

OHBBIN01 COMB 20250711B01 J3B1
20250710 000718 Env [12,348] 1 of 2 B 4

IDENTIFICATION #: 876M70792

Due Date: 08-01-2025

Billing Date: 07-10-2025

Coverage Period From: 08-01-2025

Coverage Period Through: 08-31-2025

Total Amount Due: \$1,110.28

SEE REVERSE SIDE FOR BILLING DETAILS. Questions about your bill or interested in making your payment over the phone? For assistance, please call the Customer Service phone number listed on the back of your Identification Card.

Choosing to mail in your payment? Please allow 7 to 10 days to ensure timely processing of your payment. Please list your 9-digit Identification Number on your check, include the lower portion of this page and mail to the address specified.

If you pay by check, Anthem Blue Cross and Blue Shield charges a "Non-Sufficient Funds" (NSF) fee of \$25 for returned, unpaid checks.

IMPORTANT NOTICE: If you have received a reminder notice from Anthem regarding a past due payment, this bill includes all amounts that you owe to keep your policy in force. To avoid any lapse in coverage, the Total Amount Due listed on this bill must be received by the Due Date.

Anthem's issuance of this bill does not waive its contractual right to automatically terminate your coverage for failure to pay premiums in a timely manner. Payments recently mailed may not be reflected.

DETACH AND RETURN THIS SECTION WITH YOUR PAYMENT - DO NOT STAPLE

Sallee, Tiffany

MAKE CHECKS PAYABLE TO ANTHEM BLUE CROSS BLUE SHIELD
AND MAIL TO THE ADDRESS BELOW

Subscriber ID #	From Date	Through Date	Due Date
876M70792	08/01/2025	08/31/2025	08/01/2025
Amount Due		Amount Paid	
\$1,110.28			

Unit No. 003

INDK-MB1



ANTHEM BCBS KY INDIVIDUAL
PO Box 6570
Carol Stream IL 60197-6570

000000000000051900300217731876M7079201473778540000801250000000001110287

OHBBIN01 COMB 20250709 000494 Env [12,347] 1 of 2 B 4

ANTHEM BCBS KY INDIVIDUAL INDK-MB1
P. O. Box 6570 KY0303-A645
Carol Stream, IL 60197-6570



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

IDENTIFICATION #: 249M71370
Due Date: 08-01-2025
Billing Date: 07-09-2025
Coverage Period From: 08-01-2025
Coverage Period Through: 08-31-2025

Total Amount Due: \$686.84

SEE REVERSE SIDE FOR BILLING DETAILS. Questions about your bill or interested in making your payment over the phone? For assistance, please call the Customer Service phone number listed on the back of your Identification Card.

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DETACH AND RETURN THIS SECTION WITH YOUR PAYMENT - DO NOT STAPLE
McElwain, Brandon **MAKE CHECKS PAYABLE TO ANTHEM BLUE CROSS BLUE SHIELD**
AND MAIL TO THE ADDRESS BELOW

Subscriber ID #	From Date	Through Date	Due Date
249M71370	08/01/2025	08/31/2025	08/01/2025
Amount Due		Amount Paid	
\$686.84			

Unit No. 003 INDK-MB1



ANTHEM BCBS KY INDIVIDUAL
PO Box 6570
Carol Stream IL 60197-6570

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ANTHEM BCBS KY INDIVIDUAL INDK-MB1
P. O. Box 6570 KY0303-A645
Carol Stream, IL 60197-6570

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IDENTIFICATION #: 876M70792

Due Date: 12-01-2024

Billing Date: 11-10-2024

Coverage Period From: 12-01-2024

Coverage Period Through: 12-31-2024

Total Amount Due: \$979.69

SEE REVERSE SIDE FOR BILLING DETAILS. Questions about your bill or interested in making your payment over the phone? For assistance, please call the Customer Service phone number listed on the back of your Identification Card.

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Sallee, Tiffany

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AND MAIL TO THE ADDRESS BELOW

Subscriber ID #	From Date	Through Date	Due Date
876M70792	12/01/2024	12/31/2024	12/01/2024
Amount Due		Amount Paid	
\$979.69			

Unit No. 003

INDK-MB1



ANTHEM BCBS KY INDIVIDUAL
PO Box 6570
Carol Stream IL 60197-6570

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Q31 ANTHEM BCBS KY INDIVIDUAL INDK-MB1
P. O. Box 6570 KY0303-A645
Carol Stream, IL 60197-6570

An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

IDENTIFICATION #: 249M71370

Due Date: 12-01-2024

Billing Date: 11-10-2024

Coverage Period From: 12-01-2024

Coverage Period Through: 12-31-2024

Total Amount Due: \$602.82

SEE REVERSE SIDE FOR BILLING DETAILS. Questions about your bill or interested in making your payment over the phone? For assistance, please call the Customer Service phone number listed on the back of your Identification Card.

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McElwain, Brandon

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Subscriber ID #	From Date	Through Date	Due Date
249M71370	12/01/2024	12/31/2024	12/01/2024
Amount Due		Amount Paid	
\$602.82			

Unit No. 003

INDK-MB1



ANTHEM BCBS KY INDIVIDUAL
PO Box 6570
Carol Stream IL 60197-6570

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