



\*\*\*\*\*ALL FOR AADC 125  
20021 1 AB 0-641  
CLAUDE A SIMON  
71 TONJES RD  
CALLICOON NY 12723-5729

63

PA

Quick one-time Payment



Scan to Pay

\*068473020101\*

Invoice No.: 000411013398

Member Name:

Claude A Simon

Member ID No.:

311W09183

Billing Period:

10/01/2025 to 12/31/2025

Billed Date:

09/07/2025

Payment Due Date:

10/01/2025

Prior Bill Amount

\$981.96

Paid Amount

\$981.96

Other Adjustment Subtotal

\$0.00

Prior Balance Due

\$0.00

Retroactive Eligibility Adjustment Subtotal

\$0.00

Manual Adjustment Subtotal

\$0.00

Current Charges Subtotal

\$981.96

**Billed Amount**

**\$981.96**

PAID

PLEASE PAY THE BILLED AMOUNT UPON RECEIPT TO AVOID CANCELLATION

PLEASE TEAR OFF THIS PORTION AND RETURN WITH YOUR PAYMENT

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

**\*MAIL PAYMENT TO THE  
ADDRESS BELOW\***

Quick one-time Payment



Scan to Pay

**DUE DATE:**

**10/01/2025**

**AMOUNT DUE:**

**\$981.96**

Amount  
Enclosed

\$

Claude A Simon

Make Check Payable To:

Member ID No.:

311W09183

Invoice No.:

000411013398

Billing Period:

10/01/2025 to 12/31/2025

Billed Date:

09/07/2025



Anthem Blue Cross and Blue Shield

PO BOX 11750

NEWARK, NJ 07101-4750

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**Invoice No.: 000411013398****Member Name:****Claude A Simon****Member ID No.:****311W09183**

If you have any questions about this bill, please call **1-844-395-1026** or TTY **711**.

Billing Period: 10/01/2025 to 12/31/2025

Billed Date: 09/07/2025

Payment Due Date: 10/01/2025

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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.