

GOLDMAN PHARMACEUTICAL GROUP INC
1347 LINCOLN AVE #1
HOLBROOK, NY 11741

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

**Nuaxess Account Services
5/3 (Fifth-Third) Bank Account**

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 Account Services:
 ACH Routing: #071923909
 Wire Routing: #042000314
 Account: #7242568934

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: billing@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

GOLDMAN PHARMACEUTICAL GROUP INC
1347 LINCOLN AVE #1
HOLBROOK, NY 11741
william berman
william@petdrugstore.com

Invoice Number: 5905-2210
Coverage For: OCTOBER
Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,828.08

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERMAN, WILLIAM	03/01/2022	DENTALGUARD	FAM	\$137.71
BERMAN, WILLIAM	03/01/2022	VSP	FAM	\$18.53
BERMAN, WILLIAM	03/01/2022	SILVER HSA	FAM	\$1835.92
VALENTI, VINCENT	03/01/2022	SILVER HSA	FAM	\$1835.92

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	2