

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALLE, NJ 07645

---

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



## Account Services

### Monthly Statement

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALA, NJ 07645  
Poppe  
jpoppe@kgglaw.com  
jpoppe@kgglaw.com  
support@nuaccess.com

Invoice Number: 5036-2212  
Coverage For: DECEMBER  
Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee Only	5	\$47.61	\$238.05
DENTAL	Employee & Spouse Only	2	\$89.81	\$179.62
DENTAL	Family	1	\$160.18	\$160.18
PLATINUM	Employee Only	2	\$726.35	\$1,452.70
PLATINUM	Employee & Spouse Only	1	\$1,552.90	\$1,552.90
PLATINUM	Family	1	\$2,172.81	\$2,172.81
SILVER	Employee Only	1	\$443.51	\$443.51
SILVER II	Employee Only	1	\$562.37	\$562.37
VISION	Employee Only	3	\$8.75	\$26.25
VISION	Employee & Spouse Only	2	\$14.73	\$29.46
VISION	Family	1	\$23.76	\$23.76
ADJUSTMENT	EDELMAN NOVEMBER FAM PREMIUM CREDIT			\$-1,677.36
ADJUSTMENT	CHAKAN NOV VSP CREDIT			\$-8.75
ADJUSTMENT	PERLMUTTER NOVEMBER DENTAL PREMIUM			\$47.61
ADJUSTMENT	POPPE NOVEMBER VSP PREMIUM			\$23.76
GRAND TOTAL				\$5,226.87

#### Primary ACH Instructions:

Account Name: Nuaccess  
Bank: Wells Fargo Bank  
ACH Routing Number 063107513  
Wire Routing Number 121000248  
Account Number: 1079684617  
Bank Address:  
1524 US 1  
Sebastian, FL 32958

KANTROWITZ GOLDHAMER & GRAIFM  
135 CHESTNUT RIDGE ROAD SUITE 200  
MONTAVALA, NJ 07645

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABDINOOR, LORI	05/01/2022	SILVER II	EE	\$562.37
ABDINOOR, LORI	05/01/2022	DENTAL	EE	\$47.61
ABDINOOR, LORI	05/01/2022	VISION	EE	\$8.75
CASELLA, AMANDA	05/01/2022	SILVER	EE	\$443.51
CASELLA, AMANDA	05/01/2022	VISION	EE	\$8.75
CASELLA, AMANDA	05/01/2022	DENTAL	EE	\$47.61
CHAKAN, LISA	02/01/2022	DENTAL	EE	\$47.61
EMERT, MELISSA	02/01/2022	VISION	ES	\$14.73
EMERT, MELISSA	02/01/2022	PLATINUM	ES	\$1552.90
EMERT, MELISSA	02/01/2022	DENTAL	ES	\$89.81
KANTROWITZ, BARRY	02/01/2022	PLATINUM	FAM	\$2172.81
PERLMUTTER, RANDY	02/01/2022	PLATINUM	EE	\$726.35
PERLMUTTER, RANDY	02/01/2022	DENTAL	EE	\$47.61
POPPE, JESSIE	02/01/2022	DENTAL	FAM	\$160.18
POPPE, JESSIE	02/01/2022	VISION	FAM	\$23.76
ROTHSTEIN, BRANDON	02/01/2022	VISION	EE	\$8.75
ROTHSTEIN, BRANDON	02/01/2022	PLATINUM	EE	\$726.35
ROTHSTEIN, BRANDON	02/01/2022	DENTAL	EE	\$47.61
SMITH, SAM	03/01/2022	DENTAL	ES	\$89.81
SMITH, SAM	03/01/2022	VISION	ES	\$14.73

Employee Only	4
Employee & Spouse	1
Employee & Children	0
Family	1