



*****ALL FOR AADC 100

8189 1 AB 0.593

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CLAUDE A SIMON

534 W 42ND ST APT 8

NEW YORK NY 10036-6221

Quick one-time Payment



Scan to Pay

007727020101

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-C00001 1

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

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

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