

SEEMAN FAMILY CHIROPRACTIC

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

**Nuaxess  
Wells Fargo Bank**

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



## Account Services

### Monthly Statement

SEEMAN FAMILY CHIROPRACTIC

,  
drjoe13@aol.com  
robswikart@outlook.com  
support@nuaccess.com

Invoice Number: 5586-2212  
Coverage For: DECEMBER

Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER IV	Employee & Spouse Only	1	\$957.11	\$957.11
			GRAND TOTAL	\$957.11

**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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SEEMAN, JOSEPH	02/01/2022	SILVER IV	ES	\$957.11

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