



KAISER PERMANENTE®

**Your March 2025  
premium statement**

Statement Date:  
Subscriber Name:  
Invoice Number:  
Billing Unit ID:  
Subscriber MRN:  
Group / Subgroup / BillGroup:  
Current Plan:

02/06/2025

0000000000

SA STANDARD W/ADV+ |  
MET-NEW

Your premium is the amount you pay each month for your health plan. This statement shows the amount due for your upcoming month of coverage, as well as anything you may owe for previous months. If you owe anything for medical services you've received, you'll get a separate bill that shows your costs for care.

☒ **You're currently enrolled in autopay.**

Your card/account ending in 0000 will be charged on 02/18/2025.

**Payment due by: 02/28/2025**

**Total Balance Due:**  
**\$74.00**

**Note:** You'll need your Billing Unit ID (above) to create an account and to pay your bill online or by phone.

**Need help or have a question?**

**1-888-241-1457 (TTY 711),**

**Monday - Friday 8 am - 7 pm**

**Pacific and Saturday 7 am - 3 pm  
Pacific**



KAISER PERMANENTE®

Kaiser Permanente  
P.O. Box 23127  
San Diego, CA 92193

Payment due by: 02/28/2025

\$74.00

Invoice Number:

Subscriber MRN:

Group / Subgroup /  
BillGroup:

Amount enclosed:

\$

Make check payable to Kaiser Foundation Health Plan and  
write your Invoice Number on the check.

Please allow time for processing and delivery.

KAISER PERMANENTE  
P. O. Box 34157  
Seattle, WA 98124-1157