

TRI-STATE MULTI SPECIALTY MEDI

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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

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Invoice Number: 4980-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD PLAN	Employee & Children	1	\$1,176.86	\$1,176.86
			GRAND TOTAL	\$1,176.86

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
SANGAVARAM, KRISTAPPA	07/01/2020	GOLD PLAN	EC	\$1176.86

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