

27 HEALTH

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

**Nuaxess Account Services  
5/3 (Fifth-Third) Bank Account**

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



## Account Services

### Monthly Statement

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202-570-0557  
ed@edhonour.com

Invoice Number: 5861-2208  
Invoice Month: AUGUST  
Billing Date: 07/15/2022  
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	2	\$137.71	\$275.42
PLATINUM	Family	1	\$2,370.00	\$2,370.00
			GRAND TOTAL	\$5,015.42

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
DORVIL, CARL	01/01/2022	PLATINUM	FAM	\$2370
DORVIL, CARL	01/01/2022	DENTALGUARD	FAM	\$137.71
FRONTIERE, JOE	01/01/2022	DENTALGUARD	FAM	\$137.71

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