



\*\*\*\*\* ALL FOR AADC 100  
8189 1 AB 0.593 2  
CLAUDE A SIMON  
534 W 42ND ST APT 8  
NEW YORK NY 10036-6221

### Quick one-time Payment



Scan to Pay

01/15/2025

Dear Claude A Simon:  
Member ID No.: 311W09183

According to our records, your payment is past due. The bill stub below reflects the amount due on your account. In order to avoid cancellation and discontinuance of benefits, we urge you to send your payment immediately. To maintain continuous coverage, payment must be received by 02/01/2025.

It has been our pleasure to be of service to you and we look forward to continuing this relationship in the future. Please disregard this notice if you have recently remitted your payment.

If you have any questions, please contact Customer Service toll-free at **1-844-395-1026**. TTY users may call **711**.

Sincerely,  
Medicare Supplement Services  
Services provided by Anthem HealthChoice Assurance, Inc. Independent licensee of the Blue Cross Blue

ANSF218M(16)-NY BCBS

TRA1-D-001534/023372 ACZ77R S1-ET-M1-C000011

**PLEASE TEAR OFF THIS PORTION AND RETURN WITH YOUR PAYMENT**

**\*DO NOT SEND CASH\***

### Quick one-time Payment



## Scan to Pay

**DUE DATE:** 01/01/2025  
**AMOUNT DUE:** \$981.96

Amount \$  
Enclosed

Claude A Simon

Make Check Payable To:

Member ID No.: 311W09183  
Invoice No.: 000372097492  
Billing Period: 01/01/2025 to 03/31/2025  
Billed Date: 01/15/2025

Anthem Blue Cross and Blue Shield  
PO BOX 11750  
NEWARK, NJ 07101-4750

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