



P.O. BOX 31218  
Tampa FL 33631-3218

# Premium Bill

Premium Due Date: 05/31/2023

Previous Balance	\$0.00
Payments Applied	\$0.00
Current Charges	\$320.20
Adjustments	\$0.00
<b>Total Due</b>	<b>\$320.10</b>



Image Only



JANE DOE  
STREET ADDRESS  
CITY, STATE ZIP CODE



1 Pay online by visiting [kp.org/premiumbill](http://kp.org/premiumbill). Use the 6-digit billing ID as the Online Bill Payment Account Number.



Pay by phone - 24 hours a day, 7 days a week. Call 1-844-524-7370.



Pay by mail - Send your payment along with the bottom portion of this bill.

**Current Billing Period: 05/01/2023 TO 05/30/2023**

**Policy/Contract ID: #####**

Payments Applied Since Last Bill	Payment Method	Amount
<b>SUB-TOTAL</b>		<b>\$0.00</b>

Current Charges For	Plan/ Coverage Type	Total Premium	APTC*	Cascade Care Savings	Monthly Charges
JANE DOE	<i>KP Cascade Silver Single (18+)</i>	\$320.10	\$0.00	\$0.00	\$320.10
<b>SUB-TOTAL</b>					<b>\$320.10</b>

\*APTC = Advanced Premium Tax Credit

Northwest Region (OR, WA) Kaiser Foundation Health Plan of the Northwest;

In Oregon and Washington, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite100, Portland, OR 97232.

Detach the bottom portion of this bill and include it with your payment.



Bank Number	Bank Code	Billing Period	Billing ID
#####	##	##	0A00AA
Due Date	Amount Due		Amount Enclosed
05/31/2023	\$320.10		

##### ## ## ##### #

Make Check Payable To: Kaiser Foundation Health Plan  
Write the 6-digit Billing ID on your check's memo line.

JANE DOE  
STREET ADDRESS  
CITY, STATE ZIP CODE

Kaiser Foundation Health Plan  
PO Box 60508  
City of Industry, CA 91716-0508