



### Account Information and Billing Statement Payment Due

<MMMM/DD/YYYY>



<NAME>  
<ADDRESS>  
<CITY/STATE/ZIP >

This statement shows the updated status of your Basic Health (BH) account starting on the coverage month below. This replaces any previous *Account Information and Billing Statements* we issued for this coverage month. Your premium amount or coverage and benefits may have changed.

Coverage month: <MM/YY> Premium amount: <\$\$\$\$.\$\$>  
Health plan: *example* <Community Health Plan> Account status: <ACTIVE/INACTIVE>  
Health plan phone number: <1-899-999-9999> Monthly family income <\$\$\$\$.\$\$>

**Status of family members:**  
Basic Health coverage: <NAME(S)>  
Basic Health *Plus*/Maternity Benefits: <NAME(S)>  
No coverage: <NAME(S)>

**Additional information:**  
[REASON] *Re enrollment*  
[REASON]  
[REASON]  
[REASON]  
[REASON]  
[OTHER]

**You must pay each amount shown by the due date to avoid loss of coverage.**  
These amounts include all premium changes. See the reverse side for more information.  
To check if BH received your payment(s) call **1-800-842-7712** anytime.

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<107BSU> Coverage month: <MM/YY> Statement date: <MM/DD/YYYY> ID#:

Name: <FIRST NAME> <LAST NAME>  
Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Mail your payment(s) to:  
**Basic Health**  
**P.O. Box 34270**  
**Seattle, WA 98124-1270**

- Do not send cash.
- Write your ID number on your check or money order
- Make it payable to the Washington State Treasurer

<BALANCE1> is due by <MM/DD/YYYY> for coverage through <MM/YYYY>.  
<BALANCE2> is due by <MM/DD/YYYY> for coverage through <MM/YYYY>.

Washington State Health Care Authority  
P.O. Box 42683 • Olympia, WA 98504-2683  
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 • [www.basichealth.hca.wa.gov](http://www.basichealth.hca.wa.gov)