

## **Account Services**

## **Monthly Statement**

MIRABI 23 ANN STREET 179 W 4TH STREET NEW YORK, NY 10014 hr@eatdrinkandbemerry.com

Invoice Number: 5999-2207 Invoice Month: JULY Billing Date: 06/15/2022 Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$491.50	\$491.50
DENTALGUARD	Employee Only	7	\$38.75	\$271.25
GOLD	Employee Only	6	\$546.12	\$3,276.72
GOLD	Employee & Spouse Only	1	\$1,064.93	\$1,064.93
VISION	Employee Only	4	\$6.82	\$27.28
			CD AND TOTAL	Φ5 101 (0
			GRAND TOTAL	<b>\$5 131 68</b>

GRAND TOTAL

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



## **Account Services**

MIRABI 23 ANN STREET 179 W 4TH STREET NEW YORK, NY 10014

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DODD, BRIAN	02/01/2022	DENTALGUARD	EE	\$38.75
DODD, BRIAN	02/01/2022	VISION	EE	\$6.82
DODD, BRIAN	02/01/2022	GOLD	EE	\$546.12
FOSTER, RYAN	02/01/2022	GOLD	EE	\$546.12
FOSTER, RYAN	02/01/2022	DENTALGUARD	EE	\$38.75
FOSTER, RYAN	02/01/2022	VISION	EE	\$6.82
GROPMAN, ALEC	02/01/2022	GOLD	EE	\$546.12
GROPMAN, ALEC	02/01/2022	DENTALGUARD	EE	\$38.75
GROPMAN, ALEC	02/01/2022	VISION	EE	\$6.82
HAMMOND, CHRISTOPHER	02/01/2022	BRONZE	EE	\$491.5
HAMMOND, CHRISTOPHER	02/01/2022	DENTALGUARD	EE	\$38.75
KELLY, BRYN	02/01/2022	GOLD	EE	\$546.12
KELLY, BRYN	02/01/2022	DENTALGUARD	EE	\$38.75
LINDSAY, IAN	02/01/2022	GOLD	EE	\$546.12
LINDSAY, IAN	02/01/2022	DENTALGUARD	EE	\$38.75
MATTSON, DUSTIN	03/01/2022	GOLD	ES	\$1064.93
MURPHY, JACK	05/01/2022	GOLD	EE	\$546.12
MURPHY, JACK	05/01/2022	VISION	EE	\$6.82
MURPHY, JACK	05/01/2022	DENTALGUARD	EE	\$38.75

Employee Only 7
Employee & Spouse 1
Employee & Children 0
Family 0