

# UNDERSTANDING THE "MEDICARE PREMIUM BILL" FORM (CMS-500)

## YOUR MEDICARE NUMBER

Found on your Medicare card. **Please write your Medicare number on your check or money order.**

## BILLING INFORMATION

- Current amount due and coverage period 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. May also include Part B late enrollment penalty and/or Part B IRMAA amounts if they apply to you.
- Past due amount and coverage period already billed for Part A and/or Part B.
- Current amount due for Part D IRMAA and coverage period.
- Past due amount and coverage 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 date shown. You'll only see a termination date(s) on a bill that says "Delinquent" at the top.

## PAYMENT COUPON

Cut or tear off the bottom portion of the bill and return it with your payment (or credit or debit card information). **Note: if you don't send in this coupon, your payment could get delayed.**

## AMOUNT PAID

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

## VISA/MASTERCARD/AMERICAN EXPRESS/ DISCOVER NUMBER

You may pay premiums with a Visa, MasterCard, American Express, or Discover credit or debit card. To use this option, write in your credit or debit card account number, expiration date, Billing ZIP Code, and sign the form. If you pay by credit or debit card, you must provide your signature and return the payment information in the return envelope we sent you.

CMS-500 (2/16)  
 U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

**MEDICARE PREMIUM BILL**

DATE: mm/dd/yyyy

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	mm/dd/yyyy-mm/dd/yyyy	\$0.00	\$0.00		\$0.00
Past due amount for Part A and/or Part B	mm/dd/yyyy-mm/dd/yyyy	\$0.00	\$0.00		\$0.00
Amount due for IRMAA Part D	mm/dd/yyyy-mm/dd/yyyy		\$0.00		\$0.00
Past due amount for IRMAA Part D	mm/dd/yyyy-mm/dd/yyyy		\$0.00		\$0.00

Part A termination date: mm/dd/yyyy  
 Part B termination date: mm/dd/yyyy  
 Part D termination date: mm/dd/yyyy

Total amount due: **\$0.00**  
 Payment in full due by: mm/dd/yyyy

**Please send your full payment by** mm/dd/yyyy. 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 \$ 0.00 on mm/dd/yyyy

**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.**

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: \$0.00 Due in full by: mm/dd/yyyy

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**

Amount you are paying: \$

Visa/MasterCard/American Express/Discover Number:     -     -     -

Expiration Date: (MM/YYYY)   -

Credit/Debit Card Billing ZIP Code:

Signature:

(over)

## BILL 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 BILL**, it means your last payment was received timely or this is your initial bill.
- **SECOND BILL**, it means a payment is late by at least 60 days.
- **DELINQUENT BILL**, it means a payment is late by at least 90 days and you could lose your Medicare coverage.
- **ESTATE BILL**, 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 – known as Medicare Easy Pay).

## PART A, PART B, & PART D COVERAGE

- Some people with Medicare owe premium payments for:
- Hospital Insurance (Part A) only.
  - 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 Income Related Monthly Adjustment Amount (IRMAA).
  - Part D Income Related Monthly Adjustment Amount (IRMAA), an amount in addition to the Part D premium. **Note: this isn't your Part D premium. If you have Part D, your Part D plan bills you for your regular premium amount.**
  - More than one part (Part A, Part B, Part D IRMAA).

## TOTAL AMOUNT DUE

This is the total amount due right now. It may include past due amounts from an earlier billing period.

## PAYMENT IN FULL DUE BY

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

## LAST PAYMENT RECEIVED

This is the date that we last received a payment from you. If your last payment was submitted close to the due date it may not be reflected on this bill.

## PAYMENT ADDRESS

Send your payment or credit card information with the lower, tear-off portion of the bill in the return envelope we sent you.



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## INFORMATION ON HOW TO PAY

This section tells you about the different ways you can pay the amount due. **Note: You can't make payments by phone.**

**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.

## CONTACT INFORMATION

This section provides information on who to contact or where to go to get answers for questions about the bill and/or assistance. Please don't write messages to CMS on your bill.

- **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](http://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.

## IMPORTANT MEDICARE COVERAGE INFORMATION

This section tells you what happens if you don't pay your premiums, about losing coverage, and how to reapply for coverage.

**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.

## CHANGE OF NAME OR ADDRESS

To change or correct your name or address, write the new information in the boxes provided. Use capital (upper case) letters when writing in the new information, and write only one letter or number in each box.

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	
<input type="text"/>	<input type="text"/>	
P.O. Box	Apartment Number	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>