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Medicare Payment Options

Member Name: _____ Member Number: _____

Rocky Mountain Health Plans is pleased to offer three different options for premium payment. Please check the box for the payment plan you wish to change to:

- Quarterly Invoice Billing.** RMHP will mail you a quarterly premium billing invoice. This option requires pre-payment for the entire quarter. Quarterly payments are due the first business day of the month and the amount due is for the full three months.
- Monthly Bank Draft.** RMHP can withdraw your monthly premiums directly from your bank account. With this option, no invoice is mailed and you do not have to worry about mailing your payment on time. *Simply complete the Account Deduction Authorization form and attach a voided check.*
- Monthly Credit Card Automation.** RMHP can automatically request monthly payment from your credit card company. With this option, there is no invoice sent and you do not have to worry about mailing your payment on time. As an added convenience, **you only need to give us your Credit Card information and approval one time.** Simply complete the credit card form below and check the box for **recurring billing.**

Thank you for your Membership with Rocky Mountain Health Plans.

Account Deduction Authorization

I, _____, authorize the monthly deduction of
(Print Name)

Rocky Mountain Health Plans premiums from my account _____
(Account Number)

at _____
(Bank Name) (Location)

for _____
(Subscriber name, if different) (Subscriber Member Number)

I understand that if the bank fails to remit my premium, my membership will not be terminated until I have been given the opportunity to pay the amount due.

Signature _____ Date _____

Please attach a voided check from your bank account.

Credit Card Authorization

Use this form to pay the accompanying invoice with either VISA, DISCOVER, or MASTERCARD. Simply fill in the information requested then sign where indicated before returning this form with your invoice.

Name of Account Holder (if different from Member Name): _____

CREDIT CARD: VISA DISCOVER MASTERCARD Expiration Date: Mo. _____ Yr. _____

Credit Card Number: _____ Recurring Billing Yes No

Amount: \$ _____ Date: _____

Signature of Account Holder

PO Box 10600, Grand Junction, CO 81502-5600

Fax: 970-244-7769

If you have benefit questions please contact Customer Service 8:00 a.m. to 8:00 p.m., Mountain Time, 7 days a week.

RMHP Members residing in Colorado call 888-282-1420; TTY: 711.

Para asistencia en español llame al 888-282-1420.