

EXPERT MEDICAL DIAGNOSTICS  
271 Main St  
Eastchester, NY 10709

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

**Nuaxess  
Wells Fargo Bank**

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



## Account Services

### Monthly Statement

EXPERT MEDICAL DIAGNOSTICS  
271 Main St  
Eastchester, NY 10709  
phoenixrises1982@gmail.com  
support@nuaccess.com

Invoice Number: 4988-2211  
Coverage For: NOVEMBER  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	4	\$814.50	\$3,258.00
PLATINUM	Employee & Spouse Only	2	\$1,599.14	\$3,198.28
			GRAND TOTAL	\$6,456.28

Primary ACH Instructions:  
Account Name: Nuaccess  
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
HOSKULDS, GEORGIANA	08/01/2022	PLATINUM	ES	\$1599.14
MATTISON, TAMULA	01/01/2022	PLATINUM	EE	\$814.5
PETRE, LUIZA	12/01/2020	PLATINUM	EE	\$814.5
PIRJOL, SMARANDA	03/01/2022	PLATINUM	EE	\$814.5
SCHETTINO, DEIDRE	01/01/2022	PLATINUM	ES	\$1599.14
SOLOMON, DONNA	12/01/2020	PLATINUM	EE	\$814.5

Employee Only	4
Employee & Spouse	2
Employee & Children	0
Family	0