**CHECKING ACCOUNT** 

**DEBIT OR CREDIT CARD** 

your myBlueCross account.

# An easier way to pay your premium.



Automatic Premium Payment from Patrius Health is a convenient, no-cost option to pay your premiums electronically and avoid mailing payments each month. Options for setting up automatic payments from your **checking account**, **debit card** or **credit card** are listed below:

Online – Visit PatriusHealth.com 9 By Phone – Call the Customer 9 By Mail – Complete and mail

3 Ways To Set Up

	and sign into your <i>my</i> BlueCross account.	Service number on the ba your member identification	i i i i i i i i i i i i i i i i i i i
E-Check Recurring Payment Authorization Agreement for Patrius Health			
Automatically deducts premiums from your checking account on or after the 1st day of each month. Complete, sign and mail this agreement. Also include A BLANK, VOIDED CHECK			
	Contract Holder's Name (please print)		Phone
			()
Blue Cross and Blue Shield Contract No. (if applicable)			
Bank Name (or financial institution)			
	Account Number		Routing Number
I authorize Patrius Health to initiate premium deductions from the checking account and the named bank (or financial institution) specified above to charge such deductions to my account in accordance with the terms and conditions listed on the reverse side of this agreement.  Payment will be drafted on or after the 1st day of each month. I acknowledge that the amount of my premium may change. I certify that I am an authorized signer/owner of the above account.			
	Signature		Date LUTLUTLUU

2 Ways To Set Up

**NOTE:** Please **DO NOT** return this form with your bankcard number.

**Online** – Visit PatriusHealth.com and sign into

If application for healthcare coverage is not included, please mail the form to:

Payment Processing Department 450 Riverchase Parkway East PO Box 10928 Birmingham, Alabama 35202

By Phone – Call the Customer Service number

on the back of your member identification card.

### **The Provisions Under This Agreement**

The authority granted to automatically draft funds from or charge my account remains in effect until Patrius Health and the applicable bank (or financial institution) receive written notification from me of its termination in such a time and manner as to give Patrius Health and the bank a reasonable opportunity to act on it (30 days).

I have the right to stop payment of a fee deduction by notification to the bank in time to give the bank a reasonable opportunity to act on my request prior to charging my account. After my account has been charged, I have the right to have the amount of an erroneous deduction credited to my account by the bank, provided I send written notice of such erroneous deduction to the bank within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

## **Important**

Premiums for all plans are due monthly. E-Check Recurring Payments can only be set up for personal checking accounts. Please allow 30 days to process your request, and continue paying your premium until notified that you are set up for automatic payments and the date your first payment will be deducted. The deduction is handled through the Federal Reserve Banking System and the debit will appear on your monthly statement. If your contract becomes past due for any reason, we reserve the right to cancel your automated monthly payments and begin mailing a monthly billing statement to the address on your contract. Our payment policy requires contracts to be paid current in order to remain on monthly automated payments.

#### Statement of Nondiscrimination

Patrius Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia

lingüística. Llame al 1-855-630-6823 (TTY: 711)

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電

1-855-630-6823 (TTY: 711) •