

SAMPLE

Part B First Bill

MEDICARE PREMIUM BILL

DATE: 11/27/2018

YOUR MEDICARE NUMBER:

Ways to pay your bill:

- Pay online at your bank's website
- Sign up for Medicare Easy Pay
- Make a check or money order payable to "CMS Medicare Insurance"
- Use Visa, MasterCard, American Express, or Discover



Send payment with the coupon at the bottom to:

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

Coverage Periods	Part A (Hospital Insurance)	+	Part B (Medical Insurance)	+	IRMAA Part D	=	Total Amount
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Amount due for Part A and/or Part B	01/01/2019-03/31/2019		\$406.50				\$406.50
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Past due amount for Part A and/or Part B

Amount due for IRMAA Part D

Past due amount for IRMAA Part D

Part A termination date:

Part B termination date:

Part D termination date:

Total amount due: \$406.50

Payment in full due by: 12/25/2018

Please send your full payment by 12/25/2018. Your payment is late if Medicare gets it after this date. If your bill says "Delinquent" at the top, you must pay your bill in full by this date, or you could lose your coverage and you may not be able to get your coverage back right away. **Partial payment may not stop you from losing your coverage.**

Your bill shows new amounts and past amounts we didn't get by your last bill's due date.
We got your last payment of _____ on _____

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See other side for important information, including who to contact if you have questions.

▼ Don't send notes or letters with your payment. Cut at dotted line and return bottom with payment. ▼

Check here if your name or address has changed or is wrong, and complete the back of this paper.

Check here if the person has died.

Medicare Number:

Write your Medicare number on your check or money order.

Amount due: \$406.50 Due in full by: 12/25/2018

Don't send cash. Make check/money order payable to:
CMS Medicare Insurance

Send payment to:

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

Amount you are paying: \$

Visa/MasterCard/American Express/Discover Number:

- - -

Expiration Date: (MM/YYYY) -

Credit/Debit Card Billing ZIP Code:

Signature: