



\*\*\*\*\*ALL FOR AACD 100  
6877 1 AB 0.593 25  
CLAUDE A SIMON  
534 W 42ND ST APT 8  
NEW YORK NY 10036-6221

#### Quick one-time Payment



Scan to Pay

07/15/2024

Dear Claude A Simon  
Member ID No.: 311W09183

According to our records, your payment is past due. The bill stub below reflects the amount due on your account. In order to avoid cancellation and discontinuance of benefits, we urge you to send your payment immediately. To maintain continuous coverage, payment must be received by 08/01/2024.

It has been our pleasure to be of service to you and we look forward to continuing this relationship in the future. Please disregard this notice if you have recently remitted your payment.

If you have any questions, please contact Customer Service toll-free at 1-844-395-1026. TTY users may call 711.

Sincerely,  
Medicare Supplement Services  
Services provided by Anthem HealthChoice Assurance, Inc. Independent licensee of the Blue Cross Blue

ANSF218M(16)-NY BCBS

TRAIL-D-001534-023322 3CZ77R81-ET-M1-000011

PLEASE TEAR OFF THIS PORTION AND RETURN WITH YOUR PAYMENT.

"DO NOT SEND CASH\*"

#### Quick one-time Payment



### Scan to Pay

**DUE DATE** 07/01/2024  
**AMOUNT DUE** \$893.49

Amount  
Enclosed \$

Make Check Payable To

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

Member ID No.: 311W09183  
Invoice No.: 000337128758  
Billing Period: 07/01/2024 to 09/30/2024  
Billed Date: 07/15/2024

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.