

## BeWell Invoice Sample

This invoice pertains to a new policy eligible for NMPA and NAPA, as well as qualifying for MTPR.

Since BeWell invoices on behalf of all carriers, a single invoice may include multiple carriers and/or product types (e.g., medical and dental). As a result, invoices specify both carrier names and product types.

Adjustments for previous months, if applicable, would be detailed as individual line items for each coverage month and corresponding subsidy.

This sample is for a member participating in recurring payments. For those not enrolled in recurring payments, the message on the first page is replaced with information on available payment options.

**New Mexico Health Insurance Marketplace**

7601 Jefferson St NE, Suite 120

Albuquerque, NM 87109



[Name]  
[Address]  
[City State IP]

Monthly Billing Statement	
Invoice Date	01/05/2025
Invoice #	9999999
Billing Month	02/2025
Reference ID	11111111
Statement Summary	
Previous Balance	\$0.00
Payments Received	\$0.00
New Premium Charges	\$422.63
Premium Adjustments	\$0.00
Tax Credits/State Assistance	-\$422.63
<b>Total Due</b>	<b>\$0.00</b>

You authorized the New Mexico Health Insurance Exchange to make regularly scheduled payments against the account number you provided when you elected recurring payments. Proof of the payment will appear on your bank or card statement as one charge paid to the New Mexico Health Insurance Exchange. Your authorization will remain in effect until you cancel it.

**If you enrolled using your debit or credit card, make sure the amount you authorized agrees with your monthly plan premium.** To update the authorized amount, log in to your online account at [www.beWellnm.com](http://www.beWellnm.com) or call 1-833-862-3935 option 5 for assistance.

**See reverse for statement details**

*Please retain this portion of the bill for your records.*

*✂ Please detach and return this portion with your payment.*

**New Mexico Health Insurance Exchange**

Subscriber	Reference ID	Total Amount Due	Due Date
[Name]	11111111	\$0.00	01/31/2025

**Make check payable to: New Mexico Health Insurance Exchange**

To pay online please visit [www.beWellnm.com](http://www.beWellnm.com)

Amount Enclosed

\$

**Mail payment to:**

New Mexico Health Insurance Exchange  
PO Box 26508  
Albuquerque, NM 87125-6508

000001011111100

# New Mexico Health Insurance Exchange

Invoice Date	Due Date	Amount Due
01/05/2025	01/31/2025	\$0.00

### Financial Assistance Types

**Tax Credits** - Advance Premium Tax Credit  
**NMPA** - New Mexico Premium Assistance  
**NAPA** - Native American Premium Assistance  
**MTPR** – Medicaid Transition Premium Relief

## Statement Detail

Current Charges	Plan	Medical/Dental	Coverage Month	Amount
<b>Premium</b>	[Carrier Name]	Medical	02/2025	\$422.63
<b>Tax Credits</b>	[Carrier Name]	Medical	02/2025	-\$343.92
<b>NMPA</b>	[Carrier Name]	Medical	02/2025	-\$9.05
<b>NAPA</b>	[Carrier Name]	Medical	02/2025	-\$1.94
<b>MTPR</b>	[Carrier Name]	Medical	02/2025	-\$27.72

**Subscriber:** [Name]    **Member ID:** [11111111]

Plan	Coverage Type	Medical/Dental	Coverage Month
[Carrier Name]	[Plan Type]	Medical	02/2025

## Covered Dependents

Member	Coverage Type	Coverage Month
[Dependent Name]	[Plan Type]	02/2025

✂ Please detach and return the front portion with your payment.

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