

THE BLINC 40 FULTON ST 6TH FLOOR NEW YORK, NY 10038

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

Nuaxess Wells Fargo Bank

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 OR CALL: (844) 999-5777



Account Services

Monthly Statement

THE BLINC 40 FULTON ST 6TH FLOOR NEW YORK, NY 10038 steve@theblincgroup.com support@nuaxess.com ashley@theblincgroup.com Invoice Number: 5870-2212 Coverage For: DECEMBER

Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	6	\$38.75	\$232.50
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Family	4	\$137.71	\$550.84
PLATINUM	Employee Only	1	\$573.62	\$573.62
PLATINUM	Family	2	\$1,783.80	\$3,567.60
PLATINUM II	Employee Only	4	\$637.36	\$2,549.44
PLATINUM II	Family	2	\$1,982.00	\$3,964.00
SILVER II	Employee & Spouse Only	1	\$1,021.72	\$1,021.72
VSP CHOICE	Employee Only	6	\$6.82	\$40.92
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Family	3	\$18.53	\$55.59
			GRAND TOTAL	\$12,646.37

Primary ACH Instructions: Account Name: Nuaxess Bank: Wells Fargo Bank

ACH Routing Number 063107513 Wire Routing Number 121000248 Account Number: 1079684617

Bank Address: 1524 US 1

Sebastian, FL 32958



Account Services

THE BLINC 40 FULTON ST 6TH FLOOR NEW YORK, NY 10038

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AKSENOV, ALEXANDER	04/01/2022	PLATINUM	FAM	\$1783.8
AKSENOV, ALEXANDER	04/01/2022	DENTALGUARD	FAM	\$137.71
AKSENOV, ALEXANDER	04/01/2022	VSP CHOICE	FAM	\$18.53
BETTINGER, ASHLEY KATHERI	N E 4/01/2022	PLATINUM II	EE	\$637.36
BETTINGER, ASHLEY KATHERIN £4/01/2022		DENTALGUARD	EE	\$38.75
BETTINGER, ASHLEY KATHERI	N G 4/01/2022	VSP CHOICE	EE	\$6.82
BURMICH, BOHDAN	04/01/2022	PLATINUM	EE	\$573.62
BURMICH, BOHDAN	04/01/2022	DENTALGUARD	EE	\$38.75
BURMICH, BOHDAN	04/01/2022	VSP CHOICE	EE	\$6.82
CLAY, NATHAN WESLEY	04/01/2022	PLATINUM II	EE	\$637.36
CLAY, NATHAN WESLEY	04/01/2022	DENTALGUARD	EE	\$38.75
CLAY, NATHAN WESLEY	04/01/2022	VSP CHOICE	EE	\$6.82
DEAN, SETH	04/01/2022	PLATINUM II	FAM	\$1982
DEAN, SETH	04/01/2022	DENTALGUARD	FAM	\$137.71
DEAN, SETH	04/01/2022	VSP CHOICE	FAM	\$18.53
DUMAS DE RAULY, ARNAUD	04/01/2022	DENTALGUARD	FAM	\$137.71
DUMAS DE RAULY, ARNAUD	04/01/2022	VSP CHOICE	ES	\$11.48
GNEDEVA, ALEXANDRA	04/01/2022	SILVER II	ES	\$1021.72
GNEDEVA, ALEXANDRA	04/01/2022	DENTALGUARD	ES	\$78.66
HIRSCHSON, JAY	04/01/2022	PLATINUM II	FAM	\$1982
HIRSCHSON, JAY	04/01/2022	DENTALGUARD	FAM	\$137.71
HIRSCHSON, JAY	04/01/2022	VSP CHOICE	FAM	\$18.53
MARLOW, NOLAN	04/01/2022	PLATINUM II	EE	\$627.26
MARLOW, NOLAN MARLOW, NOLAN	04/01/2022	DENTALGUARD	EE EE	\$637.36 \$38.75
MARLOW, NOLAN MARLOW, NOLAN	04/01/2022	VSP CHOICE	EE EE	\$6.82
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Account Services

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TOPCHISHVILI, GIVI	04/01/202	2 DENTALGUAR	FAM	\$1783.8
TOPCHISHVILI, GIVI	04/01/202		D EE	\$38.75
TOPCHISHVILI, GIVI	04/01/202		EE	\$6.82
WAHLER, RACHEL	04/01/202	2 DENTALGUAR	EE	\$637.36
WAHLER, RACHEL	04/01/202		D EE	\$38.75
WAHLER, RACHEL	04/01/202		EE	\$6.82

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	4