



Medicare Premium Bill

Statement Date	04/26/2024
Your Medicare Number	2GV0Y75PT30
Last Payment Received	\$371.00 on 04/26/2024
Total Amount Due	\$74.20 by 05/25/2024

L2372-DEB-0596830-T00006565 *****ALL FOR AADC 380



JERRY MOORE
 PO BOX 123
 ASHLAND MS 38603-0123



Want to pay electronically?

- Pay online at Medicare.gov
- Establish online bill pay with your bank
- Enroll in Medicare Easy Pay

Summary Of Charges

Coverage Periods	Part A (Hospital Insurance)	+	Part B (Medical Insurance)	+	Part B IRMAA	+	Part D IRMAA	=	Total Amount
06/01/2024 - 06/30/2024	\$0.00		\$0.00		\$0.00		\$74.20		\$74.20
Total Amount Due:									\$74.20
Due In Full By:									05/25/2024

0596830



NOTE: Don't send letters with your payment or write notes on the coupon - this will delay your payment.

JERRY MOORE
 PO BOX 123
 ASHLAND MS 38603-0123

Amount You're Paying: \$.

Amount Due: **\$74.20** Due In Full By: **05/25/2024**

Medicare Number: **2GV0Y75PT30**

! Send just one payment and one coupon per envelope. Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

Visa/MasterCard/American Express/Discover Accepted:

- - -

Expiration Date: (mm/yyyy) -

Credit/Debit Card Billing ZIP Code:

Signature:

Don't Send Cash. Make check/money order payable to:
 CMS Medicare Insurance

Send Payment To:
 Medicare Premium Collection Center
 P.O. Box 790355
 St. Louis, MO 63179-0355

4422374240494731354542 283030 0007420 853

Questions About Your Bill?

For specific billing questions, call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

Or, write to Medicare Contact Center Operations, PO Box 1270, Lawrence, KS 66044. **Don't send your payment here.**

For questions about your Part A or Part B coverage, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778. You can also write to or visit any Social Security field office.

Ways To Pay Electronically

Medicare.gov is the quickest way to pay online. You can create a secure Medicare account and make a one-time payment the same day with a credit or debit card with the Visa/Mastercard/American Express/Discover logo, or from a checking or savings account. Payment should be posted within 3–5 business days. No Medicare fees apply.

Medicare Easy Pay authorizes CMS to automatically deduct payment from a checking or savings account each month. It can take up to 8 weeks to establish an Easy Pay account. Go to Medicare.gov and search for "Easy Pay" to learn how to enroll in Easy Pay. No Medicare fees apply.

Online Bill Pay lets you set up one-time or recurring payments directly from a checking or savings account. Contact your bank to enroll in their Online Bill Pay service. For information you need to give your bank, visit Medicare.gov and search for "Online Bill Pay."

For more information about ways to pay your bill call 1-800-MEDICARE. TTY users call 1-877-486-2048. **Phone payments are not accepted.**

Information About Check Payments

When you pay by check, you authorize the Medicare Premium Collection Center to use the information from your check to make a one-time electronic funds transfer from your bank account or to process the payment as a check transaction. Your bank statement will show the transaction as "CMS Medicare."

About Premium Overpayments

You may not specify how additional payments are applied. Any overpayments will be applied first to any past due balance, then to Medicare Part B and Part A, and lastly to Part D-IRMAA (only if you pay for Part A or Part D-IRMAA).

Information About Medicare Costs

Visit Medicare.gov for updated premium amounts and other basic costs.

Get Help Paying Your Medicare Costs

If you need help paying your Medicare costs, contact your State Medical Assistance Office (Medicaid) to see if you qualify for a Medicare Savings Program. To learn more, go to Medicare.gov/medicare-savings-programs. You can also contact your State Health Insurance Assistance Program (SHIP). Visit Medicare.gov/talk-to-someone for the phone number of the SHIP in your state.

About IRMAA

IRMAA is an **Income-Related Monthly Adjustment Amount** that some people must pay for Part B and Part D coverage because they have a higher income. If you owe IRMAA for Part B or D, you'll see this cost in the "Summary Of Charges."

What Happens If I Don't Pay?

If you don't pay your Part A or Part B premium and any IRMAA amounts, **you will lose coverage**, and you must still pay the total premium amounts you owe.

To reapply for Medicare later, you may have to wait to enroll. You may also have to pay a higher monthly premium amount for Part A as well as a lifetime late enrollment penalty for Part B and Part D.

IRMAA costs can change. For questions about your Part B or Part D-IRMAA amount, or if you think your IRMAA amount is too high, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

Need An Accessible Format?

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

For information on how to change your name, address, or report a death, visit ssa.gov or contact Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.



Medicare Premium Bill

Statement Date	03/27/2024
Your Medicare Number	2GV0Y75PT30
Last Payment Received	\$0.00 on 00/00/0000
Total Amount Due	\$371.00 by 04/25/2024

L0650-DEB-0654510-T00006786 *****ALL FOR AADC 380



JERRY MOORE
 PO BOX 123
 ASHLAND MS 38603-0123



Want to pay electronically?

- Pay online at Medicare.gov
- Establish online bill pay with your bank
- Enroll in Medicare Easy Pay

Summary Of Charges

	Coverage Periods	Part A (Hospital Insurance)	+ Part B (Medical Insurance)	+ Part B IRMAA	+ Part D IRMAA	= Total Amount
Current Premium Due	01/01/2024 - 05/31/2024	\$0.00	\$0.00	\$0.00	\$371.00	\$371.00
Total Amount Due:						\$371.00
Due In Full By:						04/25/2024

*1-800-
medicare*

*BD
online.*

0654510



NOTE: Don't send letters with your payment or write notes on the coupon - this will delay your payment.

JERRY MOORE
 PO BOX 123
 ASHLAND MS 38603-0123

Amount You're Paying: \$.

Amount Due: \$ **371.00** Due In Full By: **04/25/2024**

Medicare Number: **2GV0Y75PT30**

! Send just one payment and one coupon per envelope. Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

Visa/MasterCard/American Express/Discover Accepted:

- - -

Expiration Date: (mm/yyyy) -

Credit/Debit Card Billing ZIP Code:

Signature:

Don't Send Cash. Make check/money order payable to:
 CMS Medicare Insurance

Send Payment To:
 Medicare Premium Collection Center
 P.O. Box 790355
 St. Louis, MO 63179-0355

4422374240494731354542 283030 0037100 855

Payment submitted



- ✔ It may take at least 5 business days to process your payment with your bank. Once we process your payment, you can see it in [payment history](#).

Payment details

Confirmation number:

ACHM24115010001004891

Name:

Jerry MOORE

Payment date:

4/24/2024 05:08:13 PM

Payment amount:

\$371.00

Payment method:

Checking or Savings account using Medicare.gov

[Back to My Premiums](#)





T374 P1 49173 (270) 093371509921



JERRY MOORE
2253 MERIDIAN RD
LAMAR, MS 38642-7229

Paying your premium by phone is now even easier! Call the **NEW** toll free number below to make a one-time payment or sign up for automatic payments.

AMOUNT DUE	DUE DATE	MEMBER ID
\$53.20	06/01/2024	GA4429035

- Visit **AetnaMedicare.com/PayYourPremium**, scan the QR code on the front of this page or call **1-833-287-0075** to set up automated one-time or reoccurring payments by credit/debit card or bank account.
- For general premium billing questions or to set up automatic payment from your Social Security/Railroad Retirement Board check, please call **1-855-651-4856 (TTY: 711)**. We're available 24 hours a day, 7 days a week.

Online Payment



Visit **AetnaMedicare.com/PayYourPremium** or scan this QR code with your mobile device camera.

Pay bill at CVS Pharmacy®

Take this invoice to any CVS Pharmacy® to pay with cash, credit card, or debit card. See full details on the back of this page.



799366205540006371683230732449

CVS Pharmacy associate instructions: Scan barcode above, enter amount customer wishes to pay and tender transaction as normal. (Amount must be between \$1.00 - \$999.00/day).

Please detach and send coupon with check payable to SilverScript® Insurance Company

BILLING FOR: JERRY MOORE

DUE DATE: 06/01/2024 CT I01

PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
GA4429035	\$53.20	

Please include your **Payment ID** on your check or money order. **Do not send cash.**

If you would like to change your payment to automatic withdrawal from your bank account (ACH), please sign the back of this coupon and enclose your check payment.

SilverScript® Insurance Company
P.O. Box 504849
St. Louis, MO 63150-4849



20000001AGA4429035I010053203

0010025099211

Previous balance		\$39.90
Payment activity since last invoice		\$0.00
Activity detail		\$13.30
<u>Transaction Type</u>	<u>Premium Month</u>	<u>Amount</u>
Premium	JUNE 2024	\$13.30
Amount due		\$53.20

Please note:

- Always include your payment ID on your online payment and check payment. Not having it may result in delayed payments or errors.
- Please submit a separate check and payment form for each member if you are paying for multiple members.
- To change your address, please contact Customer Care at **1-855-651-4856 (TTY: 711)**, 24 hours a day, 7 days a week.
- Automatic payments may take one or more months to begin, and they will occur between the 8th and 10th of each month. Please continue to pay your premium invoice as long as you receive it.

Pay bill at CVS Pharmacy®: By using the pay bill at CVS Pharmacy barcode to make a payment, you agree to the full terms and conditions (available at [PayItHere.com/terms](https://www.payithere.com/terms)). After you pay using this barcode, you can get your full detailed e-receipt at [PayItHere.com/ereceipt](https://www.payithere.com/ereceipt).

Note: This service is not available at CVS Pharmacy® locations inside Target and Schnucks.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health company.

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AUTOMATIC BANK WITHDRAWAL REQUEST

To change your payment option to automatic bank withdrawal, please sign and date below:

I authorize the bank or financial organization on the enclosed check to pay my premium through electronic bank withdrawal payable to SilverScript® Insurance Company. I authorize the deduction of up to \$300 per month to settle my current balance due. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received at the address listed on the front side of this form.

Signature: _____ Date: _____

NOTE: If any part of the above authorization is altered, your ACH request may not be processed. Please see the above notes section for information on when your premium deductions will begin.

0010025099211



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