

SARAH CRAVEN

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

**Nuaxess
Wells Fargo Bank**

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 OR CALL: (844) 999-5777



Account Services

Monthly Statement

SARAH CRAVEN

609-649-1300
ujuk1303@yahoo.com
support@nuaccess.com

Invoice Number: 6243-2301
Coverage For: JANUARY

Payment Due Date: 12/28/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$42.85	\$42.85
GOLD	Employee Only	1	\$776.66	\$776.66
VSP CHOICE	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$828.26

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

SARAH CRAVEN

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRAVEN, SARAH	12/01/2022	GOLD	EE	\$776.66
CRAVEN, SARAH	12/01/2022	DENTALGUARD	EE	\$42.85
CRAVEN, SARAH	12/01/2022	VSP CHOICE	EE	\$8.75

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