

RANDOLPH H BROWNE

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DO NOT PAY

Your account is enrolled in electronic payment processing.

Your payment will be made from your bank account on file.

If you have any questions

Contact: billing@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

RANDOLPH H BROWNE

jbe@joebrowneagency.com

Invoice Number: 5138-2210
Coverage For: OCTOBER

Payment Due Date: 09/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
PLATINUM	Employee Only	1	\$784.57	\$784.57
			GRAND TOTAL	\$823.32

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

RANDOLPH H BROWNE

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, RANDOLPH	06/01/2022	DENTALGUARD	EE	\$38.75
BROWNE, RANDOLPH	02/01/2022	PLATINUM	EE	\$784.57

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