

LYNCH DEVELOPMENT CORP 410 EAST MAIUN ST CENTERPORT, NY 11721

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

LYNCH DEVELOPMENT CORP 410 EAST MAIUN ST CENTERPORT, NY 11721 dlynch@lynchdevelopment.com Invoice Number: 5921-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$655.36	\$655.36
DENTALGUARD	Family	1	\$137.71	\$137.71
GOLD	Family	1	\$2,481.21	\$2,481.21
VSP	Family	1	\$18.53	\$18.53
				_
			GRAND TOTAL	\$3,292.81

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



Account Services

LYNCH DEVELOPMENT CORP 410 EAST MAIUN ST CENTERPORT, NY 11721

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAPP, KATARINA		BRONZE 4K	EE	\$655.36
LYNCH, KEVIN LYNCH, KEVIN LYNCH, KEVIN		GOLD DENTALGUARD VSP	FAM FAM FAM	\$2481.21 \$137.71 \$18.53

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