

HMSA@vuebill.com

CONFIRMATION EMAIL

Your HMSA payment processed.



An Independent Licensee of the Blue Cross and Blue Shield Association

The following payment processed:

Payment ID:

Payment Date: 8/3/2021

Payment Amount: \$1,925.54 option #2

Payment Status: Paid

If you are an Individual Plan subscriber and would like to view your Payment Activity, please log in to your account on hmsa.com.

If you are an employer group and would like to view your Payment Activity, please log in to your account at <http://www.vuebill.com/hmsa>.

For billing and payment assistance, please call:

Senior Plans

(808) 948-6174 on Oahu or 1-800-782-4672 toll-free from Neighbor Islands and U.S. Mainland

TTY users should dial 711

Representatives are available to assist with your billing and payment questions Monday - Friday, 8 a.m. to 5 p.m. HST

Individual Plans

(808) 948-6140 on Oahu or toll-free at 1-800-782-4672

Representatives are available to assist with your billing and payment questions Monday - Friday, 8 a.m. to 5 p.m. HST

COBRA

(808) 948-6386 on Oahu or toll-free at 1-855-260-5256

Representatives are available to assist with your billing and payment questions Monday - Friday, 8 a.m. to 5 p.m. HST

Employer Groups

(808) 948-6386 on Oahu or toll-free at 1-855-260-5256

Payment Details

 You now receive bills in the mail.

 SWITCH TO EBILLING

Account Number:	PPARA0000
Subscriber or Group Number:	R0000
Payment Made To:	HMSA
Payment Amount:	\$1,925.54 option #2
Payment Date:	8/3/2021
Payment Account:	****
Reference Number:	
Payment Status:	Paid
Payment Source:	User
Payment Memo:	0

Payment Activity Log:

8/3/2021 04:25:58 PM	Payment Processing
8/3/2021 04:25:31 PM	Payment Successfully Created

 CLOSE

HMSA MY ACCOUNT



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[Logout](#) [Contact](#) [Help](#)

- [Pay Bills](#)
- [Bill History](#)
- [Payment Activity](#)**
- [Setup](#)

Payment Activity

You now receive bills in the mail.

SWITCH TO EBILLING

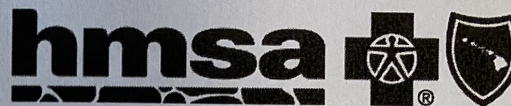
EXPORT SELECTED

Account Number Filter:

<input checked="" type="checkbox"/>	Account Number	Subscriber or Group Number	Amount Paid	Scheduled Date	Date Paid	Status		
<input checked="" type="checkbox"/>	PPARA0000 [REDACTED]	R00000 [REDACTED]	option #4 \$2,050.30	08/02/21	08/03/21	Paid	View	
<input checked="" type="checkbox"/>	PPARA0000 [REDACTED]	R00000 [REDACTED]	\$1,265.16	04/19/21	04/19/21	Paid	View	
<input checked="" type="checkbox"/>	PPARA0000 [REDACTED]	R00000 [REDACTED]	\$1,911.50	01/10/21	01/11/21	Paid	View	
<input checked="" type="checkbox"/>	PPARA0000 [REDACTED]	R00000 [REDACTED]	\$1,911.50	01/09/21	01/11/21	Paid	View	

PAYMENT RECEIPT

HMSA
818 Keeaumoku St.
Honolulu, HI 96814



An Independent Licensee of the Blue Cross and Blue Shield Association

Date	Time
8/4/2021	11:14 AM

Account #	Account Name	Amount Paid	Payment ID
PPARA0000 [REDACTED]	[REDACTED]	option #2 \$2,050.30	[REDACTED]
	TOTAL AMOUNT PAID	\$2,050.30	

Sign up for electronic payments! Log on to HMSA's electronic bill payment system to view your bills and schedule one-time or recurring payments. It's fast, free, and easy. Ask your HMSA representative for details.

Thank you!

HMSA



CONFIRMATION LETTER

September 6, 2019

[REDACTED]
[REDACTED]
APT
HONOLULU, HI 96822

Dear Mrs. [REDACTED]

We recently received your request to verify the following information:

You are covered under UH/CHAMINADE PLAN-UH MANOA with membership number R0000. This plan is effective from 08/20/2019 to 12/31/2019. Coverage for this plan includes medical, dental and prescription. Your fall semester is paid in full in the amount of \$1,846.73 covering you from 08/20/2019 to 12/31/2019.

If you have any questions, please contact HMSA's Membership Services department at 948-6140 on Oahu or 1 (800) 782-4672 toll-free on the Neighbor Islands.

Sincerely,

Kopa Naeole
Membership Services
Account Servicing Advocate