

## Authorization Agreement for

### Automatic Bank Drafts – LA Blue Medicare Advantage Individual

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

I (We) hereby authorize Blue Cross and Blue Shield of Louisiana hereinafter called BCBS, to initiate debt entries and to initiate, if necessary, credit entries and adjustments for any debt entries in error to my (our) (choose one)  Checking  Savings

I understand and agree that recurring entries to the bank account requested will take place on the (choose one)  6th  One Time Payment \$ \_\_\_\_\_

I agree that this authorization is to remain in full force and effect until BCBS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BCBS and BANK a reasonable opportunity to act on it.

#### 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.

#### CREDIT CARD

Type of Card: (choose one)  Visa  Mastercard  Discover

Name as it appears on card: (please print) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

## 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 BCBS 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 BCBS.
  - 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). BCBS is not responsible for any loss a member may incur resulting from CMS changing the amount owed by a member for health insurance coverage through the Exchange.
- Upon enrolling in the Automatic Payment Service, the member's 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 BCBS on a timely basis.

### To cancel Automatic Payments:

You may go to the payment portal to cancel draft or call BCBS Member Services at 1-866-508-7145 (TTY 711).

Automatic payment must be canceled 3 business days prior to the draft date to stop the payment. BCBS 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 BCBS 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 BCBS 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 BCBS's attention.