

PHARMACEUTICAL MEDIA INC 30 E 33RD STREET NEW YORK, NY 10016

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

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

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 OR CALL: (844) 999-5777



### **Account Services**

## **Monthly Statement**

PHARMACEUTICAL MEDIA INC 30 E 33RD STREET NEW YORK, NY 10016 elastarza@pminy.com Invoice Number: Coverage For: 5014-2209 SEPTEMBER

Payment Due Date:

08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	6	\$907.92	\$5,447.52
PLATINUM	Employee & Spouse Only	1	\$1,815.85	\$1,815.85
PLATINUM	Family	3	\$2,587.59	\$7,762.77
			GRAND TOTAL	\$15,026.14

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



## **Account Services**

PHARMACEUTICAL MEDIA INC 30 E 33RD STREET NEW YORK, NY 10016

#### CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLAS, CHRISTOPHER	07/01/2021	PLATINUM	EE	\$907.92
BENNICASA, GINA	07/01/2021	PLATINUM	EE	\$907.92
COX, FRANK	07/01/2021	PLATINUM	FAM	\$2587.59
DELGADO, SAMIR	07/01/2021	PLATINUM	EE	\$907.92
DWYER, CHRISTINE	07/01/2021	PLATINUM	EE	\$907.92
HOUSTON, SHEMIKA	07/01/2021	PLATINUM	EE	\$907.92
LAI, BETTY	07/01/2021	PLATINUM	FAM	\$2587.59
MALSEED, KATHLEEN	07/01/2021	PLATINUM	EE	\$907.92
SCHULDNER, JOSEPH	04/01/2022	PLATINUM	FAM	\$2587.59
TRIMBOLI, SUSAN	07/01/2021	PLATINUM	ES	\$1815.85

Employee Only 6 Employee & Spouse 1 Employee & Children 0 Family 3