

## Payment Options

Please check the box for the premium payment option you wish to utilize:

- 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.*

Thank you for your Membership with Rocky Mountain Health Plans.

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### Account Deduction Authorization

I, \_\_\_\_\_, authorize the monthly deduction of Rocky Mountain Health Plans  
 \_\_\_\_\_  
 (Print Name)  
 premiums from my account \_\_\_\_\_  
 \_\_\_\_\_  
 (Account Number) (Bank Routing 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.**

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### 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.

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Name of Account Holder (if different from member name): \_\_\_\_\_

CREDIT CARD:  VISA  DISCOVER  MASTERCARD Expiration Date: \_\_\_\_\_ Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**X** \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder

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RMHP Members in Colorado: PO Box 10600, Grand Junction, CO 81502-5600  
 WINhealth Partners Members in Wyoming: PO Box 10600, Grand Junction, CO 81502-5600  
 Fax: 970-244-7769

For medical benefit questions, we are open 8:00 a.m. to 5:00 p.m., Mountain Time, Monday through Friday.

- RMHP Members residing in Colorado, call 970-244-7912 or 888-282-1420.
- WINhealth Partners Members residing in Wyoming, call 800-840-2211.
- If you are hearing impaired and use TTY equipment, call 800-704-6370.
- Para asistencia en español llame al 800-346-4643.

For Part D prescription drug benefit questions, please call between 8:00 a.m. and 8:00 p.m., Mountain Time, Monday through Friday. From November 15 through March 1, we are also available 8:00 a.m. to 8:00 p.m., Mountain Time, on weekends and most holidays.