

JB INDUSTRIES HEXAGON

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

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

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



## Account Services

### Monthly Statement

JB INDUSTRIES HEXAGON

,  
jan.berman@jcbassociates.net

Invoice Number: 5100-2210  
Coverage For: OCTOBER

Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
SILVER II	Employee & Spouse Only	1	\$1,298.13	\$1,298.13
			GRAND TOTAL	\$1,376.79

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
BERMAN, JAN	10/01/2021	DENTALGUARD	ES	\$78.66
BERMAN, JAN	10/01/2021	VISION	ES	\$0
BERMAN, JAN	10/01/2021	SILVER II	ES	\$1298.13

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