



*****ALL FOR AADC 125
16996 1 AB 0.593 52
CLAUDE A SIMON
71 TONJES RD
CALLICOON NY 12723-5729

Quick one-time Payment



Scan to Pay

077418020101

Invoice No.: 000398928476 **Member Name:** **Claude A Simon**
Member ID No.: **311W09183**

Billing Period: 07/01/2025 to 09/30/2025
Billed Date: 06/07/2025
Payment Due Date: 07/01/2025

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

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*

Claude A Simon

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Invoice No.: 000398928476
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Billed Date: 06/07/2025

Quick one-time Payment



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DUE DATE:	07/01/2025
AMOUNT DUE:	\$981.96

**Amount
Enclosed** \$ 

Make Check Payable To:

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

0000000000015100040000000311W0918350003989284760701250000000000981961

Invoice No.: 000398928476**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: 07/01/2025 to 09/30/2025
Billed Date: 06/07/2025
Payment Due Date: 07/01/2025

Current Charges Detail

Group No.	Plan Name	Description	Bill From	Bill To	Premium Amount
	NYSUPWP0 Plan G	Base Premium	07/01/2025	09/30/2025	\$981.96
Current Charges Subtotal					\$981.96

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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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.