

## 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>	
<b>1. Initial Payment Option:</b> <input type="checkbox"/> <b>Bank Draft</b> (complete authorization below) <i>Only your first month's premium will be deducted unless you also choose this as your Ongoing Payment Option.</i> <input type="checkbox"/> <b>Credit Card</b> (complete authorization below) <i>Only your first month's premium will be deducted unless you also choose this as your Ongoing Payment Option.</i> <b>2. Ongoing Payment Option:</b> <input type="checkbox"/> <b>Monthly Bank Draft</b> <input type="checkbox"/> <b>Monthly Credit Card</b> <input type="checkbox"/> <b>Monthly Invoice</b> – RMHP will mail you a monthly invoice and bank draft will be cancelled. <i>Note: If this is your first payment, you must choose both an Initial and an Ongoing Payment Option. If you are making a change to your current payment method, you only need to choose an Ongoing Payment Option.</i>			

### Account Deduction Authorization

Checking       Savings

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

### Credit Card Authorization

Subscriber Name: \_\_\_\_\_  
 Name of Account Holder (if Different): \_\_\_\_\_  
 Type of Card:     VISA     DISCOVER     MASTERCARD     AMERICAN EXPRESS  
 Credit Card Number: \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

### 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.**

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.**

**English**

There is important information about your coverage or application with Rocky Mountain Health Plans (RMHP) in this notice. Review it carefully. Look for actions you may need to take and deadlines. You have the right to get information in your language at no cost. Call 800-346-4643 for assistance.

**Spanish**

Hay información importante sobre su cobertura o solicitud de Rocky Mountain Health Plans (RMHP) en este aviso. Revíselo meticolosamente. Tome las acciones necesarias y considere las fechas de vigencia. Usted tiene el derecho a obtener esta información en su idioma sin ningún cargo. Llame al 800-346-4643 para obtener asistencia.

**Arabic**

في هذه المذكرة هناك معلومات هامة بخصوص التغطية الخاصة بك أو التطبيق الخاص بك مع الخطط الصحية لروكي ماونتن (RMHP). عليك مراجعتها بعناية. وقم بالتصرف الذي قد يكون عليك القيام به ومدد المهلة المطلوبة لذلك. إن من حقه الحصول على المعلومات بلغتك بدون مقابل. ويكون عليك الاتصال على الرقم 800-346-4643 للمساعدة.

**German**

Es gibt wichtige Informationen über Ihre Absicherung oder Anwendung bei Rocky Mountain Health Plans (RMHP) in dieser Mitteilung. Sehen Sie diese sorgfältig durch. Schauen Sie, ob sie Maßnahmen ergreifen oder Termine einhalten müssen. Sie haben das Recht, kostenlos Informationen in Ihrer Sprache zu erhalten. Rufen Sie 800-346-4643 an, wenn Sie Hilfe benötigen.

**French**

Cette notice comprend des informations importantes sur votre assurance ou votre demande aux régimes de Rocky Mountain Health Plans (RMHP). Veuillez l'examiner attentivement. Voyez quelles actions que vous devez prendre et leurs échéances. Vous avez le droit d'obtenir gratuitement des renseignements dans votre langue. Appelez le 800-346-4643 pour obtenir de l'aide.

**Japanese**

この通知にはロッキー・マウンテン・ヘルス・プラン (RMHP) の補償範囲と申請に関する重要な情報が掲載されていますので、よくお読みください。行う必要のある手続きおよび締め切り日にご注意ください。お客様には、関連情報を無料で母国語で受け取る権利があります。800-346-4643 までご連絡いただきサポートをご依頼ください。

**Korean**

이 안내문은 로키 마운틴 의료 보험 (Rocky Mountain Health Plans (RMHP))의 보험 적용 범위 또는 신청서에 대한 중요한 정보를 포함하고 있습니다. 신중하게 검토하시기 바랍니다. 취해야 할 조치와 마감기일에 유의하세요. 고객님의 언어로 된 정보를 무료로 받으실 수 있습니다. 서비스 관련 문의는 800-346-4643 로 전화주시기 바랍니다.

**Nepali**

यो सूचनामा तपाईंको बीमाकृत राशि वा रकी माउन्टेन हेल्थ प्लान्स (RMHP) लाई तपाईंले पेश गर्नुभएको आवेदनका बारेमा महत्त्वपूर्ण जानकारीहरू छन्। यसलाई ध्यानपूर्वक हेर्नुहोस्। तपाईंले चाल्न आवश्यक हुन सक्ने कदमहरू र समय सीमाबारे थाहा पाउनुहोस्। तपाईंसँग आफ्नो भाषामा निःशुल्क रूपमा जानकारीहरू प्राप्त गर्ने अधिकार छ। सहायताका लागि 800-346-4643 मा फोन गर्नुहोस्।

**Persian**

در این یادداشت اطلاعات مهمی راجع به درخواست یا پوشش مد نظر شما از سوی Rocky Mountain Health Plans (RMHP) ارائه می شود. با دقت آنرا مطالعه فرمایید. به اقداماتی که باید انجام دهید و مهلت مقرر آنها توجه نمایید. شما حق دارید اطلاعات را به زبان خودتان بدون پرداخت هزینه ای دریافت کنید. برای درخواست کمک به شماره 800-346-4643 زنگ بزنید.

**Russian**

В данном уведомлении содержится важная информация касательно Вашего страхового покрытия или заявления в организацию Rocky Mountain Health Plans (RMHP). Просим Вас внимательно его изучить. Вам необходимо наметить порядок действий и сроки. У Вас есть право на бесплатное получение информации на родном языке. За помощью обращайтесь по номеру телефона 800-346-4643.

**Simplified Chinese**

本通知中包含有关落矶山健康计划 (RMHP) 范围和应用的的重要信息。请仔细阅读。寻找您可能需要采取的措施和最终期限。您有权免费获得以自己的语言提供的信息。请致电 800-346-4643 寻求帮助。

**Vietnamese**

Trong thông báo này có thông tin quan trọng về phạm vi bảo hiểm hoặc đơn xin của quý vị với Chương Trình Chăm Sóc Sức Khỏe Rocky Mountain Health Plans (RMHP). Vui lòng xem kỹ thông báo này. Hãy tìm các hành động quý vị cần thực hiện và hạn chót của các hành động đó. Quý vị có quyền nhận thông tin bằng ngôn ngữ của quý vị mà không bị tính phí. Hãy gọi 800-346-4643 để được hỗ trợ.

**Yoruba**

Ìfítónìlétí pàtàkì wà nípa ìdarapọ̀ rẹ̀ àbí ibèèrè rẹ̀ pèlù Àwọn Èto Ìlera Rocky Mountain [RMHP] nínú àfíyèsí yí. Fí pèlèpèlè gbé e yèwò. Wò àwọn igbésẹ̀ tí o lè gbé àti àwọn àkókò tí ó dópín. O ní ètò láti gbà ìfítónìlétí yí ní èdè rẹ̀ l'òfẹ́. Pè 800-346-4643 fún ìrànlọ́wọ̀.

**Ibo/Igbo**

Enwere ozi dị mkpa gbasara mkpuchi ma ọ bụ akwụkwọ anamachoihe gị na Rocky Mountain Health Plans (RMHP) n'okwa a. Gugharja ya nke ọma. Chọọ ihe ndị i ga-eme yana nduzi. I nwere ikike inweta ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Kpọọ 800-346-4643 maka enyemaka.

**Tagalog**

May mahalagang impormasyon tungkol sa iyong coverage o aplikasyon sa Rocky Mountain Health Plans (RMHP) sa paalalang ito. Suriin ito nang mabuti. Alamin ang mga pagkilos na maaaring kailangan mong gawin at hanggang kailan mo dapat maisagawa ang mga iyon. May karapatan kang humiling ng impormasyon sa iyong wika nang libre. Tumawag sa 800-346-4643 para sa tulong.

**Amharic**

በዚህ ግንኙነት ላይ Rocky Mountain Health Plans (RMHP) ስለሚሰጥዎት ሽፋን ወይም ማመልከቻዎን በተመለከተ ጠቃሚ መረጃ አይገኝልም። በጥንቃቄ ይገምግሙት። መውሰድ ሊኖርብዎት ስለሚችሉ እርምጃዎችና የግዜ ገደብ ላይ ያተኮሩ። ያለምንም ከፍተኛ በጽንጽ መረጃ የማግኘት መብት አለዎት። እርዳታ ለማግኘት በ 800-346-4643 ይደውሉ።

**Cushite — Oromo**

Facaatii yokin iyyanoo kee Rocky Mountain Health Plans (RMHP) walín qabiduu ilalichisee odeeffannoo baribaachisaatu jiraa. Irra deebi'an siriti xiinxalii. Kan itifuxachoo qabidu fi guyyaa itti xumramuu itti hojachofi ilaalii. Kafalitii malle odeeffanno afani ketiinarigachofi miriga qabidaa. Garigarisafi 800-346-4643 lakofisaa kananii bilbilii.

**Kru-Bassa**

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu nam ma kolbaha ndjombi yong tole ma teeda mong ngueda Rocky Mountain Health Plans (RMHP). Yeng ma kel ma ngui munu li bihne lini. Bebeg le u nlama bon ngui man nwaale guim di loo i nkwo nyu l teda mateda ma mboo yong tole l bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel 800-346-4643.

## Notice of Nondiscrimination

Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters (remote interpreting service or on-site appearance)
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters (remote or on-site)
  - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 800-346-4643, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: the RMHP EEO Officer at 800-346-4643, 970-244-7760, ext. 7883, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643, or [eeoofficer@rmhp.org](mailto:eeoofficer@rmhp.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the RMHP EEO Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.