CMS–500 (01/03)

NOTICE OF MEDICARE PREMIUM PAYMENT DUE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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 371384
Pittsburgh, PA 15250-7384

	Hospital Insurance Part A	Medical Insurance Part B	Total Amount
Current amount due for			
Past due amount			
Total Amount Due			

Part A: TERMINATION DATE:

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 DUE: DUE BY:

VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER NUMBER:

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 371384
PITTSBURGH, PA 15250-7384

(over)

IMPORTANT MEDICARE CUSTOMER INFORMATION

- Failing to pay premiums will result in termination of your Medicare insurance. If your Medicare insurance ends, you may reapply only during the General Enrollment Period, which is January, February, and March of each year. If you reapply, your coverage will begin on July 1 of the year you reapply. Please note that your payment amount *may* be higher because of the interruption of coverage.
- Even if your Medicare insurance ends, you must pay the total premium amount already due.
- If you want to sign up for Automated Clearing House (ACH), automated premium payment deductions from your checking or savings account, call 1-800-MEDICARE (633-4227). For the hearing and speech impaired, please call TTY/TDD 1-877-486-2048.
- If you have any questions about your Medicare insurance, this notice, or the amount you have to pay, write or visit any Social Security Administration office, or call 1(800) 772-1213. For the hearing and speech impaired, please call TTY/TDD 1-800-325-0778.

SPECIAL MESSAGE

(For CMS use only. Please do not write in this box.)

BILLING INFORMATION

The dates in the Current Amount Due line reflect the current billing period. However, if this is the first bill you have received, the Total Amount Due may include premiums owed before the current billing period.

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: ☐☐☐☐☐☐☐☐☐☐☐☐ First Name: ☐☐☐☐☐☐☐☐☐☐ MI: ☐

Street Number: ☐☐☐☐☐☐ Street Name: ☐☐☐☐☐☐☐☐☐☐☐☐

P.O. Box: ☐☐☐☐☐☐☐ Apartment Number: ☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip Code: ☐☐☐☐☐ – ☐☐☐☐