



Blue adVantage (HMO) | Blue adVantage (PPO)

130 DeSiard Street, Ste. 322
Monroe, LA 71201
1-866-508-7145 Phone
318-361-2199 Fax

Authorization Agreement for Medicare Advantage Member Premium Deductions

Member Name: _____ Member ID Number: _____

BANK OR CREDIT CARD DRAFT

I hereby authorize Blue Cross and Blue Shield of Louisiana, hereafter called Blue Cross, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any error to my account.

(choose one) Checking Savings Credit Card

I understand and agree that entries to the credit card/bank account listed below will occur on/around the 6th of each month.

BANK ACCOUNT (Please attach a voided check to this form before returning)

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit Routing ABA/Number: (9 numbers on left of check) _____

Account Number: _____

This form, along with a voided check, may be returned via mail or fax at the above address.

If you have questions, please call Customer Service at 1-866-508-7145.

CREDIT CARD

Type of Card: (choose one) Visa Mastercard Discover

Name as it appears on card: (please print) _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

SOCIAL SECURITY (SSA) CHECK OR RAILROAD RETIREMENT BOARD (RRB) CHECK DEDUCTION

I hereby authorize Blue Cross and Blue Shield of Louisiana, hereafter called Blue Cross, to submit a request to have my premium amount drafted from my SSA or RRB check.

I receive monthly benefits from: Social Security RRB

The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

I agree that this authorization is to remain in full force and effect until Blue Cross has received written notification from me of its termination in such time and in such manner as to afford Blue Cross a reasonable opportunity to act on it.

Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: ____/____/____ Phone: (____) ____ - ____

E-mail: _____ Alt. Phone: (____) ____ - ____

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of Louisiana Terms and Conditions - Automatic Payment

Automatic Payment Service Enrollment:

- The Automatic Payment service allows a member to authorize bill payments to be made on a recurring basis for each billing cycle for insurance premiums due. There is no fee for this service.
- Enrollment in the Automatic Payment Service constitutes authorization for Blue Cross to debit a bank account or process a credit or debit card payment on the designated draft date for the balance due on a member's account at Blue Cross.
 - The amount to be drafted/charged can vary month-to-month depending upon determinations made by the federal government through the Centers for Medicare and Medicaid Services (CMS).
- Upon enrolling in the Automatic Payment Service, the member's bill payments will be made on an ongoing basis, using the payment method designated, beginning on the next draft date after the enrollment until enrollment is cancelled.
- Enrollment must be at least 3 business days prior to the next draft date for payment to be processed. If authorization form is completed, the Accounting Department must receive the enrollment form at least 3 business days prior to the next draft date for payment to be processed.
- It is the member's responsibility to ensure that the account/card information is accurate, legitimate, and up-to-date to ensure proper authorization of your payment.
 - If the card expires or there is an address change on the card account, the automatic payment will have to be set up again. A card payment cannot be processed with this outdated information.
 - If the routing # for the bank and the bank account number is incorrect, the payment will be returned.
- If card payments decline or bank drafts are returned due to insufficient funds, the payment of the premium due is the sole responsibility of the member.

Conditions that may cause the Automatic Payment to be canceled:

- If the Automatic Payment has been returned due to insufficient funds for three recent payments, the Automatic payment may be canceled. A payment returned as insufficient may be assessed a fee which will be added to the member's next scheduled payment.
- If we receive notice that your bank account has been closed or frozen or is an invalid number, the Automatic payment will be canceled.
- If payment was stopped or claimed unauthorized, the Automatic payment will be canceled.
- If card payment has declined due to invalid card number, AVS mismatch (doesn't match billing address on card), or expired card, the automatic payment will be canceled.

If in the event, a member becomes unenrolled for any reason from the Automatic Payment service, it is the sole responsibility of the member to make all payments due to Blue Cross on a timely basis.

To cancel Automatic Payments:

You may go to the payment portal to cancel draft or call Customer Service at 1-866-508-7145.

Automatic payment must be canceled 3 business days prior to the draft date to stop the payment. Blue Cross will use reasonable efforts to respond to a request to cancel a bill payment that is received at least 3 business days before the draft date, but Blue Cross can provide no assurance that a cancellation can be accomplished and will have no liability with respect thereof.

User Responsibilities:

It is always the responsibility of users of the Automatic Payment service to contact Blue Cross directly if they do not receive their billing statements and if any electronic bill payment transaction initiated by such user fails or is not processed in a timely and accurate manner.

It is the responsibility of each user of the Automatic Payment service to review bills in a timely manner and to bring any errors, omissions, or questions to Blue Cross' attention.

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