

GOLDMAN PHARMACEUTICAL GROUP INC  
1347 LINCOLN AVE #1  
HOLBROOK, NY 11741

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

**Nuaxess  
Wells Fargo Bank**

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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:  
                              ACH Routing: #063107513  
                              Wire Routing: #121000248  
                              Account: #1079684617

**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: [dropbox@mynuaxess.com](mailto:dropbox@mynuaxess.com)   OR CALL: (844) 999-5777



## Account Services

### Monthly Statement

GOLDMAN PHARMACEUTICAL GROUP INC  
1347 LINCOLN AVE #1  
HOLBROOK, NY 11741  
william berman  
william@petdrugstore.com  
support@nuaccess.com

Invoice Number: 5905-2301  
Coverage For: JANUARY  
Payment Due Date: 12/28/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,828.08

Primary ACH Instructions:  
Account Name: Nuaccess  
Bank: Wells Fargo Bank  
ACH Routing Number 063107513  
Wire Routing Number 121000248  
Account Number: 1079684617  
Bank Address:  
1524 US 1  
Sebastian, FL 32958

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERMAN, WILLIAM	03/01/2022	SILVER HSA	FAM	\$1835.92
BERMAN, WILLIAM	03/01/2022	DENTALGUARD	FAM	\$137.71
BERMAN, WILLIAM	03/01/2022	VSP	FAM	\$18.53
VALENTI, VINCENT	03/01/2022	SILVER HSA	FAM	\$1835.92

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	2