

KANTROWITZ GOLDHAMER & GRAIFM 135 CHESTNUT RIDGE ROAD SUITE 200 MONTAVALE, NJ 07645

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

KANTROWITZ GOLDHAMER & GRAIFM 135 CHESTNUT RIDGE ROAD SUITE 200 MONTAVALE, NJ 07645

jpoppe@kgglaw.com

Invoice Number: 5036-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	3	\$38.75	\$116.25
DENTAL	Employee & Spouse Only	2	\$78.66	\$157.32
DENTAL	Family	1	\$137.71	\$137.71
PLATINUM	Employee Only	2	\$691.83	\$1,383.66
PLATINUM	Employee & Spouse Only	1	\$1,479.09	\$1,479.09
PLATINUM	Family	1	\$2,069.54	\$2,069.54
SILVER	Employee Only	1	\$422.43	\$422.43
SILVER II	Employee Only	1	\$535.64	\$535.64
SILVER II	Family	1	\$1,575.01	\$1,575.01
VISION	Employee Only	3	\$6.82	\$20.46
VISION	Employee & Spouse Only	2	\$11.48	\$22.96
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$7,938.60

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

KANTROWITZ GOLDHAMER & GRAIFM 135 CHESTNUT RIDGE ROAD SUITE 200 MONTAVALE, NJ 07645

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABDINOOR, LORI ABDINOOR, LORI	05/01/2022 05/01/2022	SILVER II DENTAL	EE EE	\$535.64 \$38.75
ABDINOOR, LORI	05/01/2022	VISION	EE	\$6.82
BRODY, JAY	11/01/2021	SILVER	EE	\$422.43
CHAKAN, LISA CHAKAN, LISA	03/01/2022 03/01/2022	DENTAL VISION	EE EE	\$38.75 \$6.82
EDELMAN, DANIEL EDELMAN, DANIEL	01/01/2022 01/01/2022	VISION SILVER II	FAM FAM	\$18.53 \$1575.01
EMERT, MELISSA EMERT, MELISSA EMERT, MELISSA	11/01/2021 11/01/2021 11/01/2021	VISION PLATINUM DENTAL	ES ES ES	\$11.48 \$1479.09 \$78.66
KANTROWITZ, BARRY	11/01/2021	PLATINUM	FAM	\$2069.54
PERLMUTTER, RANDY	11/01/2021	PLATINUM	EE	\$691.83
POPPE, JESSIE	03/01/2022	DENTAL	FAM	\$137.71
ROTHSTEIN, BRANDON	11/01/2021	VISION	EE	\$6.82
ROTHSTEIN, BRANDON	11/01/2021	PLATINUM	EE	\$691.83
ROTHSTEIN, BRANDON	11/01/2021	DENTAL	EE	\$38.75
SMITH, SAM	03/01/2022	DENTAL	ES	\$78.66
SMITH, SAM	03/01/2022	VISION	ES	\$11.48

Employee Only 4 Employee & Spouse 1 Employee & Children 0 Family 2