



601 SW Second Ave.
Portland, OR 97204

Please send all other
correspondence to:

Moda Health
601 SW Second Ave.
Portland, OR 97204
855-289-6317

Jane Doe
1234 Main St S Apt 7
Medford, OR 97504

Date of notice: **03/07/2023**

Premium due: **04/01/2023**

PREMIUM NOTICE

| | | | | |
|-----------------------------|---------------------------|-----------------------|---------------------------------|---|
| Member: N12345678 | Group: 10015364 | Class: 0002 | Invoice: 987654321000 | Advance Premium Tax Credit: \$ 1,024.00 |
|-----------------------------|---------------------------|-----------------------|---------------------------------|---|

| <u>Benefit</u> | <u>Coverage from date</u> | <u>Coverage to date</u> | <u>Premium</u> |
|----------------|-------------------------------|-----------------------------|----------------|
| Medical | 04/01/2023 | 04/30/2023 | \$ 186.00 |

| | |
|-------------------|-----------|
| Total this period | \$ 186.00 |
| Balance forward | \$ 0.00 |

Total amount due \$ 186.00 (Please do not send cash)

General Reminder: Premium is due by the first of the month. If premium is not received in our office by the end of the grace period, coverage will be terminated and a notice will be sent to you.

Please note your Advance Premium Tax Credit above. For questions about your Advance Premium Tax Credit, go to HealthCare.gov. Please provide your Member ID number on your payment check. Thank you!

Retain upper portion for your records and return lower portion with payment

Jane Doe
1234 Main St S Apt 7
Medford, OR 97504

| | |
|--------------------|-------------------------|
| Member: | N12345678 |
| Invoice: | 987654321000 |
| Group: | 10015364 |
| Due date: | 04/01/2023 |
| Total payment due: | \$186.00 |
| Amount enclosed: | \$ <input type="text"/> |

Mail payment to:

Moda Health
P.O. Box 4220
Portland, OR 97208-4220

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