



Account Services

Monthly Statement

MIRABI FATSOS CHICAGO
179 W 4TH STREET
NEW YORK, NY 10014
hr@eatdrinkandbemerry.com

Invoice Number: 6007-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
GOLD	Employee Only	1	\$546.12	\$546.12
VISION	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$591.69

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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179 W 4TH STREET
NEW YORK, NY 10014

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRISH, KEVIN	02/01/2022	GOLD	EE	\$546.12
GRISH, KEVIN	02/01/2022	DENTALGUARD	EE	\$38.75
GRISH, KEVIN	02/01/2022	VISION	EE	\$6.82

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