

Plan:  KAISER PERMANENTE. _____

Monthly Premium: _____

Access code: _____

Cov. Cal. Case#: _____

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 KAISER PERMANENTE. - Pay by the 15th for coverage to start the following month:


by phone: 844-524-7370
online: www.kp.org/paypremium
by mail: P.O. Box 7192
Pasadena, CA 91109-7192

No invoice? Call 844-524-7370
General: 800-464-4000 | 800-788-0616 Spanish
www.kp.org

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