

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALLE, NJ 07645

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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

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALLE, NJ 07645  
jpoppe@kgglaw.com

Invoice Number: 5036-2209  
Coverage For: SEPTEMBER  
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	4	\$38.75	\$155.00
DENTAL	Employee & Spouse Only	2	\$78.66	\$157.32
DENTAL	Family	1	\$137.71	\$137.71
PLATINUM	Employee Only	2	\$691.83	\$1,383.66
PLATINUM	Employee & Spouse Only	1	\$1,479.09	\$1,479.09
PLATINUM	Family	1	\$2,069.54	\$2,069.54
SILVER	Employee Only	2	\$422.43	\$844.86
SILVER II	Employee Only	1	\$535.64	\$535.64
SILVER II	Family	1	\$1,575.01	\$1,575.01
VISION	Employee Only	4	\$6.82	\$27.28
VISION	Employee & Spouse Only	2	\$11.48	\$22.96
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$8,406.60

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
ABDINOOR, LORI	05/01/2022	SILVER II	EE	\$535.64
ABDINOOR, LORI	05/01/2022	DENTAL	EE	\$38.75
ABDINOOR, LORI	05/01/2022	VISION	EE	\$6.82
BRODY, JAY	11/01/2021	SILVER	EE	\$422.43
CASELLA, AMANDA	05/01/2022	SILVER	EE	\$422.43
CASELLA, AMANDA	05/01/2022	VISION	EE	\$6.82
CASELLA, AMANDA	05/01/2022	DENTAL	EE	\$38.75
CHAKAN, LISA	03/01/2022	DENTAL	EE	\$38.75
CHAKAN, LISA	03/01/2022	VISION	EE	\$6.82
EDELMAN, DANIEL	01/01/2022	VISION	FAM	\$18.53
EDELMAN, DANIEL	01/01/2022	SILVER II	FAM	\$1575.01
EMERT, MELISSA	11/01/2021	VISION	ES	\$11.48
EMERT, MELISSA	11/01/2021	PLATINUM	ES	\$1479.09
EMERT, MELISSA	11/01/2021	DENTAL	ES	\$78.66
KANTROWITZ, BARRY	11/01/2021	PLATINUM	FAM	\$2069.54
PERLMUTTER, RANDY	11/01/2021	PLATINUM	EE	\$691.83
POPPE, JESSIE	03/01/2022	DENTAL	FAM	\$137.71
ROTHSTEIN, BRANDON	11/01/2021	VISION	EE	\$6.82
ROTHSTEIN, BRANDON	11/01/2021	PLATINUM	EE	\$691.83
ROTHSTEIN, BRANDON	11/01/2021	DENTAL	EE	\$38.75
SMITH, SAM	03/01/2022	DENTAL	ES	\$78.66
SMITH, SAM	03/01/2022	VISION	ES	\$11.48

Employee Only 5  
Employee & Spouse 1  
Employee & Children 0  
Family 2