

# Automatic bill payment enrollment form for Medicare plans

I authorize Priority Health to deduct my premium payment from the checking or savings account listed below. By choosing this option, I understand I will no longer receive a bill by mail each month. This form must be received by Priority Health by the 25th day of the month to be effective on the first of the upcoming month. I understand the deduction will occur on my choice of the first or the tenth of each month. If at any time I decide to discontinue this payment service, I will notify Priority Health in writing 30 days before discontinuing.

Policy holder name (please print): \_\_\_\_\_

Priority Health contract number: \_\_\_\_\_ Group number: \_\_\_\_\_

Deduct my premium payment on:  1st of the month  10th of the month

## Financial info:

Account holder name(s): \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account type:  Checking  Savings

ABA/routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

**NOTE:** If your bank account does not have sufficient funds to cover your plan's premium payment, Priority Health reserves the right to charge a non-sufficient funds (NSF) fee up to the amount allowed by the state of Michigan, which is \$25.

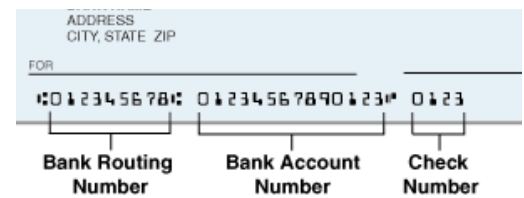
Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to:** **Or email to**  
Priority Health, MS 1190 **PH-SMPM@priorityhealth.com**  
1231 East Beltline NE  
Grand Rapids, MI 49525

To find your routing number use the 9 digits on bottom left-hand corner of a check, or call your financial institution.

Example:



Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. NCMS\_4000\_4001\_1777CB 03212017