

BARKOFF DENTAL

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

BARKOFF DENTAL

Invoice Number: 5119-2209
Coverage For: SEPTEMBER

Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
COPPER	Employee Only	2	\$450.75	\$901.50
GOLD	Employee Only	1	\$683.81	\$683.81
GOLD	Family	1	\$1,961.43	\$1,961.43
			GRAND TOTAL	\$3,546.74

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

BARKOFF DENTAL

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARKOFF, PETER	07/01/2021	GOLD	FAM	\$1961.43
DENORA, CHRISTINA	07/01/2021	COPPER	EE	\$450.75
GUTIERREZ, ELIZABETH	01/01/2022	COPPER	EE	\$450.75
ROSENZWEIG, AMY	03/01/2022	GOLD	EE	\$683.81

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