



(270) 093377570962



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

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

AMOUNT DUE	DUE DATE	MEMBER ID
\$198.00	05/01/2025	GA2712679

- Visit [AetnaMedicare.com/PayYourPremium](http://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 recurring payments by credit/debit card or bank account.
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**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: 05/01/2025 CT I01**

PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
GA2712679	\$198.00	

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**

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

