

WESTCHESTER MEDICAL WELLNESS P

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## **IMPORTANT: NEW REMITTANCE INFORMATION**

**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

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Invoice Number: 4990-2205  
Invoice Month: MAY  
Billing Date: 04/15/2022  
Payment Due Date: 04/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	2	\$814.50	\$1,629.00
			GRAND TOTAL	\$1,629.00

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
DIAZ, LAURA	12/01/2020	PLATINUM	EE	\$814.5
FARLEY, SAMANTHA	12/01/2020	PLATINUM	EE	\$814.5

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