

KANTROWITZ GOLDHAMER & GRAIFM

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**

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

KANTROWITZ GOLDHAMER & GRAIFM

,
jpoppe@kgglaw.com

Invoice Number: 5036-2205
Invoice Month: MAY
Billing Date: 04/15/2022
Payment Due Date: 04/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	2	\$38.75	\$77.50
DENTAL	Employee & Spouse Only	2	\$78.66	\$157.32
DENTAL	Family	1	\$137.71	\$137.71
PLATINUM	Employee Only	2	\$691.83	\$1,383.66
PLATINUM	Employee & Spouse Only	1	\$1,479.09	\$1,479.09
PLATINUM	Family	1	\$2,069.54	\$2,069.54
SILVER	Employee Only	1	\$422.43	\$422.43
SILVER II	Family	1	\$1,575.01	\$1,575.01
VISION	Employee Only	2	\$6.82	\$13.64
VISION	Employee & Spouse Only	2	\$11.48	\$22.96
VISION	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$7,357.39

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

KANTROWITZ GOLDHAMER & GRAIFM

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRODY, JAY	11/01/2021	SILVER	EE	\$422.43
CHAKAN, LISA	03/01/2022	DENTAL	EE	\$38.75
CHAKAN, LISA	03/01/2022	VISION	EE	\$6.82
EDELMAN, DANIEL	01/01/2022	VISION	FAM	\$18.53
EDELMAN, DANIEL	01/01/2022	SILVER II	FAM	\$1575.01
EMERT, MELISSA	11/01/2021	VISION	ES	\$11.48
EMERT, MELISSA	11/01/2021	PLATINUM	ES	\$1479.09
EMERT, MELISSA	11/01/2021	DENTAL	ES	\$78.66
KANTROWITZ, BARRY	11/01/2021	PLATINUM	FAM	\$2069.54
PERLMUTTER, RANDY	11/01/2021	PLATINUM	EE	\$691.83
POPPE, JESSIE	03/01/2022	DENTAL	FAM	\$137.71
ROTHSTEIN, BRANDON	11/01/2021	VISION	EE	\$6.82
ROTHSTEIN, BRANDON	11/01/2021	PLATINUM	EE	\$691.83
ROTHSTEIN, BRANDON	11/01/2021	DENTAL	EE	\$38.75
SMITH, SAM	03/01/2022	DENTAL	ES	\$78.66
SMITH, SAM	03/01/2022	VISION	ES	\$11.48

Employee Only	3
Employee & Spouse	1
Employee & Children	0
Family	2