

Molina Marketplace Mail-in Payment Coupon

To mail your payment, please print out this form and include the following:

- ✓ Remember to write your Account#/Subscriber ID# on your check or money order
- ✓ Make checks payable to Molina Healthcare (please allow 10-15 days for mailing and processing).

First Name: _____ Last Name: _____

Account #/Subscriber ID#: _____

Address: _____

State: _____

Zip Code: _____

Amount Enclosed: _____

Send Payment to:

Molina Healthcare

P.O. Box 75159

Chicago, IL 60675-5159

Here are other convenient ways to pay!

- Use your mobile device or desktop. Go to **MolinaPayment.com**, or log in at **MyMolina.com**. We accept Visa, Master Card, Discover Card or Check.
- Register for AutoPay (automatic monthly payments). Go to **MyMolina.com**
- Make cash payments at MoneyGram. To find a location, call (800) 666-3947 or visit **MoneyGram.com**.



Your Extended Family
MolinaMarketplace.com