

# 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 of Michigan, Inc. (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 of Michigan, Inc.

P.O. Box 809700

Chicago, IL 60680-9700

## **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**.

MolinaHealthcare.com



Your Extended Family

P.O. Box 22782  
Long Beach, CA 90802

Do not mail payments to this address  
Mail payments to the address provided in the "Send Payment to" section above