

GOLDMAN PHARMACEUTICAL GROUP INC  
1347 LINCOLN AVE #1  
HOLBROOK, NY 11741

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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

GOLDMAN PHARMACEUTICAL GROUP INC  
1347 LINCOLN AVE #1  
HOLBROOK, NY 11741  
william berman  
william@petdrugstore.com

Invoice Number: 5905-2208  
Invoice Month: AUGUST  
Billing Date: 07/15/2022  
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,828.08

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
BERMAN, WILLIAM	03/01/2022	DENTALGUARD	FAM	\$137.71
BERMAN, WILLIAM	03/01/2022	VSP	FAM	\$18.53
BERMAN, WILLIAM	03/01/2022	SILVER HSA	FAM	\$1835.92
VALENTI, VINCENT	03/01/2022	SILVER HSA	FAM	\$1835.92

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