



PO Box 7068  
Springfield OR 97475

### Questions?

Our Individual Billing team will be happy to assist you. Call us direct at (800) 591-6579

Mailing  
Address

**Amount to pay by April 1, 2023**  
Total Amount Due: **\$00.00**

PacificSource Cascade Bronze			
Member ID	Covered Members	Monthly Premium	
200000000	Pacific Source	Medical	00.00
Subtotal:			\$00.00
Prior balance owed as of 03/14/23:			\$00.00
Total Amount Due:			<b>\$00.00</b>

Please detach and return the portion below

**\*\*Please see the reverse of this page for messages.**

Bill Date	Group ID	Invoice #	Member ID	Due Date	Total Amt Due
3/14/2023	NE000000	0000000000	*****	4/1/2023	\$00.00

Member Name: Pacific Source

Please include your Member ID (as shown above) on your check.

**Make check payable and remit to:**



**PacificSource Health Plans  
P.O. Box 35124  
Seattle WA 98124-5124**



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