

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: 5876-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	7	\$38.75	\$271.25
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
SILVER III	Employee Only	7	\$540.81	\$3,785.67
SILVER III	Employee & Spouse Only	3	\$1,189.13	\$3,567.39
SILVER III	Family	5	\$1,680.59	\$8,402.95
VSP CHOICE	Employee Only	7	\$6.82	\$47.74
VSP CHOICE	Employee & Spouse Only	3	\$11.48	\$34.44
			GRAND TOTAL	\$16 188 10

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



Account Services

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	DENTALGUARD	fam	\$1680.59
BERGER, HEATH	06/01/2022	VSP CHOICE	Fam	\$1680.59
BURTON, THOMAS	06/01/2022	SILVER III	ES	\$1189.13
BURTON, THOMAS	06/01/2022	DENTALGUARD	ES	\$78.66
BURTON, THOMAS	06/01/2022	VSP CHOICE	ES	\$11.48
FILARDI, ANGELIQUE	06/01/2022	SILVER III	EE	\$540.81
FILARDI, ANGELIQUE	06/01/2022	DENTALGUARD	EE	\$38.75
FILARDI, ANGELIQUE	06/01/2022	VSP CHOICE	EE	\$6.82
GOODMAN, PETER	06/01/2022	SILVER III	FAM	\$1680.59
GOODMAN, PETER	06/01/2022	DENTALGUARD	fam	\$1680.59
GOODMAN, PETER	06/01/2022	VSP CHOICE	Fam	\$1680.59
GOODMAN, PETER	06/01/2022	SILVER III	FAM	\$1680.59
GOODMAN, PETER	06/01/2022	DENTALGUARD	fam	\$1680.59
GOODMAN, PETER	06/01/2022	VSP CHOICE	Fam	\$1680.59
IRACI, CAROLYN	06/01/2022	SILVER III	EE	\$540.81
IRACI, CAROLYN	06/01/2022	DENTALGUARD	EE	\$38.75
IRACI, CAROLYN	06/01/2022	VSP CHOICE	EE	\$6.82
IRACI, CAROLYN	06/01/2022	SILVER III	EE	\$540.81
IRACI, CAROLYN	06/01/2022	DENTALGUARD	EE	\$38.75
IRACI, CAROLYN	06/01/2022	VSP CHOICE	EE	\$6.82
KLEIGER, JASON	06/01/2022	SILVER III	EE	\$540.81
KLEIGER, JASON	06/01/2022	N		\$540.81
KLEIGER, JASON	06/01/2022	VSP CHOICE	EE	\$6.82
KLEIGER, JASON	06/01/2022	SILVER III	EE	\$540.81
KLEIGER, JASON	06/01/2022	N		\$540.81
KLEIGER, JASON	06/01/2022	VSP CHOICE	EE	\$6.82
MIGDEN, MARSHA	06/01/2022	SILVER III	EE	\$540.81



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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MIGDEN, MARSHA	06/01/202	2 DENTALGUA	RD EE	\$38.75
MIGDEN, MARSHA	06/01/202		EE	\$6.82
MIGDEN, MARSHA	06/01/202	2 SILVER III	EE	\$540.81
MIGDEN, MARSHA	06/01/202	2 DENTALGUA	RD EE	\$38.75
MIGDEN, MARSHA	06/01/202	2 VSP CHOICE	EE	\$6.82
SHUMER, STEVEN	06/01/202	2 SILVER III	FAM	\$1680.59
SHUMER, STEVEN	06/01/202	2 DENTALGUA	RD fam	\$1680.59
SHUMER, STEVEN	06/01/202	2 VSP CHOICE	Fam	\$1680.59
SHUMER, STEVEN	06/01/202	2 SILVER III	FAM	\$1680.59
SHUMER, STEVEN	06/01/202	2 DENTALGUA	RD fam	\$1680.59
SHUMER, STEVEN	06/01/202	2 VSP CHOICE	Fam	\$1680.59
WEINBERG, RANDI	06/01/202	2 SILVER III	ES	\$1189.13
WEINBERG, RANDI	06/01/202	2 DENTALGUA	RD EE	\$38.75
WEINBERG, RANDI	06/01/202	2 VSP CHOICE	ES	\$11.48
WEINBERG, RANDI	06/01/202	2 SILVER III	ES	\$1189.13
WEINBERG, RANDI	06/01/202	2 DENTALGUA	RD EE	\$38.75
WEINBERG, RANDI	06/01/202	2 VSP CHOICE	ES	\$11.48

Employee Only 7 Employee & Spouse 3 Employee & Children 0 Family 5