

**MEDICARE PREMIUM BILL**

DATE:

YOUR MEDICARE NUMBER: **Ways to pay your bill:**

- Pay online at your bank's website
- Sign up for Medicare Easy Pay
- Make a check or money order payable to  
"CMS Medicare Insurance"
- Use Visa, MasterCard, American Express, or Discover

Send payment with the coupon at the bottom to:

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

Coverage Periods      Part A (Hospital Insurance) + Part B (Medical Insurance) + IRMAA Part D = Total Amount

Amount due for Part A and/or Part B

Past due amount for Part A and/or Part B

Amount due for IRMAA Part D

Past due amount for IRMAA Part D

Part A termination date: Total amount due: Part B termination date: Payment in full due by: Part D termination date: 

**Please send your full payment by** . Your payment is late if Medicare gets it after this date. If your bill says "Delinquent" at the top, you must pay your bill in full by this date, or you could lose your coverage and you may not be able to get your coverage back right away. **Partial payment may not stop you from losing your coverage.**

Your bill shows new amounts and past amounts we didn't get by your last bill's due date.

We got your last payment of \$  on .

**See other side for important information, including who to contact if you have questions.**

▼ **Don't send notes or letters with your payment. Cut at dotted line and return bottom with payment.** ▼

Amount you are paying: \$     .  Visa/MasterCard/American Express/Discover Number:  -  -  - Expiration Date: (MM/YYYY)  -  Credit/Debit Card Billing ZIP Code:   Signature: 

Check here if your name or address has changed or is wrong, and complete the back of this paper.

Check here if the person has died.

Medicare Number: **Write your Medicare number on your check or money order.**Amount due:  Due in full by: 

Don't send cash. **Make check/money order payable to:**  
**CMS Medicare Insurance**

Send payment to:

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

**To pay your bill online** – Contact your bank for information on how to sign up for their Online Bill Pay Service and pay your premiums directly from a bank account. For more information on paying your bill online, visit [Medicare.gov](http://Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). Teletypewriter (TTY) users should call 1-877-486-2048.

**If you use Medicare Easy Pay to pay your premiums**, and the box on the front in the upper right says “This is not a bill,” your premium payment will be deducted from your bank account around the 20th of the month. Keep this statement for your records. By signing up for Medicare Easy Pay, you can have your Medicare premiums automatically deducted from your checking or savings account each month. For information on how to sign up, visit [Medicare.gov](http://Medicare.gov), or call 1-800-MEDICARE.

**Payments by check or money order** – Make a check or money order payable to “CMS Medicare Insurance.” When you pay by check, you authorize the Medicare Premium Collection Center (MPCC) to use the information from your check to make a one-time electronic funds transfer from your bank account or to process the payment as a check transaction. Your bank statement will show the transaction as “CMS Medicare.”

**Payments by credit/debit card** – Credit/debit card payments need a signature. Fill out the credit/debit card section in the coupon on the front of the bill and sign it. Medicare can't set up automatic monthly credit/debit card payments.

- **If you have questions about your Part A or Part B bill amount or Part A or Part B insurance**, call Social Security at 1-800-772-1213, or write or visit any Social Security office. TTY users should call 1-800-325-0778.
- **If you have questions about your IRMAA Part D bill amount**, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- **If you need help paying your Medicare costs**, call or visit your State Medical Assistance (Medicaid) office, and ask for information on Medicare Savings Programs. You can also contact your State Health Insurance Assistance Program (SHIP). To get the phone numbers for your state, visit [Medicare.gov/contacts](http://Medicare.gov/contacts), or call 1-800-MEDICARE.
- **For more information about this bill**, visit Medicare.gov and type “CMS-500” in the Search box.
- **CMS doesn’t discriminate in its programs and activities**. To request this publication in an alternate format, please call 1-800-MEDICARE or email [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov). TTY users should call 1-877-486-2048.

**What if I don't pay my Part A or Part B premium?** You'll lose your coverage, and you must still pay the total premium amount you owe. You can only reapply for Medicare during the General Enrollment Period from January 1 through March 31 each year. If you reapply, your coverage will start on July 1 of that year, and you may have to pay a higher monthly premium amount for Part A as well as a lifetime late enrollment penalty for Part B.

**What's IRMAA & why do I pay for it?** This bill may include an Income-Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra amount you must pay for Part B and Part D coverage because you have a higher income. If you have IRMAA Part D, you're billed monthly and it's included in this bill. Your Part D plan premium is different, and you must pay the plan premiums to your Medicare drug plan. If you have IRMAA for Part B, it's included in your Part B premium amount. Your IRMAA can change each year. For more information about IRMAA, visit [socialsecurity.gov](http://socialsecurity.gov).

**What if I don't pay my IRMAA Part D amount?** You'll lose your Part D coverage, even if it's part of your Medicare Advantage plan (like an HMO or PPO) or employer coverage. If you sign-up for Part D later, you'll still have to pay any IRMAA for Part D you owe, and you may have to pay a monthly penalty for as long as you have Part D coverage.

**IF YOUR NAME OR ADDRESS HAS CHANGED (OR IS DIFFERENT FROM THE NAME OR ADDRESS SHOWN ON THE FRONT OF THIS BILL), PRINT THE CORRECT INFORMATION BELOW:**

Last Name

First Name

MI

1

Street Number

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Street Name

P.O. Box

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### Apartment Number

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State

1

Zip Code

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