



Account Services

Monthly Statement

EMPTY STALL

,
516-6724881
brdrprtl@optonline.net

Invoice Number: 5562-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	1	\$38.75	\$38.75
DENTAL	Family	1	\$137.71	\$137.71
PLATINUM PL	Employee Only	1	\$863.03	\$863.03
PLATINUM PL	Family	1	\$2,589.08	\$2,589.08
			GRAND TOTAL	\$3,628.57

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

EMPTY STALL

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARKBREITER, STEWART	01/01/2022	DENTAL	FAM	\$137.71
MARKBREITER, STEWART	01/01/2022	PLATINUM PL	FAM	\$2589.08
REISS, FAITH	01/01/2022	DENTAL	EE	\$38.75
REISS, FAITH	01/01/2022	PLATINUM PL	EE	\$863.03

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