

INSYTE PSYCHIATRIC LLC
2 Auer Court 2nd Floor
East Brunswick, NJ 08816

**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

INSYTE PSYCHIATRIC LLC
2 Auer Court 2nd Floor
East Brunswick, NJ 08816
ScottL@TheVisionaryGroup.com

Invoice Number: 5102-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Family	1	\$1,961.43	\$1,961.43
SILVER HSA	Employee & Children	1	\$1,172.12	\$1,172.12
			GRAND TOTAL	\$3,133.55

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
WAGNER, RICHARD	08/01/2021	GOLD	FAM	\$1961.43
YAMOAHA-COFIE, RUTH	03/01/2022	SILVER HSA	EC	\$1172.12

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