

WIMBERLY GROUP REAL ESTATE

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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

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Invoice Number: 5768-2206  
Invoice Month: JUNE  
Billing Date: 05/15/2022  
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1937OPENAXE	Employee Only	1	\$495.83	\$495.83
1937OPENAXE	Employee & Spouse Only	1	\$1,012.26	\$1,012.26
1937OPENAXE	Family	1	\$1,419.92	\$1,419.92
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$3,182.22

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
MALONE, HOLLY	2022-03-01	1937OPENAXE	EE	\$495.83
SILVANI, LIANA	2022-03-01	1937OPENAXE	ES	\$1012.26
SILVANI, LIANA	2022-03-01	GUARDLOW	ES	\$55.54
SILVANI, LIANA	2022-03-01	VSP	ES	\$14.73
WIMBERLY, AMBER	2022-03-01	1937OPENAXE	FAM	\$1419.92
WIMBERLY, AMBER	2022-04-01	GUARDHIGH	FAM	\$160.18
WIMBERLY, AMBER	2022-04-01	VSP	FAM	\$23.76

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