

UNDERSTANDING THE "NOTICE OF MEDICARE PREMIUM PAYMENT DUE" FORM (CMS-500)

BILLING NOTICE DATE

The date the notice was selected for printing for this billing period.

YOUR CLAIM NUMBER

Your Medicare claim number. **Please write this number on your check or money order.*

BILLING INFORMATION

- Current amount due for Part A and/or Part B, **if this is the first billing you received, it may also include premiums owed for previous months not already billed.*
- Past due amount and period already billed for Part A and/or Part B.
- Current amount and period due for Part D IRMAA.
- Past due amount and period already billed for Part D IRMAA.

TERMINATION DATE

The date your Medicare insurance will end if you do not send the 'past due amount' by the due date shown. The termination date is shown only on final 'delinquent' notices.

PAYMENT PORTION

Cut or tear off the bottom portion of the notice and return it with your payment (or credit card information).

AMOUNT PAID

Write in the exact amount of your check, money order, or credit card payment.

VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER NUMBER

You may pay premiums with a Visa, Mastercard, American Express or Discover credit card. To use this option write in your credit card account number, expiration date, and sign the form. *Credit card payments require a signature and must be returned in the envelope provided.*

CMS-500 (09/11)
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

NOTICE OF MEDICARE PREMIUM PAYMENT DUE

BILLING NOTICE DATE: mm/dd/yyyy

YOUR CLAIM NUMBER:

Use Visa/MasterCard/American Express/Discover or make check/money order payable to "CMS Medicare Insurance." Send payment with the bottom portion of this notice in the enclosed envelope to:

Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

	Hospital Insurance Part A	Medical Insurance Part B	IRMAA Part D	=	Total Amount
Current amount due for Part A and/or Part B	mm/dd/yyyy – mm/dd/yyyy	\$00.00	\$00.00	\$00.00	\$00.00
Past due amount for Part A and/or Part B	mm/dd/yyyy – mm/dd/yyyy	\$00.00	\$00.00	\$00.00	\$00.00
Current amount due for IRMAA Part D	mm/dd/yyyy – mm/dd/yyyy	\$00.00	\$00.00	\$00.00	\$00.00
Past due amount for IRMAA Part D	mm/dd/yyyy – mm/dd/yyyy	\$00.00	\$00.00	\$00.00	\$00.00

Part A: TERMINATION DATE:

Part B: TERMINATION DATE:

TOTAL AMOUNT DUE: \$00.00

PAYMENT DUE BY: mm/dd/yyyy

Last payment received: \$00.00 on mm/dd/yyyy

To ensure timely processing, payments must be received by mm/dd/yyyy. Any payments received after this date will be included in your next notice.

SEE OTHER SIDE FOR IMPORTANT INFORMATION

Please tear at dotted line and return bottom portion with payment

If your name or address has changed or is incorrect, check here and complete the back of this notice.

If the person is deceased, check here.

CLAIM NUMBER:

Show claim number on check or money order.

AMOUNT DUE: \$00.00 DUE BY: mm/dd/yyyy

AMOUNT PAID: \$

VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER NUMBER:

EXP. DATE:

SIGNATURE:

Make check/money order payable to: CMS MEDICARE INSURANCE
DO NOT SEND CASH OR STAMPS.

SEND PAYMENT TO:
MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

(over)

NOTICE TYPE

Some people with Medicare are billed either monthly or quarterly. If you are billed for Part A or IRMAA Part D, you will be billed monthly. If this box says:

- **FIRST NOTICE**, it means payments are received timely or this is your initial bill.
- **SECOND NOTICE**, it means a payment is late by at least 60 days.
- **DELINQUENT NOTICE**, it means a payment is late by at least 90 days and you could lose your Medicare coverage.
- **ESTATE NOTICE**, it means a payment is due for a deceased beneficiary.
- **THIS IS NOT A BILL**, it means a payment will be deducted from your bank account (usually occurs on the 20th of the month).

PART A, PART B, & PART D PARTICIPATION

Some people with Medicare pay for:

- Hospital Insurance (Part A) only,
- Medical Insurance (Part B) only, **Some people pay more than the standard Part B Premium because they enrolled late; they disenrolled from the Medicare Program and later reenrolled; they have a higher yearly income (and are subject to an Income Related Monthly Adjusted Amount or IRMAA).*
- Part D IRMAA only, this extra amount for Part D is in addition to the Medicare Part D premium.
- More than one part (Part A, Part B, Part D IRMAA).

TOTAL AMOUNT DUE

This is the amount you now owe. It is the total of the current and past due amounts due for this billing period.

PAYMENT DUE BY

Your premium payment is due by the **25th of the month**.

CHECK BOXES

Check any box that applies.

PAYMENT ADDRESS

Send your check or money order with the lower, tear-off portion of the notice (or credit card information) in the return envelope provided.

