



(270) 093377939480



CLAUDE A SIMON
71 TONJES RD
CALICOON, NY 12723-5729

Payments received after the due date may appear on your next invoice.

AMOUNT DUE	DUE DATE	MEMBER ID
\$131.50	06/01/2025	GA2712679

- Visit AetnaMedicare.com/PayYourPremium, scan the QR code on the front of this page or call **1-833-287-0075** to set up automated one-time or recurring payments by credit/debit card or bank account.
- For general premium billing questions or to set up automatic payment from your Social Security/Railroad Retirement Board check, please call **1-855-651-4856 (TTY: 711)**. We're available 24 hours a day, 7 days a week.

Online Payment



Visit AetnaMedicare.com/PayYourPremium or scan this QR code with your mobile device camera.

Pay bill at CVS Pharmacy®

Take this invoice to any CVS Pharmacy® to pay with cash, credit card, or debit card. See full details on the back of this page.



799366205540006371683247349625

CVS Pharmacy associate instructions: Scan barcode above, enter amount customer wishes to pay and tender transaction as normal. (Amount must be between \$1.00 - \$999.00/day).

Please detach and send coupon with check payable to SilverScript® Insurance Company

BILLING FOR: CLAUDE A SIMON

DUE DATE: 06/01/2025 CT I01

PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
GA2712679	\$131.50	

Please include your **Payment ID** on your check or money order. **Do not send cash.**

If you would like to change your payment to automatic withdrawal from your bank account (ACH), please sign the back of this coupon and enclose your check

SilverScript® Insurance Company
P.O. Box 504849
St. Louis, MO 63150-4849



Previous balance		\$198.00
Payment activity since last invoice		-\$132.50
<u>Payment Type</u>	<u>Date Received</u>	<u>Amount</u>
One time ACH ECHECK	04/16/2025	-\$132.50
Activity detail		\$66.00
<u>Transaction Type</u>	<u>Premium Month</u>	<u>Amount</u>
Premium	JUNE 2025	\$66.00
Amount due		\$131.50

Please note:

- Always include your payment ID on your online payment and check payment. Not having it may result in delayed payments or errors.
- Please submit a separate check and payment form for each member if you are paying for multiple members.
- To change your address, please contact Customer Care at **1-855-651-4856 (TTY: 711)**, 24 hours a day, 7 days a week.
- Automatic payments may take one or more months to begin, and they will occur between the 8th and 10th of each month. Please continue to pay your premium invoice as long as you receive it.

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Pay bill at CVS Pharmacy®: By using the pay bill at CVS Pharmacy barcode to make a payment, you agree to the full terms and conditions (available at PayItHere.com/terms). After you pay using this barcode, you can get your full detailed e-receipt at PayItHere.com/ereceipt.

Note: This service is not available at CVS Pharmacy® locations inside Target and Schnucks.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health company.

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AUTOMATIC BANK WITHDRAWAL REQUEST

To change your payment option to automatic bank withdrawal, please sign and date below:

I authorize the bank or financial organization on the enclosed check to pay my premium through electronic bank withdrawal payable to SilverScript® Insurance Company. I authorize the deduction of up to \$300 per month to settle my current balance due. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received at the address listed on the front side of this form. **NOTE:** If any part of the above authorization is altered, your ACH request may not be processed. Please see the above notes section for information on when your premium deductions will begin.

Signature: _____ Date: _____