

BARKOFF DENTAL

---

## **IMPORTANT: NEW REMITTANCE INFORMATION**

**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](mailto:billing@mynuaxess.com)   OR CALL: (844) 999-5777



## Account Services

### Monthly Statement

BARKOFF DENTAL

,  
jason@infinitypayrollservices.com

Invoice Number: 5119-2205  
Invoice Month: MAY  
Billing Date: 04/15/2022  
Payment Due Date: 04/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
COPPER	Employee Only	2	\$450.75	\$901.50
GOLD	Family	1	\$1,961.43	\$1,961.43
			GRAND TOTAL	\$2,862.93

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

BARKOFF DENTAL

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARKOFF, PETER	07/01/2021	GOLD	FAM	\$1961.43
DENORA, CHRISTINA	07/01/2021	COPPER	EE	\$450.75
GUTIERREZ, ELIZABETH	01/01/2022	COPPER	EE	\$450.75

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