

DINA CAGLIOSTRO LLC
22 GLENWOOD RD
MONTCLAIR , NJ 07043

**In order to properly credit your account all
payments must be made to**

**Nuaxess
Wells Fargo Bank**

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 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: 5914-2301
Coverage For: JANUARY
Payment Due Date: 12/28/2022

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