



Account Services

Monthly Statement

Grata Wellness LLC
507 West 28th Street
New York, NY 10001
516-355-1498
mariannacm430@gmail.com

Invoice Number: 5957-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$706.05	\$706.05
			GRAND TOTAL	\$706.05

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

Grata Wellness LLC
507 West 28th Street
New York, NY 10001

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUOMO MAIER, MARIANNA	06/01/2022	GOLD	EE	\$706.05

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