Payment Methods for Individual Applications – Colorado



Applicant / Member Name:		Primary Applicant's SSN:		
Premium Payment is required. Please choose from Option 1 or 2 Please Note: All Payments will be debited as soon as the date of enrollment.				
OPTION 1 – If you choose the following option for INITIAL and FUTURE MONTHLY payments, you are NOT required to make a selection from Option 2 for your initial payment.		OPTION 2 – If you did not select OPTION 1, please choose from the options below for your INITIAL premium payment. If you choose one of these options, you will receive a bill every month thereafter for which you are responsible for payment.		
Monthly Automatic Premium Payment (complete Section A)		 Electronic Check (complete Section B) Credit / Debit Card (complete Section C) 		
A. Monthly Automatic Premium Payment – By providing your bank information, you authorize us to electronically debit your bank account. I understand that this authorization will apply to all products selected. Subsequent premium amounts will be debited on the day you request below:				
Checking Account Savings Account (You may need to contact your financial institution for routing and account number information.) Requested Debit Day: (1 st to 6 th of each month). If no date is requested, your premiums will be debited		A L Med 13 Mar Bant Angen Graf Regist Gr Regist Gr NENO 1234567891 234567890123	BATE 1175	
on the first of each month. Provide your Routing and Account Numbers here:	9-Digit Bar	lk Routing Number	Bank Acco	unt Number
As a convenience to me, I request and authorize Anthem Blue Cross and Blue Shield ("Anthem") to pay and charge to my account checks drawn on that account by and made payable to the order of Anthem Blue Cross and Blue Shield, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that the initial payment amount may vary as a result of change(s) during eligibility review, and/or subsequent payment amount may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, moving my residence, changing coverage and/or changes made by Anthem of which I am notified pursuant to my plan/policy. I agree that Anthem's rights with respect to each such debit shall be the same as if it were a check signed personally by me. I authorize Anthem to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem premiums. This authority is to remain in effect until revoked by me by providing Anthem a 30-day written notice. I agree that Anthem shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, Anthem shall be under no liability whatsoever even though such dishonor results in forfeiture of Payment and will be billed by mail. I will incur a service charge for any withdrawal not honored. Authorized Signature (as it appears in the financial institution's records) Account Holder Name (Please PRINT) Date				
B. Electronic Check – We will need you to complete the information below. We require an exact amount to be debited. Account Holder Name (Please PRINT) Bank Routing Number Account Number Amount				
				Amount \$
C. Credit / Debit Card - As a convenience to me, I request and authorize Anthem Blue Cross and Blue Shield ("Anthem") to charge my card for a one time initial debit upon approval. I understand this authorization will apply to all products selected. I understand that the initial payment amount may vary as a result of change(s) during eligibility review and/or subsequent payment amounts may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, moving my residence changing coverage, and/or changes made by Anthem of which I am notified pursuant to my plan/policy. I agree that Anthem shall be fully protected in honoring any such card payments. I further agree that if any such card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, Anthem shall be under no liability whatsoever, including any fees imposed by my bank, should my card be rejected even though such dishonor results in forfeiture of coverage. Anthem accepts Visa and MasterCard. Card Number: Debit Card: Debit Car				
Authorized Signature (as it appears on the credit card)	Cardholde	er Name (as it appears on the c	credit card – Please Print)	Date

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