

Individual and Family Plans Premium Invoice

Bill From: 05/01/2022
Bill To: 05/24/2022

JOHN SAMPLE
123 ANYSTREET APT #999
ANYTOWN, XX 00000-0000

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Payment Options



Pay Online

Go to **Providence.org/premiumpay** or pay via your myProvidence account at **myProvidence.com**



Pay by Mail

Please include the coupon below with your check and return in the enclosed envelope.



Pay by Phone - Self Service

24 hours a day, 7 days a week

1-844-791-1467 (For TTY dial 711, Hearing Impaired)



Important Message

As a Providence member, you have access to all of your personalized health plan information including member materials and tools such as a treatment cost estimator using **myProvidence**. You can also:

- + Communicate with our Customer Service team via secure email and chat
- + Access exclusive member discounts on fitness memberships, travel, and more
- + View an 18-month rolling history of claims, Explanation of Benefits (EOBs), and payment history
- + Monitor progress toward your deductible and out-of-pocket maximum

Visit **myProvidence.com** to sign up or login today. If you haven't done so already, activate your recurring payment and avoid missing your monthly premium payment.

Account Summary

Subscriber Name: JOHN SAMPLE

Subscriber Number: 113435007

Previous Balance	\$7.00
Amount Paid	(\$14.00) CR
Retroactive Member Adjustments	\$0.00
Other Billing Adjustments	\$0.00
Balance Forward Subtotal	(\$7.00) CR
Current Premiums	\$326.70
APTC\Subsidy	(\$415.00) CR

Please Pay This Amount \$11.80

Providence Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-878-4445 (TTY: 711).

For billing or enrollment questions, please contact INDIVIDUAL PLAN BILLING REP at (503) 574-5791.

Please write your subscriber number on your check, detach and return bottom portion with your payment.



Invoice Date: 05/27/2022

Payment Date Due: 05/01/2022

PAYMENT OPTIONS

- Pay Online: Providence.org/premiumpay
OR myProvidence.com
- Pay by Mail
- Pay by Phone: 1-844-791-1467
(For TTY dial 711, Hearing Impaired)

**MAKE CHECKS PAYABLE TO:
Providence Health Plan**

SUBSCRIBER NAME	SUBSCRIBER NUMBER	PLEASE PAY THIS AMOUNT
JOHN SAMPLE	113435007	\$11.80

Providence Health Plan
PO Box 5728
Portland, OR 97228-5728



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