

AMMON ANALYTICAL LABORATORY
35 E BLANCKE ST
LINDEN, NJ 07036

**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

AMMON ANALYTICAL LABORATORY
35 E BLANCKE ST
LINDEN, NJ 07036
art@cambride.net
accountspayable@ammonlabs.com
HR@ammonlabs.com

Invoice Number: 5147-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee Only	8	\$830.67	\$6,645.36
GOLD PLAN	Employee & Spouse Only	1	\$1,661.33	\$1,661.33
GOLD PLAN	Family	2	\$2,492.00	\$4,984.00
PLATINUM PL	Employee Only	2	\$996.80	\$1,993.60
PLATINUM PL	Employee & Spouse Only	3	\$1,993.59	\$5,980.77
SILVER HSA	Family	3	\$2,120.49	\$6,361.47
			GRAND TOTAL	\$27,626.53

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

AMMON ANALYTICAL LABORATORY
35 E BLANCHE ST
LINDEN, NJ 07036

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALI, MUNTAZ	01/01/2022	SILVER HSA	FAM	\$2120.49
BURNS, NATEASHA	01/01/2022	PLATINUM PL	EE	\$996.8
CASHIN, BARBARA	01/01/2022	PLATINUM PL	EE	\$996.8
COLEMAN, ERICA	01/01/2022	GOLD PLAN	FAM	\$2492.00
GAMBARDELLA, RONALD	01/01/2022	PLATINUM PL	ES	\$1993.59
GARCIA, CHRISTOPHER	01/01/2022	GOLD PLAN	EE	\$830.67
HAUPT, ANDREW	01/01/2022	SILVER HSA	FAM	\$2120.49
HAUPT, EVAN	01/01/2022	PLATINUM PL	ES	\$1993.59
HAUPT, STEPHEN	01/01/2022	PLATINUM PL	ES	\$1993.59
HERNADEZ, MAURA	01/01/2022	GOLD PLAN	ES	\$1661.33
MACHHI, KIRAN	01/01/2022	GOLD PLAN	FAM	\$2492
MANZANO, JENNIFER	01/01/2022	SILVER HSA	FAM	\$2120.49
ORLINO, DENISE	2022-01-01	GOLD PLAN	EE	\$830.67
PASCHALL, ANDREW	01/01/2022	GOLD PLAN	EE	\$830.67
POLINA, ASHELYN	01/01/2022	GOLD PLAN	EE	\$830.67
SHERRIER, KRISTEN	01/01/2022	GOLD PLAN	EE	\$830.67
SINGH, RAFI	01/01/2022	GOLD PLAN	EE	\$830.67
THEODORE, KIMU	01/01/2022	GOLD PLAN	EE	\$830.67

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEST, RASHAUN	01/01/2022	GOLD PLAN	EE	\$830.67

Employee Only	10
Employee & Spouse	4
Employee & Children	0
Family	5