

KLJD CONSULTING

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**In order to properly credit your account all payments must be made to**

**Nuaxess  
Wells Fargo Bank**

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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:  
                          ACH Routing: #063107513  
                          Wire Routing: #121000248  
                          Account: #1079684617

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



## Account Services

### Monthly Statement

KLJD CONSULTING

,  
lauren@kljdconsulting.com  
support@nuaccess.com

Invoice Number: 5099-2212  
Coverage For: DECEMBER

Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Family	1	\$137.71	\$137.71
SILVER II	Family	1	\$1,961.43	\$1,961.43
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$2,117.67

Primary ACH Instructions:  
Account Name: Nuaccess  
Bank: Wells Fargo Bank  
ACH Routing Number 063107513  
Wire Routing Number 121000248  
Account Number: 1079684617  
Bank Address:  
1524 US 1  
Sebastian, FL 32958

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, LAUREN	08/01/2021	SILVER II	FAM	\$1961.43
DAVIS, LAUREN	08/01/2021	DENTAL	FAM	\$137.71
DAVIS, LAUREN	08/01/2021	VISION	FAM	\$18.53

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