

MODERN VASCULAR LLC
63 COPPS HILL RD SUITE 200 SUITE 200
RIDEFIELD, CT 06877

DO NOT PAY

Your account is enrolled in electronic payment processing.

Your payment will be made from your bank account on file.

If you have any questions

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



Account Services

Monthly Statement

MODERN VASCULAR LLC
63 COPPS HILL RD SUITE 200 SUITE 200
RIDEFIELD, CT 06877
917-686-6681
r.damani.howell@gmail.com

Invoice Number: 5922-2210
Coverage For: OCTOBER
Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Family	1	\$1,628.10	\$1,628.10
DENTALGUARD	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,812.04

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
HOWELL, RONALD	05/01/2022	BRONZE	FAM	\$1628.1
HOWELL, RONALD	05/01/2022	DENTALGUARD	FAM	\$160.18
HOWELL, RONALD	05/01/2022	VSP	FAM	\$23.76

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