



(270) 093377939480



CLAUDE A SIMON
71 TONJES RD
CALLICOON, 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.

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: _____

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