



*****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

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.