

BERGER FISCHOFF
6901 JERICHO TURNPIKE SUITE 230
SYOSSET, NY 11791

**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

BERGER FISCHOFF
6901 JERICHO TURNPIKE SUITE 230
SYOSSET, NY 11791
516-747-1136
tburton@bfslawfirm.com

Invoice Number: 5876-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	4	\$38.75	\$155.00
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Family	3	\$137.71	\$413.13
SILVER III	Employee Only	4	\$540.81	\$2,163.24
SILVER III	Employee & Spouse Only	2	\$1,189.13	\$2,378.26
SILVER III	Family	3	\$1,680.59	\$5,041.77
VSP CHOICE	Employee Only	4	\$6.82	\$27.28
VSP CHOICE	Employee & Spouse Only	2	\$11.48	\$22.96
VSP CHOICE	Family	3	\$18.53	\$55.59
			GRAND TOTAL	\$10,335.89

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

BERGER FISCHOFF
 6901 JERICHO TURNPIKE SUITE 230
 SYOSSET, NY 11791

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERGER, HEATH	06/01/2022	SILVER III	FAM	\$1680.59
BERGER, HEATH	06/01/2022	VSP CHOICE	FAM	\$18.53
BERGER, HEATH	06/01/2022	DENTALGUARD	FAM	\$137.71
BURTON, THOMAS	06/01/2022	SILVER III	ES	\$1189.13
BURTON, THOMAS	06/01/2022	VSP CHOICE	ES	\$11.48
BURTON, THOMAS	06/01/2022	DENTALGUARD	ES	\$78.66
FILARDI, ANGELIQUE	06/01/2022	SILVER III	EE	\$540.81
FILARDI, ANGELIQUE	06/01/2022	VSP CHOICE	EE	\$6.82
FILARDI, ANGELIQUE	06/01/2022	DENTALGUARD	EE	\$38.75
GOODMAN, PETER	06/01/2022	SILVER III	FAM	\$1680.59
GOODMAN, PETER	06/01/2022	VSP CHOICE	FAM	\$18.53
GOODMAN, PETER	06/01/2022	DENTALGUARD	FAM	\$137.71
IRACI, CAROLYN	06/01/2022	SILVER III	EE	\$540.81
IRACI, CAROLYN	06/01/2022	VSP CHOICE	EE	\$6.82
IRACI, CAROLYN	06/01/2022	DENTALGUARD	EE	\$38.75
KLEIGER, JASON	06/01/2022	SILVER III	EE	\$540.81
KLEIGER, JASON	06/01/2022	VSP CHOICE	EE	\$6.82
MIGDEN, MARSHA	06/01/2022	SILVER III	EE	\$540.81
MIGDEN, MARSHA	06/01/2022	VSP CHOICE	EE	\$6.82
MIGDEN, MARSHA	06/01/2022	DENTALGUARD	EE	\$38.75
SHUMER, STEVEN	06/01/2022	SILVER III	FAM	\$1680.59
SHUMER, STEVEN	06/01/2022	VSP CHOICE	FAM	\$18.53
SHUMER, STEVEN	06/01/2022	DENTALGUARD	FAM	\$137.71
WEINBERG, RANDI	06/01/2022	SILVER III	ES	\$1189.13
WEINBERG, RANDI	06/01/2022	VSP CHOICE	ES	\$11.48

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEINBERG, RANDI	06/01/2022	DENTALGUARD	EE	\$38.75

Employee Only	4
Employee & Spouse	2
Employee & Children	0
Family	3