



*****ALL FOR AADC 100
6255 1 AB 0.593 23
CLAUDE A SIMON
534 W 42ND ST APT 8
NEW YORK NY 10036-6221

Quick one-time Payment



Scan to Pay

009870020101

10/15/2024

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 11/01/2024.

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

TRA1-D-001534/023372 ACZ77R S1-ET-M1-C00001 1

PLEASE TEAR OFF THIS PORTION AND RETURN WITH YOUR PAYMENT

DO NOT SEND CASH

Quick one-time Payment



Scan to Pay

DUE DATE: **10/01/2024**
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.: 000358002753
Billing Period: 10/01/2024 to 12/31/2024
Billed Date: 10/15/2024

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It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Customer Service.

English: You have the right to get this information and help in your language for free. Call Customer Service for help.

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

Albanian: Keni të drejtën të merrni falas këtë informacion dhe ndihmë në gjuhën tuaj. Telefononi shërbimin për klientët nëqoftëse keni nevojë për ndihmë.

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

Bengali: এই তথ্যাবলি পাওয়ার বিষয়ে এবং বিনামূলে আপনার ভাষায় সহযোগিতা পাওয়ার অধিকার আপনার আছে। সাহায্যের জন্য কাস্টমার সার্ভিসে কল করুন।

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client.

Greek: Έχετε το δικαίωμα να λάβετε αυτές τις πληροφορίες και αυτή τη βοήθεια στη γλώσσα σας δωρεάν. Καλέστε το Τμήμα Υπηρεσιών Πελατών (Customer Service) για βοήθεια.

Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd.