

# 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](http://MyMolina.com).  
We accept Visa, Master Card, Discover Card or Check.
- ✓ Register for AutoPay (automatic monthly payments). Go to [MyMolina.com](http://MyMolina.com)

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