



# Commonwealth Care

## BILLING UPDATE

**Commonwealth Care billing is changing.** Starting in December, your monthly bill will be due on the **25th of each month**. NO payment is due in November. Your new bill will look different and have more information. Read on to learn about what to expect.



### Why are things changing?

Before, you were billed in advance for your month of Commonwealth Care health insurance coverage. Now, you will be billed at the beginning of the month for coverage in the same month.

### What does this mean for you?

- You will receive your monthly bill by the **10th** of each month. Payment must be processed by the **25th** of each month.
- Your new bill will look different and have more detailed information. *Turn this page over to see a sample.*
- Remember to detach and return the coupon with your premium payment. Write your account number on your check or money order. Your account number begins with a "C". Make checks payable to: Commonwealth Care.
- If your payments are made automatically each month, you may need to contact your bank to find out if anything needs to be changed.
- If your account is past due, you must make a payment in order for your health benefits to continue. Contact Customer Service if you have any questions.
- You can check your account status and balances online by visiting our website at: [www.MAhealthconnector.org](http://www.MAhealthconnector.org).



If you have any questions, call Commonwealth Care Customer Service Monday-Friday, from 8:00 a.m. to 5:00 p.m. at 1-877 MA ENROLL (877-623-6765), TTY 1-877-623-7773 for people with total or partial hearing loss.

**NOW - More detail is available about your health plan and your account history.**

**Commonwealth Care Health Insurance Monthly Bill**



Bill Date: 12/02/2008  
Account Number: C0000012345  
Bill Number: 765000  
Coverage Month: December 2008  
Health Plan: Your Health Plan Name  
Your Plan Type

MEMBER NAME  
123 ABC ST  
ANYTOWN MA

Last Billed Amount	Last Payment Received	Past Due Amount	Adjustments Amount	Current Premium	Total Amount Due
50.00	50.00 10/15/2008	0.00	0.00	50.00	50.00

**IMPORTANT MESSAGE PLEASE READ**  
Your payment is due by 12/25/2008

**SAMPLE**

If you have any questions, call Commonwealth Care Customer Service Monday-Friday, from 8:00am to 5:00pm at 1-877 MA ENROLL (877-623-6765), TTY 1-877-623-7773 for people with total or partial hearing loss. The Call Center can show you how to check your account status online. You can also visit our website at [www.MAhealthconnector.org](http://www.MAhealthconnector.org)



Detach and return this coupon with your premium payment.  
Please write your account number on your check or money order.  
DO NOT send Cash. Make Checks payable to: Commonwealth Care.

MEMBER NAME  
123 ABC STREET  
ANYTOWN MA

Due Date: 12/25/2008  
Amount Due: 50.00  
Amount Enclosed:

Account Number: C0000012345  
Bill Number: 765000

COMMONWEALTH CARE  
PO BOX 11713  
NEWARK NJ 07101-4713