



MODERN VASCULAR LLC 63 COPPS HILL RD SUITE 200 SUITE 200 RIDEFIELD, CT 06877

DO NOT PAY

Your account is enrolled in electronic payment processing.

Your payment will be made from your bank account on file.

If you have any questions

Contact: dropbox@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

MODERN VASCULAR LLC 63 COPPS HILL RD SUITE 200 SUITE 200 RIDEFIELD, CT 06877 917-686-6681 r.damani.howell@gmail.com support@nuaxess.com Invoice Number: 5922-2212 Coverage For: DECEMBER

Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Family	1	\$1,628.10	\$1,628.10
DENTALGUARD	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,812.04

Primary ACH Instructions: Account Name: Nuaxess Bank: Wells Fargo Bank

ACH Routing Number 063107513 Wire Routing Number 121000248 Account Number: 1079684617

Bank Address: 1524 US 1

Sebastian, FL 32958



Account Services

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOWELL, RONALD	05/01/2022	BRONZE	FAM	\$1628.1
HOWELL, RONALD	05/01/2022	DENTALGUARD	FAM	\$160.18
HOWELL, RONALD	05/01/2022	VSP	FAM	\$23.76

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