

WHEAT SHROYER GOVERNMENT RELATIONS
5536 32nd NW St
Washington, DC 20015

**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

WHEAT SHROYER GOVERNMENT RELATIONS
5536 32nd NW St
Washington, DC 20015
jshroyer@ws-gr.com

Invoice Number: 5572-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
DENTALGUARD	Employee & Children	1	\$89.93	\$89.93
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER	Employee & Children	1	\$1,245.13	\$1,245.13
SILVER.	Employee Only	1	\$711.50	\$711.50
SILVER.	Family	1	\$2,133.15	\$2,133.15
			GRAND TOTAL	\$4,356.17

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
JORDAN, BRENT	01/01/2022	SILVER.	EE	\$711.50
JORDAN, BRENT	01/01/2022	DENTALGUARD	EE	\$38.75
JORDAN, BRENT	01/01/2022	VISION	EE	\$0
SHROYER, JULIE	12/01/2021	SILVER.	FAM	\$2133.15
SHROYER, JULIE	12/01/2021	DENTALGUARD	FAM	\$137.71
SHROYER, JULIE	12/01/2021	VISION	FAM	\$0
WHEAT, ALAN	01/01/2022	SILVER	EC	\$1245.13
WHEAT, ALAN	01/01/2022	DENTALGUARD	EC	\$89.93
WHEAT, ALAN	01/01/2022	VISION	EC	\$0

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