

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

1 of 4



132
330
185
647



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

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

pd 4/3

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

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

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