



700 Main Street
Alamosa, CO 81101

fridayhealthplans.com
844-451-4444

12/13/2021

Friday Health Plans ID: 123456789-01

Jane Doe
11412 3900 Rd.
Apt 342
Austin, TX 78703

Dear Jane,

We received your request to enroll in the Friday Silver Copay plan and thank you for choosing Friday Health Plans for your health insurance needs.

For your coverage to go into effect, you must pay your initial month's health insurance premium of \$13.65 by the 1st, your plan's start date. If you're receiving this letter after your due date, please pay immediately. If you've already made your payment, you may disregard this letter.

Friday Customer Service: 844-451-4444

Member Portal: fridayhealthplans.com

Monday - Friday between 8AM - 8PM CT

Deaf or hearing impaired using TTY may call 800-659-2656

To make a credit card payment or withdrawal from your checking account:

- **Online payments:** Click the "PAY NOW" button to pay at fridayhealthplans.com
- **Set up Automatic payments online:** Register at the Friday Health Plans member portal, log in and visit the payment section where you can also set up automatic monthly payments.
- **By Phone:** Call the Friday Care Crew to make a payment by phone

To pay by check

Please include the coupon below with your payment and your Member ID number on the check, payable to Friday Health Plans.

Please detach and return with your payment.



700 Main Street
Alamosa, CO 81101

☐ Check box for address change
(See other side)

<<SUBSCRIBER_FIRST_NAME>> <<SUBSCRIBER_LAST_NAME>>
<<SUBSCRIBER_ADDRESS_LINE_1>>
<<SUBSCRIBER_ADDRESS_LINE_2>>
<<SUBSCRIBER_ADDRESS_LINE_3>>
<<SUBSCRIBER_CITY_NAME>>,<<SUBSCRIBER_STATE_CODE>><
<SUBSCRIBER_ZIP_CODE>><SUBSCRIBER_ZIP_4_CODE>>

| | |
|-------------|--------------------|
| Member ID | 123456789-01 |
| AMOUNT DUE: | <<PREMIUM_AMOUNT>> |

Amount Remitted:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Friday Health Insurance
Company, Inc.
DEPT# 42202
PO BOX 650020
DALLAS, TX 75265-0020

0200033209 00000001 0000051047 4

<<State Covering Entity Info>>

Friday Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

<<Exchange Language>>

<<Exchange Logo 2>>

Address Change Notice

Member ID _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Phone _____

Email Address _____