

BLACKPOINTE, INC.
14 Allen Street
Rumson, NJ 07760

**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

BLACKPOINTE, INC.
14 Allen Street
Rumson, NJ 07760
jvelcamp@att.net

Invoice Number: 5565-2210
Coverage For: OCTOBER
Payment Due Date: 09/30/2022

| PLAN | COVERAGE | QTY | PRICE | TOTAL |
|-------------|----------|-----|-------------|------------|
| DENTALGUARD | Family | 1 | \$137.71 | \$137.71 |
| SILVER IV | Family | 1 | \$1,293.38 | \$1,293.38 |
| | | | GRAND TOTAL | \$1,431.09 |

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 |
|-----------------|------------|-------------|----------|-----------|
| VELCAMP, JOSEPH | 02/01/2022 | SILVER IV | FAM | \$1293.38 |
| VELCAMP, JOSEPH | 02/01/2022 | DENTALGUARD | FAM | \$137.71 |

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