



T233 P1 31466 (270) 093367926928



CLAUDE A SIMON  
71 TONJES RD  
CALLICOON, NY 12723-5729

Payments received after the due date may  
appear on your next invoice.

AMOUNT DUE	DUE DATE	MEMBER ID
\$40.20	02/01/2024	GA2712679
<ul style="list-style-type: none"><li>Visit <b>AetnaMedicare.com/PayYourPremium</b>, scan the QR code on the front of this page or call <b>1-866-535-8403</b> to set up automated one-time or reoccurring payments by credit/debit card or bank account.</li><li>For general premium billing questions or to set up automatic payment from your Social Security/Railroad Retirement Board check, please call <b>1-855-651-4856 (TTY: 711)</b>. We're available 24 hours a day, 7 days a week.</li></ul>		

**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.



799366205540006371683247349625

**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: CLAUDE A SIMON****DUE DATE: 02/01/2024 CT I01**

PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
GA2712679	\$40.20	

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

