

¿Inscrito en KidsCare? No se le olvide:

1.

Se le enviará un
cobro mensual.
Haga su pago antes
del día 15.

Asegúrese de
hacer su pago
mensual.

Puede hacer su
pago por Internet,
por correo, o
dejarlo en
701 E Jefferson St.
Phoenix.

3.

También
puede
registrarse
para pago
automático

FOR ADDRESS CHANGES OR UPDATES PLEASE VISIT WWW.AZAHCCCS.GOV
OR CALL ELIGIBILITY 602-417-6257 OR 602-735-6437.

Write your name and account number on the
front of your check or money order and make
payments to AHCCCS. Do not send cash.

AHCCCS
Arizona Health Care Containment System
Premium Billing Statement
Health Insurance

PHOENIX AZ 85006

STATE OF ARIZONA AHCCCS
File 748228
Los Angeles, CA 90074-9228

Payment Coupon

Account Number	
Total Payment Due	\$115/17
Payment Due Date	
Amount Enclosed	\$

6102166701



2.

AHCCCS Arizona Health Care Containment System

Terms and Conditions
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Welcome to the AHCCCS Premium Billing Online Payment Service

This is a free service offered by AHCCCS Premium Billing that allows you to manage your bill payments online. It's easy and simple to setup. With Online Payment Service, you can pay your bill online, setup an automatic payment, and view online payment history via an easy-to-use interface.

It is recommended you schedule your payment at least 3 business days before the actual payment due date. For same day payments, if you complete your payment request by 4:30 p.m. MST, your payment will be processed that day. If you enter your payment request after 4:30 p.m. MST, the payment will be processed the following business day at 4:30 p.m. MST.

If you enter a payment for a date in the future, the payment request will be processed at 4:30 p.m. MST on that date.

If you enter a payment for a Saturday or Sunday, the payment will be processed the following business day at 4:30 p.m. MST.

If you enter a payment for a federal holiday, the payment will be processed the following business day at 4:30 p.m. MST.

Login

Email:

Password:

Forgot your password?

Enroll

Account Number from:

Premium Billing Statement:

Zip Code from:

Premium Billing Statement:

Terms & Conditions:

Click here to view Terms and Conditions.

Enrollment signifies your acceptance of the Terms and Conditions.

¿Tiene preguntas? Llame Al (602) 417-4254
www.azahcccs.gov

(Haga clic en MIEMBROS/ SOLICITANTES, y después en Pagos de Primas)