

Pay your monthly Medicare Blue PPO health plan premiums quickly and easily!

Payment by automatic bank draft means:

- You don't have to write any more premium checks
- Medicare Blue PPO will deduct the premium from your bank account each month.
- You don't have to worry about your checks getting lost in the mail.
- Your monthly premium will be paid automatically.
- Your premium will be paid even if you are out of town.

What you need to authorize automatic bank draft:

- Complete the automatic bank draft authorization form below.
- If you and your spouse are enrolling in Medicare Blue PPO, complete a form for each of you.
- Please attach a voided check from your checking account. This is the account from which premium payments will be deducted.
- Tear off the automatic bank draft authorization form below. Send it with your voided check and first month's premium in the enclosed envelope.

Note: Your bank account must have sufficient funds to pay for the exact dollar amount of the premium on the agreed-upon payment date. If there are insufficient or uncollected funds in your account on the payment date, your bank will return the preauthorized payment and may charge you a returned check fee.

Please call 918-594-5323 or 1-800-642-8065
Hearing impaired individuals call TTY/TTD 1-800-722-0353
Hours: Monday-Friday, 8 a.m. to 5 p.m.

Automatic Bank Draft Authorization

By signing this form, I permit Medicare Blue PPO to deduct a monthly premium amount of _____ from the bank account indicated below. I understand that if my premium were ever to change, Medicare Blue PPO would notify me first.

I understand I must notify Medicare Blue PPO and my bank in writing if I want to stop deducting from my account. I understand I should notify Medicare Blue PPO if my account information changes.

Member Name: _____ Social Security Number: ____-____-_____

Address: _____

City: _____ State _____ Zip _____ Phone #: _____

Bank or Financial Institution: _____

Bank Account Number: _____

Please Check One: Checking Account Or Savings Account

Signature of account holder: _____ Date: _____

Please attach a voided check to the automatic bank draft authorization. Remember to enclose your first month's payment with your voided check and authorization form in the postage free envelope.

MedicareBluePPO