



Account Services

Monthly Statement

VSN DENTAL
510 ROUTE 9 NORTH
MANALAPAN, NJ 07726
NISA9803@YAHOO.COM

Invoice Number: 5992-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD III	Employee Only	2	\$575.53	\$1,151.06
GOLD III	Family	1	\$2,295.00	\$2,295.00
			GRAND TOTAL	\$3,446.06

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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510 ROUTE 9 NORTH
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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRODSKIY, BRIANNA	2022-01-01	GOLD III	EE	\$575.53
HABIB, DANA	2022-01-01	GOLD III	EE	\$575.53
SHIKHMANter, VLADISLAV	2022-01-01	GOLD III	FAM	\$2295.00

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1