



Account Services

Monthly Statement

GOLDMAN PHARMACEUTICAL GROUP INC
1347 LINCOLN AVE #1
HOLBROOK, NY 11741
william berman
william@petdrugstore.com

Invoice Number: 5905-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,828.08

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
BERMAN, WILLIAM	03/01/2022	DENTALGUARD	FAM	\$137.71
BERMAN, WILLIAM	03/01/2022	VSP	FAM	\$18.53
BERMAN, WILLIAM	03/01/2022	SILVER HSA	FAM	\$1835.92
VALENTI, VINCENT	03/01/2022	SILVER HSA	FAM	\$1835.92

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