



CMS-500 (04/24)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Premium Bill

Statement Date 01/27/2025

Your Medicare Number

Last Payment Received \$524.10 on 12/12/2024

Total Amount Due \$575.60 by 02/25/2025

Want to pay electronically?

- Pay online at Medicare.gov
- Establish online bill pay with your bank
- Enroll in Medicare Easy Pay

Summary Of Charges

	Coverage Periods	Part A (Hospital Insurance)	+	Part B (Medical Insurance)	+	Part B IRMAA	+	Part D IRMAA	=	Total Amount
Current Premium Due	03/01/2025 - 05/31/2025	\$0.00		\$575.60		\$0.00		\$0.00		\$575.60
Total Amount Due:										\$575.60
Due In Full By:										02/25/2025

NOTE: Don't send letters with your payment or write notes on the coupon – this will delay your payment.

Visa/MasterCard/American Express/Discover Accepted:

 - - -

Expiration Date: (mm/yyyy)

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Credit/Debit Card Billing ZIP Code:

Signature:

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 63179-0355Amount You're Paying: \$

Amount Due: \$ 575.60 Due In Full By: 02/25/2025

Medicare Number:

! Send just one payment and one coupon per envelope. Write your Medicare Number on your check or money order. Use the return envelope included with your bill.