



\*\*\*\*\*ALL FOR AADC 125  
14704 1 AB 0.593  
CLAUDE A SIMON  
71 TONJES RD  
CALLICOON NY 12723-5729

132

330  
18

47  
641

Quick one-time Payment



Scan to Pay

\*133501020101\*

Invoice No.: 000386603463

Member Name:

Claude A Simon

Member ID No.:

311W09183

Billing Period:

04/01/2025 to 06/30/2025

Billed Date:

03/08/2025

Payment Due Date:

04/01/2025

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\***

Quick one-time Payment



Scan to Pay

**DUE DATE:** 04/01/2025  
**AMOUNT DUE:** \$981.96

**Amount  
Enclosed** \$

Claude A Simon

Make Check Payable To:

Member ID No.: 311W09183  
Invoice No.: 000386603463  
Billing Period: 04/01/2025 to 06/30/2025  
Billed Date: 03/08/2025

Bar Code: 00000000000151000400000000311W0918350003866034630401250000000000981964  
Anthem Blue Cross and Blue Shield  
PO BOX 11750  
NEWARK, NJ 07101-4750

00000000000151000400000000311W0918350003866034630401250000000000981964