

DINA CAGLIOSTRO LLC
22 GLENWOOD RD
MONTCLAIR , NJ 07043

**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

DINA CAGLIOSTRO LLC
22 GLENWOOD RD
MONTCLAIR , NJ 07043
973-865-9900
dh.ganz@gmail.com
dinacag@gmail.com

Invoice Number: 5914-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

| PLAN | COVERAGE | QTY | PRICE | TOTAL |
|-------------|----------|-----|-------------|------------|
| DENTALGUARD | Family | 1 | \$137.71 | \$137.71 |
| PLATINUM | Family | 1 | \$2,589.08 | \$2,589.08 |
| VSP CHOICE | Family | 1 | \$18.53 | \$18.53 |
| | | | GRAND TOTAL | \$2,745.32 |

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 |
|------------------|------------|-------------|----------|-----------|
| CAGLIOSTRO, DINA | 07/01/2022 | PLATINUM | FAM | \$2589.08 |
| CAGLIOSTRO, DINA | 07/01/2022 | DENTALGUARD | FAM | \$137.71 |
| CAGLIOSTRO, DINA | 07/01/2022 | VSP CHOICE | FAM | \$18.53 |

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