



Account Services

Monthly Statement

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202
john.townsend@unicycive.com

Invoice Number: 54-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
PLATINUM	Family	2	\$2,589.08	\$5,178.16
SILVER II	Family	1	\$2,213.66	\$2,213.66
			GRAND TOTAL	\$9,117.87

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

UNICYCIVE THERAPEUTICS, INC
515 EL CAMINO UNIT A-32
LOS ALTOS, CA 94202

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FLORY, DAVID	09/01/2021	SILVER II	FAM	\$2213.66
JERMASEK, DOUG	11/01/2021	PLATINUM	FAM	\$2589.08
LUNA, KAYLA	11/01/2021	PLATINUM	ES	\$1726.05
TOWNSEND, JOHN	09/01/2021	PLATINUM	FAM	\$2589.08

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