

CARLOS A. ORTIZ MD PC
DR. ORTIZ PEDIATRICS 142-42 41ST AVE.
Flushing , NY 11355

**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

CARLOS A. ORTIZ MD PC
DR. ORTIZ PEDIATRICS 142-42 41ST AVE.
Flushing , NY 11355
caomdpeds@aol.com
support@nuaxess.com

Invoice Number: 5875-2212
Coverage For: DECEMBER
Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$1,039.65	\$1,039.65
GOLD	Employee & Spouse Only	1	\$2,079.31	\$2,079.31
			GRAND TOTAL	\$3,118.96

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ORTIZ, CARLOS	04/01/2022	GOLD	ES	\$2079.31
ORTIZ, JUAN	04/01/2022	GOLD	EE	\$1039.65

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