE	\$491.5
MOORE, KATHERINE	02/01/2022	GOLD	EE	\$546.12
MOORE, KATHERINE	02/01/2022	DENTALGUARD	EE	\$38.75
NUNNERY, LINDSAY	02/01/2022	GOLD	EE	\$546.12
PIERZ, LINDSEY	02/01/2022	GOLD	EE	\$546.12
PIERZ, LINDSEY	02/01/2022	DENTALGUARD	EE	\$38.75
PIERZ, LINDSEY	02/01/2022	VISION	EE	\$6.82
STONE, MACKENZIE	02/01/2022	GOLD	EE	\$546.12
STONE, MACKENZIE	02/01/2022	DENTALGUARD	EE	\$38.75

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STONE, MACKENZIE	02/01/2022	VISION	EE	\$6.82

Employee Only	10
Employee & Spouse	0
Employee & Children	0
Family	1