

MANHATTAN OPTIMAL MEDICAL WEL

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 OR CALL: (844) 999-5777



Account Services

Monthly Statement

MANHATTAN OPTIMAL MEDICAL WEL

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Invoice Number: 4999-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$814.50	\$814.50
			GRAND TOTAL	\$814.50

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

MANHATTAN OPTIMAL MEDICAL WEL

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GONZALEZ, LESLIE	03/01/2021	PLATINUM	EE	\$814.5

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