



Children's Health Insurance Program
 P.O. Box 304839
 Montgomery, AL 36130-4839
 1-888-373-KIDS(5437)

invoice



Contact ID

Contract Number	Name	Contract Number	Name
The amount shown on this invoice is due to ALL Kids. Benefits can be used while making payments on the amount shown.			You owe this amount \$

Payments can be made in 3 ways!



Online - with a credit/debit card at the ALL Kids website www.adph.org/allkids
 Click on the "Pay Premium Now" link.
Note: There is a \$4.00 fee per credit/debit card transaction.



By phone - with a credit/debit card by calling ALL Kids toll-free at **1-888-373-5437**.
 se habla español
Note: There is a \$5.00 fee per credit/debit card transaction.

Note: You will need your Contact ID # _____, child's date of birth and last four digits of a child's social security number.

Detach and return this payment slip to pay by check or money order.



By mail - to address shown on top right of this invoice
DO NOT SEND CASH. Send check or money order only.

- List your Contact ID # on your check or money order.
 (Located at the bottom of this form.)
- Use the enclosed self-addressed envelope.
- Make checks and money orders out to ALL Kids.

Parent Name _____

Contact ID# _____

Amount Enclosed _____