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.
- 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 due date. 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).

**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.

**PAYMENT IN FULL DUE BY**
This is the total amount due right now. It may include past due amounts from an earlier billing period.

**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.
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, or call 1-800-MEDICARE (1-800-633-4227). Teleypewriter (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, 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, or call 1-800-MEDICARE.

For more information about this bill, visit Medicare.gov and type “CMS-500” in the Search box.

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.

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.

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.

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.

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.

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.

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