

EXPERT MEDICAL DIAGNOSTICS  
271 Main St  
Eastchester, NY 10709

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**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

EXPERT MEDICAL DIAGNOSTICS  
271 Main St  
Eastchester, NY 10709  
phoenixrises1982@gmail.com

Invoice Number: 4988-2209  
Coverage For: SEPTEMBER  
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	5	\$814.50	\$4,072.50
PLATINUM	Employee & Spouse Only	1	\$1,599.14	\$1,599.14
			GRAND TOTAL	\$5,671.64

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

## EXPERT MEDICAL DIAGNOSTICS

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MATTISON, TAMULA	01/01/2022	PLATINUM	EE	\$814.5
PETRE, LUIZA	12/01/2020	PLATINUM	EE	\$814.5
PIRJOL, SMARANDA	03/01/2022	PLATINUM	EE	\$814.5
RIVERA, WENDY	01/01/2022	PLATINUM	EE	\$814.5
SCHETTINO, DEIDRE	01/01/2022	PLATINUM	ES	\$1599.14
SOLOMON, DONNA	12/01/2020	PLATINUM	EE	\$814.5

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	0