

SILVERSEARCH CONSULTING SERVICES INC.  
45 EISENHOWER DRIVE SUITE 555  
PARAMUS, NJ 07652

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

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

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



## Account Services

### Monthly Statement

SILVERSEARCH CONSULTING SERVICES INC.  
45 EISENHOWER DRIVE SUITE 555  
PARAMUS, NJ 07652  
201-987-7022  
nmartin@silversearchinc.com

Invoice Number: 5563-2210  
Coverage For: OCTOBER  
Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	3	\$38.75	\$116.25
DENTALGUARD	Employee & Children	4	\$89.93	\$359.72
DENTALGUARD	Family	2	\$137.71	\$275.42
GOLD	Employee Only	1	\$674.50	\$674.50
GOLD HSA	Employee Only	2	\$490.31	\$980.62
GOLD HSA	Employee & Children	1	\$858.04	\$858.04
PLATINUM	Employee Only	2	\$682.68	\$1,365.36
PLATINUM	Employee & Children	3	\$1,194.69	\$3,584.07
PLATINUM	Family	1	\$2,048.04	\$2,048.04
VSP CHOICE	Employee Only	3	\$6.82	\$20.46
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Employee & Children	5	\$11.70	\$58.50
VSP CHOICE	Family	1	\$18.53	\$18.53
ADJUSTMENT	T. NEARY SEPTEMBER			\$-728.25
			GRAND TOTAL	\$9,642.74

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
ADAMO, JOHN	01/01/2022	PLATINUM	EC	\$1194.69
ADAMO, JOHN	01/01/2022	DENTALGUARD	EC	\$89.93
ADAMO, JOHN	01/01/2022	VSP CHOICE	EC	\$11.7
ARCILLA-CAGIAO, RACHEL	01/01/2022	DENTALGUARD	EE	\$38.75
ARCILLA-CAGIAO, RACHEL	01/01/2022	VSP CHOICE	EC	\$11.7
BRIGANTI, CYNTHIA	2022-05-01	GOLD	EE	\$674.5
BRIGANTI, CYNTHIA	2022-05-01	DENTALGUARD	EE	\$38.75
BRIGANTI, CYNTHIA	2022-05-01	VSP CHOICE	EE	\$6.82
BUSSEY, MARIA	2022-05-01	DENTALGUARD	FAM	\$137.71
GOLDSTEIN, MICHAEL	01/01/2022	PLATINUM	FAM	\$2048.04
GOLDSTEIN, MICHAEL	01/01/2022	DENTALGUARD	FAM	\$137.71
GOLDSTEIN, MICHAEL	01/01/2022	VSP CHOICE	FAM	\$18.53
GRALLA, JANET	2022-05-01	VSP CHOICE	ES	\$11.48
HOWARD, JINELL	01/01/2022	DENTALGUARD	EC	\$89.93
HOWARD, JINELL	01/01/2022	VSP CHOICE	EC	\$11.7
HOWARD, JINELL	01/01/2022	PLATINUM	EC	\$1194.69
JENKINS , MARQUES	07/01/2022	GOLD HSA	EC	\$858.04
JENKINS , MARQUES	07/01/2022	DENTALGUARD	EC	\$89.93
JENKINS , MARQUES	07/01/2022	VSP CHOICE	EC	\$11.7
KEELEY, MICHAEL	01/01/2022	PLATINUM	EE	\$682.68
KILLMAN, WADE	01/01/2022	GOLD HSA	EE	\$490.31
PAPADOPOULOS, KONSTANTINOS	01/01/2022	PLATINUM	EE	\$682.68
PAPADOPOULOS, KONSTANTINOS	01/01/2022	DENTALGUARD	EE	\$38.75
PAPADOPOULOS, KONSTANTINOS	01/01/2022	VSP CHOICE	EE	\$6.82

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## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RUBY, SYDNEY	01/01/2022	GOLD HSA	EE	\$490.31
RUBY, SYDNEY	01/01/2022	VSP CHOICE	EE	\$6.82
SILVERBERG, ALISA	01/01/2022	PLATINUM	EC	\$1194.69
SILVERBERG, ALISA	01/01/2022	DENTALGUARD	EC	\$89.93
SILVERBERG, ALISA	01/01/2022	VSP CHOICE	EC	\$11.7

Employee Only	5
Employee & Spouse	0
Employee & Children	4
Family	1