Sample Page 1

CMS–500 (11/21)

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Premium Bill

1 DELINQUENT BILL

Statement Date	09/27/2021
2 Your Medicare Number	1EG4TE5MK7Ø
3 Last Payment Received	$678.90 on 07/22/2021
4 Total Amount Due	$2,715.60 by 10/25/2021

E4955-DEB-0112589-T01997 *********ALL FOR AADC 212
CHARLIE MEDICARE
123 EXAMPLE STREET
APARTMENT A
ANYTOWN, USA 12345-6789

Want to pay electronically?

- Pay online at Medicare.gov
- Establish online bill pay with your bank
- Enroll in Medicare Easy Pay

5 Summary Of Charges

	Coverage Periods	Part A (Hospital Insurance) 6 +	Part B (Medical Insurance) +	Part B IRMAA +	Part D IRMAA 7 =	Total Amount
Current Premium Due	11/01/2021 – 11/30/2021	$471.00	$148.50	$59.40	$0	$678.90
8 Past Premium Due	08/01/2021 – 10/31/2021	$1,413.00	$445.50	$178.20	$0	$2,036.70
					Total Amount Due:	$2,715.60
					Due In Full By:	10/25/2021

Coverage Termination Dates For Past-due Accounts

Your Medicare coverage will end on this date if we don't get your payment by the due date. If your Medicare coverage is canceled, contact your local Social Security field office or call 1-800-772-1213. TTY users call 1-800-325-0778.

9

Part A Termination	Part B Termination	Part D Termination
10/31/2021	10/31/2021	

NOTE: Don't send letters with your payment or write notes on the coupon – this will delay your payment.

10 CHARLIE MEDICARE
123 EXAMPLE STREET
APARTMENT A
ANYTOWN, USA 12345-6789

12 **Amount You're Paying: $** ____ . __

Amount Due: $ 2,715.60 Due In Full By: 10/25/2021

Medicare Number: 1EG4TE5MK7Ø

13 **Send just one payment and one coupon per envelope.** Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

11 Visa/MasterCard/American Express/Discover Accepted:
____ - ____ - ____ - ____

Expiration Date: (mm/yyyy) __ - ____

Credit/Debit Card Billing ZIP Code: _____

Signature: _____

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

43202246352047282649 44 182834 0271560 120

SAMPLE

Understanding Your Medicare Premium Bill (CMS-500)

1 **Bill Type: DELINQUENT BILL** will display if you're 90 days past due in payment. **ESTATE BILL** will display to identify a final bill due for a person who is deceased.

2 **Your Medicare Number:** If you pay your premiums with a check or money order, write this number on the check or money order. You'll need this number whenever you call or write to Medicare about your bill, claims or coverage.

3 **Last Payment Received:** This is the date and payment amount we last received from you.

4 **Total Amount Due:** This total indicates how much you owe by the due date. It may include past due charges from a prior billing period.

5 **Summary Of Charges:** This table shows the current amount due and coverage periods for the insurance you have and any Part B Income Related Monthly Adjustment Amount (IRMAA) or Part D IRMAA amounts that may apply to you. **Note:** May also include Part B late enrollment penalty amounts if they apply to you.

6 **Part A And Part B Coverage:** Some people with Medicare owe premium payments for Hospital Insurance (Part A) only or Medical Insurance (Part B) only. **Note:** You may owe more than the standard Part B premium if you enrolled late; disenrolled from Medicare and later reenrolled; and/or you have a higher yearly income that makes you owe a Part B IRMAA. IRMAA is determined by Social Security.

7 **Part D Income Related Monthly Adjustment Amount (IRMAA):** This is an amount some people may pay in addition to the Part D premium as determined by Social Security. **Note:** This isn't your Part D premium. If you have Part D, your Part D plan bills you separately for your premium amount.

8 **Past Premium Due:** This notification appears on your bill only if your payment is past due by at least one billing period.

9 **Coverage Termination Date:** You'll only see this notification if your payment is 90 days past due. If you don't pay the full balance of the "Total Amount Due" by the "Due In Full By" date, your Medicare coverage will be terminated.

10 **Payment Coupon:** If you're paying with a check, money order, or mail-in credit card payment, complete the coupon and return it with your payment. **If you don't include this coupon with your payment, your payment will be delayed.**

11 **Credit/Debit Card Payments:**
You can pay with a credit card or with a debit card with the Visa/Mastercard/American Express or Discover card logo. If you're paying by credit card, be sure to complete and sign the coupon. **If you don't sign the coupon, your payment won't be processed and will be returned to you.**

12 **Amount You're Paying:** Write in the exact amount of your check, money order, or credit card payment. If you're paying by check or money order, this should match the amount of your check or money order.

13 **Send just one payment and one coupon per envelope for the fastest processing.** Write your Medicare Number on your check or money order and use the return envelope included with your bill. Your payment may be delayed or misapplied if this information isn't included.

The second page of your Medicare Premium Bill includes clear information to help answer questions you may have about your bill and your Medicare premium payments.

For specific billing questions, call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-204.

To view a sample bill online, go to Medicare.gov and search for "Medicare Premium Bill."

Sample Page 2

Questions About Your Bill?

For specific billing questions, call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. Or, write to Medicare Contact Center Operations, PO Box 1270, Lawrence, KS 66044. **Don't send your payment here.**

For questions about your Part A or Part B coverage, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778. You can also write to or visit any Social Security field office.

Ways To Pay Electronically

Medicare.gov is the quickest way to pay online. You can create a secure Medicare account and make a one-time payment the same day with a credit or debit card with the Visa/Mastercard/American Express/Discover logo, or from a checking or savings account. Payment should be posted within 3–5 business days. No Medicare fees apply.

Medicare Easy Pay authorizes CMS to automatically deduct payment from a checking or savings account each month. It can take up to 8 weeks to establish an Easy Pay account. Go to Medicare.gov and search for "Easy Pay" to learn how to enroll in Easy Pay. No Medicare fees apply.

Online Bill Pay lets you set up one-time or recurring payments directly from a checking or savings account. Contact your bank to enroll in their Online Bill Pay service. For information you need to give your bank, visit Medicare.gov and search for "Online Bill Pay."

For more information about ways to pay your bill call 1-800-MEDICARE. TTY users call 1-877-486-2048. **Phone payments are not accepted.**

Information About Check Payments

When you pay by check, you authorize the Medicare Premium Collection Center 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."

About Premium Overpayments

You may not specify how additional payments are applied. Any overpayments will be applied first to any past due balance, then to Medicare Part B and Part A, and lastly to Part D-IRMAA (only if you pay for Part A or Part D-IRMAA).

Information About Medicare Costs

Visit Medicare.gov for updated premium amounts and other basic costs.

Get Help Paying Your Medicare Costs

If you need help paying your Medicare costs, contact your State Medical Assistance Office (Medicaid) to see if you qualify for a Medicare Savings Program. To learn more, go to Medicare.gov/medicare-savings-programs. You can also contact your State Health Insurance Assistance Program (SHIP). Visit Medicare.gov/talk-to-someone for the phone number of the SHIP in your state.

About IRMAA

IRMAA is an **Income-Related Monthly Adjustment Amount** that some people must pay for Part B and Part D coverage because they have a higher income. If you owe IRMAA for Part B or D, you'll see this cost in the "Summary Of Charges."

What Happens If I Don't Pay?

If you don't pay your Part A or Part B premium and any IRMAA amounts, **you will lose coverage**, and you must still pay the total premium amounts you owe.

To reapply for Medicare later, you may have to wait to enroll. You may also have to pay a higher monthly premium amount for Part A as well as a lifetime late enrollment penalty for Part B and Part D.

IRMAA costs can change. For questions about your Part B or Part D-IRMAA amount, or if you think your IRMAA amount is too high, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

Need An Accessible Format?

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

For information on how to change your name, address, or report a death, visit ssa.gov or contact Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

CMS Product No. 11659
November 2021

Understanding Your Medicare Premium Bill (CMS-500)

Centers for Medicare & Medicaid Services