

RANDOLPH H BROWNE

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## **DO NOT PAY**

**Your account is enrolled in electronic payment processing.**

**Your payment will be made from your bank account on file.**

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**If you have any questions**

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



## Account Services

### Monthly Statement

RANDOLPH H BROWNE

jbe@joebrowneagency.com

Invoice Number: 5138-2209  
Coverage For: SEPTEMBER

Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
PLATINUM	Employee Only	1	\$784.57	\$784.57
			GRAND TOTAL	\$823.32

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

RANDOLPH H BROWNE

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, RANDOLPH	06/01/2022	DENTALGUARD	EE	\$38.75
BROWNE, RANDOLPH	02/01/2022	PLATINUM	EE	\$784.57

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