

ROSENBLUM NEWFIELD LLC  
1 Landmark Square 5th Floor  
Stamford, CT 06901

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## **IMPORTANT: NEW REMITTANCE INFORMATION**

**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

ROSENBLUM NEWFIELD LLC  
1 Landmark Square 5th Floor  
Stamford, CT 06901  
LESPOSITO@ROSENBLUMNEWFIELD.COM

Invoice Number: 5034-2205  
Invoice Month: MAY  
Billing Date: 04/15/2022  
Payment Due Date: 04/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	3	\$38.75	\$116.25
DENTAL	Family	2	\$137.71	\$275.42
GOLD	Employee Only	1	\$873.55	\$873.55
PLATINUM	Employee Only	1	\$1,063.60	\$1,063.60
PLATINUM	Family	1	\$3,253.11	\$3,253.11
SILVER II	Employee Only	2	\$683.51	\$1,367.02
SILVER II	Family	1	\$2,074.11	\$2,074.11
VISION	Employee Only	2	\$6.82	\$13.64
VISION	Family	2	\$18.53	\$37.06
			GRAND TOTAL	\$9,073.76

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
CARLINO-COFFEY, DIANA	11/01/2021	GOLD	EE	\$873.55
CARLINO-COFFEY, DIANA	11/01/2021	VISION	EE	\$6.82
CARLINO-COFFEY, DIANA	11/01/2021	DENTAL	EE	\$38.75
CASTILLO, MARIBEL	11/01/2021	SILVER II	EE	\$683.51
GRAU-BROKOWSKI, ROWENA	11/01/2021	SILVER II	FAM	\$2074.11
GRAU-BROKOWSKI, ROWENA	11/01/2021	DENTAL	FAM	\$137.71
GRAU-BROKOWSKI, ROWENA	11/01/2021	VISION	FAM	\$18.53
NEWFIELD, JAMES	11/01/2021	PLATINUM	FAM	\$3253.11
NEWFIELD, JAMES	11/01/2021	DENTAL	FAM	\$137.71
NEWFIELD, JAMES	11/01/2021	VISION	FAM	\$18.53
ORR, ALANNA	11/01/2021	SILVER II	EE	\$683.51
ORR, ALANNA	11/01/2021	DENTAL	EE	\$38.75
PADUA, CHARMAGNE	11/01/2021	PLATINUM	EE	\$1063.6
PADUA, CHARMAGNE	11/01/2021	DENTAL	EE	\$38.75
PADUA, CHARMAGNE	11/01/2021	VISION	EE	\$6.82

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2