

Molina Essential Plan/Child Health Plus 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 New York, 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 New York,
Inc.

P.O. Box 21396

New York, NY 10087-1396

Here are other convenient ways to pay!

- Use your mobile device or desktop. Log in at MyMolina.com.
We accept Visa, Master Card, Discover Card or Check.
- Register for AutoPay (automatic monthly payments). Go to MyMolina.com

MolinaHealthcare.com



Your Extended Family

P.O. Box 22762
Long Beach, CA 90802

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