

BALTER SALES CO INC.  
209 Browery  
New York, NY 10002

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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

BALTER SALES CO INC.  
209 Browery  
New York, NY 10002  
908-752-1065  
irisc@baltersales.com  
barryg@baltersales.com

Invoice Number: 5010-2206  
Invoice Month: JUNE  
Billing Date: 05/15/2022  
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL PREF	Employee Only	3	\$38.75	\$116.25
DENTAL PREF	Employee & Spouse Only	1	\$78.66	\$78.66
DENTAL PREF	Employee & Children	1	\$89.93	\$89.93
GOLD	Employee Only	2	\$783.81	\$1,567.62
GOLD	Employee & Spouse Only	1	\$1,437.62	\$1,437.62
PLATINUM	Employee Only	3	\$849.57	\$2,548.71
PLATINUM	Employee & Spouse Only	2	\$1,699.14	\$3,398.28
PLATINUM	Employee & Children	1	\$1,699.14	\$1,699.14
SILVER	Employee Only	2	\$678.18	\$1,356.36
SILVER	Employee & Spouse Only	2	\$1,226.36	\$2,452.72
			GRAND TOTAL	\$14,745.29

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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209 Browery  
New York, NY 10002

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALTER, LORI	06/01/2021	PLATINUM	EC	\$1699.14
BALTER, LORI	06/01/2021	DENTAL PREF	EC	\$89.93
BALTER, LORI	06/01/2021	VISION	EC	\$0
BALTER, MARC	06/01/2021	PLATINUM	EE	\$849.57
BALTER, MARC	06/01/2021	DENTAL PREF	EE	\$38.75
BALTER, MARC	06/01/2021	VISION	EE	\$0
COLON, IRIS	06/01/2021	GOLD	EE	\$783.81
GARFINKEL, GREG	06/01/2021	SILVER	EE	\$678.18
GARFINKEL, GREG	06/01/2021	DENTAL PREF	EE	\$38.75
LANDER, ELLIOT	06/01/2021	PLATINUM	ES	\$1699.14
LEDERMAN, ZACHARY	06/01/2021	GOLD	EE	\$783.81
LING LUO, XIAO	06/01/2021	GOLD	ES	\$1437.62
ROSENBERG, BARRY	11/01/2021	PLATINUM	EE	\$849.57
SILVER, SHIRA	06/01/2021	PLATINUM	ES	\$1699.14
SOBEL, NAOMI	06/01/2021	PLATINUM	EE	\$849.57
THOMPSON, MECHEL	06/01/2021	SILVER	ES	\$1226.36
THOMPSON, MECHEL	03/01/2022	SILVER	ES	\$1226.36
THOMPSON, MECHEL	06/01/2021	DENTAL PREF	ES	\$78.66
THOMPSON, MECHEL	06/01/2021	VISION	ES	\$0
ZENG, JIANGHE	06/01/2021	SILVER	EE	\$678.18
ZENG, JIANGHE	06/01/2021	DENTAL PREF	EE	\$38.75

Employee Only	7
Employee & Spouse	5
Employee & Children	1
Family	0