



## Account Services

### Monthly Statement

GEX Management Inc  
6995 W Camp Wisdom Road Ste 2044  
Dallax, TX 75237  
678-327-7396  
svanamali@gexmanagement.com

Invoice Number: 5941-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
COPPER	Family	1	\$1,393.98	\$1,393.98
DENTAL	Family	1	\$160.18	\$160.18
VISION	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,577.92

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
PUPPALA, VARALAKSHMI	06/01/2022	COPPER	FAM	\$1393.98
PUPPALA, VARALAKSHMI	06/01/2022	DENTAL	FAM	\$160.18
PUPPALA, VARALAKSHMI	06/01/2022	VISION	FAM	\$23.76

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