

MIRABI STUMBLE INN
179 W 4TH STREET
NEW YORK, NY 10014

**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

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

Invoice Number: 6003-2209
Coverage For: SEPTEMBER
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	3	\$38.75	\$116.25
GOLD	Employee Only	3	\$546.12	\$1,638.36
VISION	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$1,761.43

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
CLAYTON, ALEX	02/01/2022	GOLD	EE	\$546.12
CLAYTON, ALEX	02/01/2022	DENTALGUARD	EE	\$38.75
CLAYTON, ALEX	02/01/2022	VISION	EE	\$6.82
JORDAN, RYAN	02/01/2022	GOLD	EE	\$546.12
JORDAN, RYAN	02/01/2022	DENTALGUARD	EE	\$38.75
YARDLEY, JAMES	02/01/2022	GOLD	EE	\$546.12
YARDLEY, JAMES	02/01/2022	DENTALGUARD	EE	\$38.75

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	0