



Account Services

Monthly Statement

TRANSCEND BS LLC
907 SOUGHT STREET 2ND FLOOR
PEEKSKILL, NY 10566
646-925-1138
victor@transcendbs.com

Invoice Number: 5991-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$569.88	\$569.88
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
VSP CHOICE	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$615.45

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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PEEKSKILL, NY 10566

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARRIDO, VICTOR	04/01/2022	BRONZE 4K	EE	\$569.88
GARRIDO, VICTOR	04/01/2022	DENTALGUARD	EE	\$38.75
GARRIDO, VICTOR	04/01/2022	VSP CHOICE	EE	\$6.82

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