

EMPTY STALL

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## **DO NOT PAY**

**Your account is enrolled in electronic payment processing.**

**Your payment will be made from your bank account on file.**

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**If you have any questions**

**Contact: [dropbox@mynuaxess.com](mailto:dropbox@mynuaxess.com) OR CALL: (844) 999-5777**



## Account Services

### Monthly Statement

EMPTY STALL

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516-6724881  
brdrprtl@optonline.net  
support@nuaccess.com

Invoice Number: 5562-2212  
Coverage For: DECEMBER

Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	1	\$38.75	\$38.75
DENTAL	Family	1	\$137.71	\$137.71
PLATINUM PL	Employee Only	1	\$863.03	\$863.03
PLATINUM PL	Family	1	\$2,589.08	\$2,589.08
			GRAND TOTAL	\$3,628.57

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

EMPTY STALL

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARKBREITER, STEWART	01/01/2022	DENTAL	FAM	\$137.71
MARKBREITER, STEWART	01/01/2022	PLATINUM PL	FAM	\$2589.08
REISS, FAITH	01/01/2022	DENTAL	EE	\$38.75
REISS, FAITH	01/01/2022	PLATINUM PL	EE	\$863.03

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