



Account Services

Monthly Statement

THE BODYOLOGIST LLC
4 HIGHFIELD ROAD
SYOSSET, NY 11791
917-244-7628
cgaylardo@gmail.com

Invoice Number: 5915-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
SILVER II	Employee Only	1	\$649.06	\$649.06
VISION	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$657.81

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

THE BODYOLOGIST LLC
4 HIGHFIELD ROAD
SYOSSET, NY 11791

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAYLARDO, CARISA	05/01/2022	SILVER II	EE	\$649.06
GAYLARDO, CARISA	05/01/2022	VISION	EE	\$8.75

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