

DINA CAGLIOSTRO LLC 22 GLENWOOD RD MONTCLAIR, NJ 07043

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

Nuaxess Wells Fargo Bank

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:

ACH Routing: #063107513 Wire Routing: #121000248

Account: #1079684617

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



Account Services

Monthly Statement

DINA CAGLIOSTRO LLC 22 GLENWOOD RD MONTCLAIR , NJ 07043 973-865-9900 dinacag@gmail.com support@nuaxess.com Invoice Number: 5914-2212 Coverage For: DECEMBER

Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
PLATINUM	Family	1	\$2,589.08	\$2,589.08
VSP CHOICE	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$2,745.32

Primary ACH Instructions: Account Name: Nuaxess Bank: Wells Fargo Bank

ACH Routing Number 063107513 Wire Routing Number 121000248 Account Number: 1079684617

Bank Address: 1524 US 1

Sebastian, FL 32958



Account Services

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAGLIOSTRO, DINA	07/01/2022	PLATINUM	FAM	\$2589.08
CAGLIOSTRO, DINA	07/01/2022	DENTALGUARD	FAM	\$137.71
CAGLIOSTRO, DINA	07/01/2022	VSP CHOICE	FAM	\$18.53

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