

Anthem HealthChoice
Assurance, Inc
PO Box 659816
San Antonio TX 78265



*****ALL FOR AADC 125
2520 1 AB 0.593
CLAUDE A SIMON
71 TONJES RD
CALLICOON NY 12723-5729

Quick one-time Payment



Scan to Pay

07873020101

Invoice No.: 000358002753

Member Name:

Claude A Simon

Member ID No.:

311W09183

Billing Period:

10/01/2024 to 12/31/2024

Billed Date:

09/07/2024

Payment Due Date:

10/01/2024

Prior Bill Amount

\$893.49

Paid Amount

\$893.49

Other Adjustment Subtotal

\$0.00

Prior Balance Due

\$0.00

Retroactive Eligibility Adjustment Subtotal

\$0.00

Manual Adjustment Subtotal

\$0.00

Current Charges Subtotal

\$893.49

Billed Amount

\$893.49

PA 10-14-24

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:

10/01/2024

AMOUNT DUE:

\$893.49

Amount
Enclosed

\$

Claude A Simon

Make Check Payable To:

Member ID No.:

311W09183

Invoice No.:

000358002753

Billing Period:

10/01/2024 to 12/31/2024

Billed Date:

09/07/2024



Anthem Blue Cross and Blue Shield

PO BOX 11750

NEWARK, NJ 07101-4750

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GDBBSE01 COMB 2024090807 J70F
20240908 077873 Env [2.520] 1 of 2 B 1

Invoice No.: 000358002753

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: 10/01/2024 to 12/31/2024
 Billed Date: 09/07/2024
 Payment Due Date: 10/01/2024

Current Charges Detail

Group No.	Plan Name	Description	Bill From	Bill To	Premium Amount
	NYSUPWPO Plan G	Base Premium	10/01/2024	12/31/2024	\$893.49
Current Charges Subtotal					\$893.49