

MIRABI JAKES DILEMMA  
179 W 4TH STREET  
NEW YORK, NY 10014

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

**Nuaxess Account Services  
5/3 (Fifth-Third) Bank Account**

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



## Account Services

### Monthly Statement

MIRABI JAKES DILEMMA  
179 W 4TH STREET  
NEW YORK, NY 10014  
hr@eatdrinkandbemerry.com

Invoice Number: 6002-2209  
Coverage For: SEPTEMBER  
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	2	\$491.50	\$983.00
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
GOLD	Employee Only	1	\$546.12	\$546.12
VISION	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$1,574.69

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPAGNOLA, TOMMY	02/01/2022	BRONZE	EE	\$491.5
COHEN, JOSH	02/01/2022	GOLD	EE	\$546.12
COHEN, JOSH	02/01/2022	DENTALGUARD	EE	\$38.75
COHEN, JOSH	02/01/2022	VISION	EE	\$6.82
CORWIN, PAIGE	02/01/2022	BRONZE	EE	\$491.5

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