

Forwarding Service Requested

Pay online: It's fast, safe and easy.

regence.com/member/paying-premiums/

You owe \$270.29 by April 1, 2023

Bill period 04/01/2023 - 04/30/2023

Bill print date 03/17/2023

Reflects payments 03/17/2023

through

Premium \$850.29
Federal Subsidy -\$580.00
Current balance \$270.29

Group No. 37000201

Member ID No.

Plan name

BRONZE ESSENTIAL

Coverage type

MEDICAL/RX

Policyholder

Others covered NONE

▲ FOLD AND TEAR HERE

FOLD AND TEAR HERE

Name

Group No.

37000201

Member No.

Billing Period

04/01/2023-04/30/2023

I am paying \$

 Make payable to "Regence BlueCross BlueShield of Oregon".

2. Write your member ID 3 on the check.

3. If paying with a personal check or money order, please include this stub and your payment in the envelope.

Regence BlueCross BlueShield of Oregon PO BOX 2597

Pay with personal check or money order by

PORTLAND, OR 97208-2597

You owe \$270.29

April 1, 2023

00000027029031723000008502921037000201