



**NEED HELP?**  
 Call 1 (888) 510-1084  
 8:00 AM- 6:00 PM EST, MONDAY - FRIDAY  
 Or call TTY at 711  
 Send correspondence to:  
 P.O. Box 70  
 Pittsburgh, PA 15230-0700  
 Or www.highmarkBCBS.com

# YOUR HEALTH INSURANCE INVOICE

**MIKE ELK**  
Individual | Medical  
Direct Pay HMO

**BILLING PERIOD:** 11/01/2020 to 11/30/2020

**TOTAL AMOUNT DUE** before 11/01/2020: \$1,119.84

**ACCOUNT ACTIVITY SUMMARY AS OF 10/12/2020**

Previous Period	
Previous Balance	\$839.88
Payments/Adjustments	\$.00
<b>▲ Past Due Balance</b>	<b>\$839.88</b>
Current Period	
Member Premium Responsibility	\$279.96
<b>Current Amount Due</b>	<b>\$279.96</b>
<b>Total Amount Due before 11/01/2020</b>	<b>\$1,119.84</b>

**▲ To avoid cancellation of your coverage, please pay the Total Amount Due by the due date shown above. If you have already mailed us the Total Amount Due, please disregard this message.**

### NOTIFICATIONS

To make an automated clearing house (ACH) payment or pay using a pre-paid debit card, please call the telephone number on your identification card or listed in the Need Help box on this invoice.

If you need assistance because you have a disability or if English is not your first language, please contact us at 1 (888) 510-1084 or call TTY at 711 to receive assistance free of charge.

Invoice reflects billing activity processed prior to 10/12/2020. Any activity processed after this date will be reflected on the next invoice.

### Payment Options:

**Electronic Payment can be made at: [www.highmarkBCBS.com](http://www.highmarkBCBS.com)**

Please include your Billing Account No. **1003344269000** on your payment. Please do not send cash. Remit check or money order and make payable to:

**Highmark Choice Company**  
P.O. Box 382160  
Pittsburgh, PA 15251-8160

COMPANY CODE: 02

----- Perforated Tear Line -----  
Detach and return. Payments may take up to 7 days from receipt of payment to be applied to the account.



120 Fifth Ave, Pittsburgh, PA 15222-3099

MIKE ELK  
412 BURLINGTON RD  
PITTSBURGH, PA 15221

Direct Pay HMO	
BILLING ACCOUNT NO. 1003344269000	Total Amount Due before 11/01/2020 : \$1,119.84
COMPANY CODE: 02	Amount Enclosed \$ _____
<input type="checkbox"/> Check here for address changes <a href="#">Print corrections on reverse side.</a>	

Please include your Billing Account No. **1003344269000** on your payment. Do not send cash. Remit check or money order and make payable to:

Highmark Choice Company  
P.O. Box 382160  
Pittsburgh, PA 15251-8160



02100334426900000001119842



**MIKE ELK**  
 Individual | Medical  
 Direct Pay HMO

BILLING ACCOUNT NO.	1003344269000
MEMBER ID	1292437630010
BILLING PERIOD	11/01/2020 to 11/30/2020
INVOICE NO.	201012199987453

**ACCOUNT ACTIVITY DETAILS** AS OF 10/12/2020

<b>Previous Period</b>	Previous Balance		\$839.88
	Payments Received		\$ .00
		<b>Adjustments Subtotal</b>	<b>\$ .00</b>
	<b>Total Previous Period</b>		<b>\$839.88</b>
<b>Current Period</b>	Premium Amount	Billing period from 11/01/2020 to 11/30/2020	\$454.96
		APTC	\$-175.00
		<b>Premium Subtotal</b>	<b>\$279.96</b>
		<b>Current Amount Due</b>	<b>\$279.96</b>
<b>Total Amount Due before 11/01/2020</b>			<b>\$1,119.84</b>

\* Please Note: Approximately 2.4% of your premium represents costs associated with Health Care Reform Taxes and Fees

*Highmark Choice Company is an independent licensee of the Blue Cross and Blue Shield Association*

**Change of Address - Print Below**  Home Address  
 Mailing Address  
 Billing Address

Street Address

City

State Zip Code

County

Telephone Number

## **Discrimination is Against the Law**

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY: 711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.