

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202

DO NOT PAY

Your account is enrolled in electronic payment processing.

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

If you have any questions

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



Account Services

Monthly Statement

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202
john.townsend@unicycive.com

Invoice Number: 54-2209
Coverage For: SEPTEMBER
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$863.03	\$863.03
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
PLATINUM	Family	2	\$2,589.08	\$5,178.16
			GRAND TOTAL	\$7,767.24

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
JERMASEK, DOUG	11/01/2021	PLATINUM	FAM	\$2589.08
LUNA, KAYLA	11/01/2021	PLATINUM	ES	\$1726.05
MILLER, TERESA	08/01/2022	PLATINUM	EE	\$863.03
TOWNSEND, JOHN	09/01/2021	PLATINUM	FAM	\$2589.08

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