

Thank you for choosing Molina Healthcare

Your Payment Reference # is: **TX-074109-112818**

Please retain this reference number for your records.

Payment Summary

Subscriber Name: Alicia Flores Paz

Coverage Effective Date: 1/1/2019

Subscriber ID: 0006295611

Amount Paid: \$44.94

Remaining Balance: \$0.00

Amount Due Date: 12/24/2018

Member Name(s): Alicia Flores Paz

Payment Submitted On: 11/28/2018

Time Stamp: 20:12:39 PST

For more information about health insurance, please visit MolinaHealthcare.com. If you have any comments, questions or issues, please call us at (888) 560-2025, Monday to Friday, 8:00 am – 8:00 pm, Saturday, 8:00 am – 6:00 pm CT.

