

KISS AND MAKE UP

In order to properly credit your account all payments must be made to

**Nuaxess
Wells Fargo Bank**

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:
 ACH Routing: #063107513
 Wire Routing: #121000248
 Account: #1079684617

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



Account Services

Monthly Statement

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,
(516) 374-2666
howfeder@gmail.com

Invoice Number: 6116-2301
Coverage For: JANUARY

Payment Due Date: 12/28/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER HSA	Employee Only	1	\$672.27	\$672.27
SILVER HSA	Family	1	\$1,927.71	\$1,927.71
			GRAND TOTAL	\$2,599.98

Primary ACH Instructions:
Account Name: Nuaxess
Bank: Wells Fargo Bank
ACH Routing Number 063107513
Wire Routing Number 121000248
Account Number: 1079684617
Bank Address:
1524 US 1
Sebastian, FL 32958

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FEDER, FAYGE	11/01/2022	SILVER HSA	FAM	\$1927.71
FELDER, JILLIAN	11/01/2022	SILVER HSA	EE	\$672.27

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