

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202

**In order to properly credit your account all
payments must be made to**

**Nuaxess
Wells Fargo Bank**

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:
 ACH Routing: #063107513
 Wire Routing: #121000248
 Account: #1079684617

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: dropbox@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202
john.townsend@unicycive.com
support@nuaccess.com

Invoice Number: 54-2301
Coverage For: JANUARY
Payment Due Date: 12/28/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee & Spouse Only	1	\$1.00	\$1.00
PLATINUM	Employee Only	2	\$992.40	\$1,984.80
PLATINUM	Family	3	\$2,977.18	\$8,931.54
SILVER II	Family	1	\$2,545.49	\$2,545.49
			GRAND TOTAL	\$13,462.83

Primary ACH Instructions:
Account Name: Nuaccess
Bank: Wells Fargo Bank
ACH Routing Number 063107513
Wire Routing Number 121000248
Account Number: 1079684617
Bank Address:
1524 US 1
Sebastian, FL 32958

UNICYCIVE THERAPEUTICS, INC
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 LOS ALTOS, CA 94202

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JERMASEK, DOUG	02/01/2022	SILVER II	FAM	\$2545.49
LUNA, KAYLA	02/01/2022	PLATINUM	FAM	\$2977.18
MEDICHERLA, SATYANARAYAN	10/01/2022	GOLD PLAN	ES	\$ 1,786.31
MILLER, TERESA	08/01/2022	PLATINUM	EE	\$992.40
MOURYA, SANJAY	09/01/2022	PLATINUM	FAM	\$2977.18
REDDY, GURU	02/01/2022	PLATINUM	EE	\$992.40
TOWNSEND, JOHN	02/01/2022	PLATINUM	FAM	\$2977.18

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