

## Individual Health Plan - Billing Form

Please print. Be sure to complete all information. Unanswered questions may result in a delay in processing.

Last Name:	First Name:	MI:	Social Security Number:
Member ID Number:	Date of Birth:    /    /	Business Phone: (    )	Home Phone: (    )
Address:		City:	State:
County:	Zip Code:	Effective Date of Change:    /    / <i>(if making a change to your current payment method)</i>	

**1. Initial Payment:**  
 **Bank Draft** (complete Account Deduction authorization below) *First month premium only, unless you also choose this as your Ongoing Payment method.*

**2. Ongoing Payment:**  
 **Monthly Bank Draft** (complete Account Deduction authorization below or set up recurring payments through your RMHP Member Portal)  
 **Monthly Invoice** – RMHP will mail you a monthly invoice and bank draft will be cancelled.

*Note: If this is your first payment, you must choose both an Initial and an Ongoing Payment method. If you are making a change to your current payment method, you only need to choose an Ongoing Payment method.*

**Account Deduction Authorization**     Checking     Savings

<b>Bank Name</b>
<b>Account Number</b>
<b>Routing Number</b>

**Authorization for Automatic Withdrawal**

I hereby authorize Rocky Mountain Health Plans (RMHP) to initiate debit entries to the account indicated above, and I hereby authorize the depository (DEPOSITORY) named above to debit the same account.

RMHP has the authority to draft funds from my bank account. This authority will remain in effect until I change or cancel it in writing and will comply with all U.S. laws that apply. If I decide to terminate RMHP's authority to draft my premium, I understand I must send written notice to RMHP at least 10 days before the date of termination. Written notice can be an e-mail to [billingreps@rmhp.org](mailto:billingreps@rmhp.org) or mailed to RMHP, PO Box 10600, Grand Junction, CO 81502. I understand my monthly premium may be deducted from my designated payment account if 10 days prior notice is not given. RMHP is not responsible for bank fees that occur due to late notification. I understand this statement will become part of my policy if I am issued one.

**Premiums are due on the 1st day of the month. Premiums received after the 1st shall be considered delinquent. Drafts on payer account will be made on approximately the 1st day of the month in which coverage will be in effect. RMHP's receipt of a nonpayment notice from the depository shall be considered a failure to pay premium, subject to delinquent status which could result in termination of coverage. Any changes to your account must be received in writing no later than the 20th day of the month prior to the change.**

I, \_\_\_\_\_, authorize the monthly deduction of Rocky Mountain Health Plans premiums from my account  
 (Print Name)  
 for \_\_\_\_\_ (Subscriber Name, if Different)

Subscriber Signature: \_\_\_\_\_ Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax: 970-244-7769      Email: [billingreps@rmhp.org](mailto:billingreps@rmhp.org)**

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within seven (7) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within seven (7) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**