

GOLDMAN PHARMACEUTICAL GROUP INC
1347 LINCOLN AVE #1
HOLBROOK, NY 11741

**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

GOLDMAN PHARMACEUTICAL GROUP INC
1347 LINCOLN AVE #1
HOLBROOK, NY 11741
william berman
william@petdrugstore.com
support@nuaccess.com

Invoice Number: 5905-2211
Coverage For: NOVEMBER
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Family	1	\$137.71	\$137.71
SILVER HSA	Family	2	\$1,835.92	\$3,671.84
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,828.08

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERMAN, WILLIAM	03/01/2022	DENTALGUARD	FAM	\$137.71
BERMAN, WILLIAM	03/01/2022	VSP	FAM	\$18.53
BERMAN, WILLIAM	03/01/2022	SILVER HSA	FAM	\$1835.92
VALENTI, VINCENT	03/01/2022	SILVER HSA	FAM	\$1835.92

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