



## Account Services

### Monthly Statement

THE BODYOLOGIST LLC  
4 HIGHFIELD ROAD  
SYOSSET, NY 11791  
917-244-7628  
cgaylardo@gmail.com

Invoice Number: 5915-2206  
Invoice Month: JUNE  
Billing Date: 05/15/2022  
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER II	Employee Only	1	\$649.06	\$649.06
VISION	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$657.81

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

THE BODYOLOGIST LLC  
4 HIGHFIELD ROAD  
SYOSSET, NY 11791

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAYLARDO, CARISA	05/01/2022	SILVER II	EE	\$649.06
GAYLARDO, CARISA	05/01/2022	VISION	EE	\$8.75

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