

DINA CAGLIOSTRO LLC  
22 GLENWOOD RD  
MONTCLAIR , NJ 07043

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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

DINA CAGLIOSTRO LLC  
22 GLENWOOD RD  
MONTCLAIR , NJ 07043  
973-865-9900  
dinacag@gmail.com  
support@nuaccess.com

Invoice Number: 5914-2211  
Coverage For: NOVEMBER  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
PLATINUM	Family	1	\$2,589.08	\$2,589.08
VSP CHOICE	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$2,745.32

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
CAGLIOSTRO, DINA	07/01/2022	PLATINUM	FAM	\$2589.08
CAGLIOSTRO, DINA	07/01/2022	DENTALGUARD	FAM	\$137.71
CAGLIOSTRO, DINA	07/01/2022	VSP CHOICE	FAM	\$18.53

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