

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 Wisconsin, 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 Wisconsin, Inc.

P.O. Box 809702

Chicago, IL 60680-9702

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