



Account Services

Monthly Statement

MIRABI STUMBLE INN
179 W 4TH STREET
NEW YORK, NY 10014
hr@eatdrinkandbemerry.com

Invoice Number: 6003-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	2	\$38.75	\$77.50
GOLD	Employee Only	3	\$546.12	\$1,638.36
VISION	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$1,722.68

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

MIRABI STUMBLE INN
179 W 4TH STREET
NEW YORK, NY 10014

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLAYTON, ALEX	02/01/2022	DENTALGUARD	EE	\$38.75
CLAYTON, ALEX	02/01/2022	VISION	EE	\$6.82
CLAYTON, ALEX	02/01/2022	GOLD	EE	\$546.12
JORDAN, RYAN	02/01/2022	GOLD	EE	\$546.12
YARDLEY, JAMES	02/01/2022	GOLD	EE	\$546.12
YARDLEY, JAMES	02/01/2022	DENTALGUARD	EE	\$38.75

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