

TRUE HEARTS AND HANDS HOSPICE 3500 Brentwood Dr Colletville, TX 76034

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

Nuaxess Account Services 5/3 (Fifth-Third) Bank Account

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 OR CALL: (844) 999-5777



Account Services

Monthly Statement

TRUE HEARTS AND HANDS HOSPICE 3500 Brentwood Dr

Colletville, TX 76034

kimberly. clute@true hearts and hands hospice.com

cbrooks@cbsgroup.net

Invoice Number: 5578-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$762.60	\$762.60
GOLD	Employee & Children	1	\$1,525.20	\$1,525.20
PLATINUM	Employee Only	1	\$847.34	\$847.34
VSP CHOICE	Employee Only	1	\$6.82	\$6.82
VSP CHOICE	Employee & Children	1	\$11.70	\$11.70
VSP CHOICE	Family	1	\$18.53	\$18.53
ADJUSTMENT	GOODSON JULY PREMI	\$-762.60		
ADJUSTMENT	GOODSON JULY PREMI	\$-6.82		
			GRAND TOTAL	\$2,402.77

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



Account Services

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRYANT, LAKERRA BRYANT, LAKERRA	07/01/2021 07/01/2021	GOLD VSP CHOICE	EE EE	\$762.60 \$6.82
CLUTE, CHARLES	07/01/2022	PLATINUM	EE	\$847.34
HAMMONS, FRANCESCA	06/01/2022	VSP CHOICE	FAM	\$18.53
LEMIEUX, TARA LEMIEUX, TARA	07/01/2021 07/01/2021	VSP CHOICE GOLD	EC EC	\$11.70 \$1525.20

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