

NEW BLUE PRINT

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

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Invoice Number: 6101-2209
Invoice Month: SEP
Billing Date: 2022-08-15
Payment Due Date: 2022-08-31

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	3	\$514.66	\$1,543.98
SILVER HSA	Family	2	\$1,762.48	\$3,524.96
			GRAND TOTAL	\$5,068.94

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
ESRIG, MARC	03/01/2022	SILVER HSA	FAM	\$1762.48
MILLER, BRENNAN	03/01/2022	BRONZE	EE	\$514.66
MUELLER, BRADEN	03/01/2022	BRONZE	EE	\$514.66
OREM, REGENA	03/01/2022	BRONZE	EE	\$514.66
SCHINIK, RON	03/01/2022	SILVER HSA	FAM	\$1762.48

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	2