



## Account Services

### Monthly Statement

VOLANTE SENIOR LIVING  
7047 E GREENWAY PARKWAY SUITE 300  
SCOTTSDALE , AZ 85254  
425-322-6201  
marika@ihcfunds.com

Invoice Number: 5073-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$536.10	\$536.10
BRONZE 4 K	Employee Only	1	\$569.88	\$569.88
SILVER HSA	Employee Only	1	\$640.26	\$640.26
SILVER HSA	Family	1	\$1,835.92	\$1,835.92
SILVER II	Family	1	\$1,844.72	\$1,844.72
			GRAND TOTAL	\$7,903.06

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
DUVAL, MICHELLE	04/01/2022	BRONZE	EE	\$536.1
MOSLEY, BRITTANY	02/01/2022	BRONZE 4 K	EE	\$569.88
PATTERSON, BRANDON	05/01/2022	SILVER HSA	FAM	\$1835.92
RUHLAND, MARIAH	02/01/2022	SILVER HSA	EE	\$640.26
SIMPSON, KENDRA	05/01/2022	SILVER II	FAM	\$1844.72

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	2