

NOTICE OF MEDICARE PREMIUM PAYMENT DUE

BILLING NOTICE DATE: _____

YOUR CLAIM NUMBER:

Use Visa/MasterCard/American Express/Discover or make check/money order payable to "CMS Medicare Insurance." Send payment with the bottom portion of this notice in the enclosed envelope to:

Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

	Hospital Insurance Part A	+ Medical Insurance Part B	+ IRMAA Part D	=	Total Amount
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Current amount due for Part A and/or Part B	\$	\$		\$	\$
Past due amount for Part A and/or Part B	\$	\$		\$	\$
Current amount due for IRMAA Part D			\$		\$
Past due amount for IRMAA Part D			\$		\$

Part A: TERMINATION DATE: _____	TOTAL AMOUNT DUE: \$ _____
Part B: TERMINATION DATE: _____	PAYMENT DUE BY: _____

Last payment received: _____ on _____.

To ensure timely processing, payments must be received by _____. Any payments received after this date will be included in your next notice.

SEE OTHER SIDE FOR IMPORTANT INFORMATION

▼ Please tear at dotted line and return bottom portion with payment ▼

If your name or address has changed or is incorrect, check here and complete the back of this notice.

If the person is deceased, check here.

CLAIM NUMBER:

Show claim number on check or money order.

AMOUNT PAID: \$

AMOUNT DUE: \$ _____ DUE BY: _____

VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER NUMBER:

- - -

EXP. DATE: - -

SIGNATURE:

Make check/money order payable to: CMS MEDICARE INSURANCE

DO NOT SEND CASH OR STAMPS.

SEND PAYMENT TO:

MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

IMPORTANT MEDICARE CUSTOMER INFORMATION

- If you do not pay your Part A or Part B premium, your Medicare insurance will be terminated. Even if your Medicare insurance ends, you must still pay the total premium amount you owe. You can reapply for Medicare only during the General Enrollment Period from January – March each year. If you reapply, your coverage will start on July 1 of the year you reapply, and your payment amount may be higher because your coverage was interrupted.
- This bill may include an Income Related Monthly Adjustment Amount (IRMAA) for Part B based on your income.
- If you have questions about this notice, your Medicare Part A or Part B insurance, or the amount you have to pay, please write or visit any Social Security office, or call 1-800-772-1213. TTY users should call 1-800-325-0778.
- This bill may include an IRMAA for Part D based on your income. If you do not pay the IRMAA for Part D, you will be disenrolled from your Part D prescription drug plan, even if it is part of your employer coverage or Medicare Advantage plan. If your coverage is terminated and you re-enroll in Part D later, you will still have to pay any IRMAA for Part D you owed. Also, your Part D plan monthly premium may be higher because your coverage was interrupted.
- The IRMAA you pay for Part D may be higher than it was before because of new income or enrollment information we received from Social Security or other agencies. If you have questions about your IRMAA Part D bill amount, please call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

SPECIAL MESSAGES

ABOUT THIS BILL

This bill shows the current amount you owe. The dates in the “Current Amount Due” line show the months that this bill normally covers. If this is the first bill you have received, it may also include premiums owed for previous months not already billed. Please send your payment promptly.

MEDICARE EASY PAY

Sign up to have your Medicare premiums automatically deducted from a bank account each month and you will not have to worry about late or lost payments.

To sign up for Automated Clearing House (ACH), automated premium payment deductions from your checking or savings account, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

PAYMENTS BY CHECK

When you pay by check, you authorize the Medicare Premium Collection Center (MPCC) to use the information from your check to make a one-time electronic funds transfer from your bank account. When the MPCC uses information from your check to make an electronic funds transfer, funds may be withdrawn from your bank account as soon as the same day your payment is received. You will not get your check back from your bank. If the MPCC cannot process your payment electronically, it will be processed as a check transaction. Your bank statement will show the transaction as “CMS Medicare” and this is your proof of payment.

IF YOUR NAME OR ADDRESS HAS CHANGED OR IS DIFFERENT FROM THE NAME OR ADDRESS SHOWN ON THE FRONT OF THE FORM, PLEASE PRINT CORRECT INFORMATION BELOW:

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>
Street Number:	<input type="text"/>	Street Name:	<input type="text"/>		
P.O. Box:	<input type="text"/>	Apartment Number:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/> - <input type="text"/>