

LYNCH DEVELOPMENT CORP
410 EAST MAIUN ST
CENTERPORT, NY 11721

**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

LYNCH DEVELOPMENT CORP
410 EAST MAIUN ST
CENTERPORT, NY 11721
dlynch@lynchdevelopment.com

Invoice Number: 5921-2209
Coverage For: SEPTEMBER
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$655.36	\$655.36
DENTALGUARD	Family	1	\$137.71	\$137.71
GOLD	Family	1	\$2,481.21	\$2,481.21
SILVER II	Employee Only	1	\$746.42	\$746.42
SILVER II	Employee & Spouse Only	1	\$1,654.14	\$1,654.14
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$5,693.37

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
GAPP, KATARINA		BRONZE 4K	EE	\$655.36
LYNCH, KEVIN		GOLD	FAM	\$2481.21
LYNCH, KEVIN		DENTALGUARD	FAM	\$137.71
LYNCH, KEVIN		VSP	FAM	\$18.53
MCSWEENEY, JEFFREY	09/01/2022	SILVER II	ES	\$1654.14
WALSH, KATIE	02/01/2022	SILVER II	EE	\$746.42

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	1