



CMS-500 (04/24)
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Premium Bill

\$2,096.40 ÷ 12

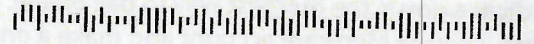
174.70 - Monthly

Statement Date **08/27/2024**
 Your Medicare Number **4HH6Y53PM54**
 Last Payment Received **\$0.00 on 00/00/0000**
 Total Amount Due **\$524.10 by 09/25/2024**



L8296-DEB-0113179-T00004227 *****SCH 5-DIGIT 44141

KENNETH A PERRIN
 479 ELM COURT
 SEVEN HILLS OH 44131-6143



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 10/01/2024 - 12/31/2024	\$0.00	\$524.10	\$0.00	\$0.00	\$524.

KENNETH A PERRIN 07-03
 SUSAN E PERRIN
 479 ELM CT
 SEVEN HILLS, OH 44131-6143

419
 6-12/410
 343

9-19-24

Pay to the Order of CMS MEDICARE Premium Insurance \$ 524.10

Five Hundred Twenty Four and 10/100 Dollars



For 4446Y53PM54

⑆04⑆000⑆24⑆ 4224649624⑆ 04⑆19

NOTE:

Harland Clarke

payment.

KENNETH A PERRIN
 479 ELM COURT
 SEVEN HILLS OH 44131-6143

Amount You're Paying: \$.

Amount Due: \$ **524.10** Due In Full By: **09/25/2024**

Medicare Number: **4HH6Y53PM54**

! 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

4623234840474531284746 312033 0052410 848