



Medicare Advantage Payment Option Form

Section 1 – Welcome to your Payment Option Form

All BCBSRI Medicare Advantage members may complete this form to select a premium payment option that allows the monthly plan premium to be deducted from Social Security Administration/Railroad Board checks or to authorize a Debit/Electronic Fund Transfer (EFT) from a bank account.

Section 2 – Personal information (please print) ☐ New Request ☐ Change Request ☐ Cancellation Request

Subscriber ID Number

Date of Birth

Last Name

First Name

Middle Initial

Permanent Residence Street Address (P.O. Box is not allowed)

City

State

ZIP Code

Billing Address (only if different from your Permanent Residence Street Address)

City

State

ZIP Code

Home Phone Number
()

Cell Phone Number
()

Alternate Phone Number
()

Email Address

Section 3 – Selection of Payment Option

☐ Option 1 - Social Security Administration/Railroad Board Deduction

By selecting this option, I authorize BCBSRI to withhold my Medicare HMO premium from my Social Security or Railroad Board check.

Signature: _____ Date: _____

☐ **Option 2 - Debit/Electronic Fund Transfer (EFT) Authorization**

By selecting this option, I authorize BCBSRI to automatically deduct my Medicare HMO from my bank account.

Signature: _____ Date: _____

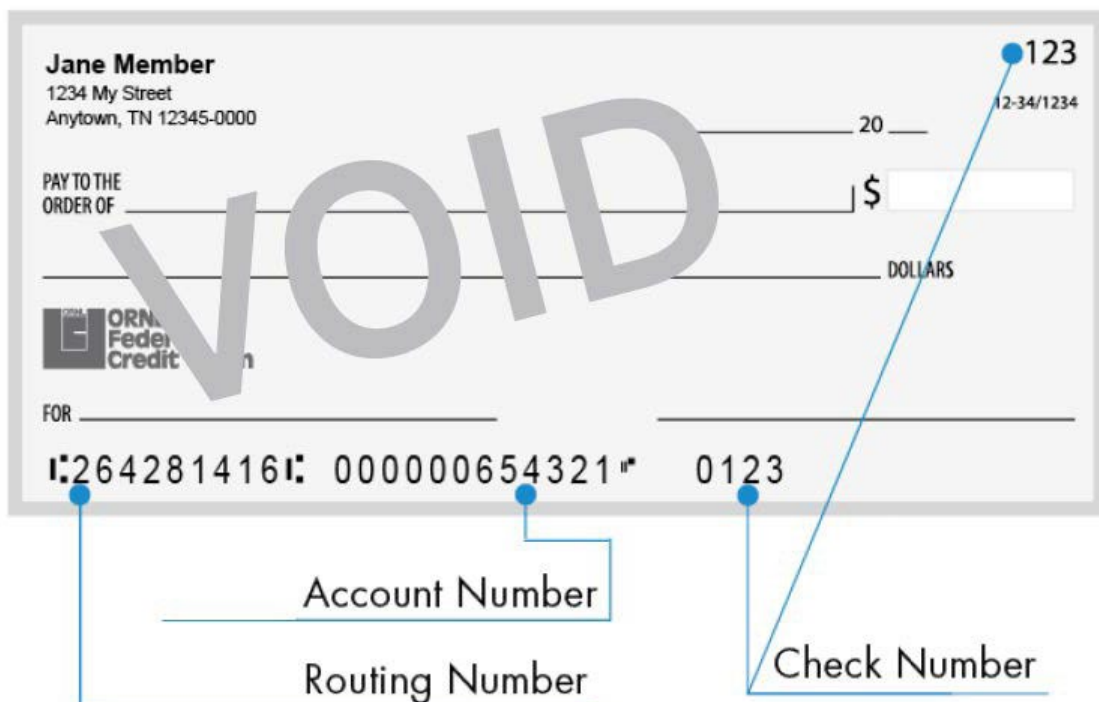
I (we) hereby authorize Blue Cross & Blue Shield of Rhode Island, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for premium payments for my (our) Blue Cross & Blue Shield of Rhode Island, health insurance account. I (we) acknowledge that the origination of such transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Street Address (P.O. Box is not allowed)

Routing Number	Account Number	
Type of Account	☐ Checking	☐ Saving



Section 4 – Submit your form

Submit this form to the address shown below. If you have any questions about these payment options, call our Medicare Concierge team at the phone number below, or visit one of our five Your Blue StoreSM locations. *

There are several ways you can submit your form:

By mail:

Blue Cross & Blue Shield of Rhode Island
Attn: Membership
500 Exchange Street
Providence, RI 02903-2699

By Email: ElectronicPayments@bcbsri.org

By fax:

(401) 459-5089

In person at Your Blue Store:

- **Cranston:** Marshall's Plaza,
1400 Oaklawn Ave.
- **East Providence:** Highland Commons,
71 Highland Ave.
- **Lincoln:** Lincoln Mall Shopping Center,
622 George Washington Hwy.
- **Warwick:** Cowesett Corners,
300 Quaker Ln.
- **Narragansett:** Salt Pond
Shopping Center,
91 Point Judith Road

**Our Your Blue Store locations follow state and federal guidelines during emergencies and may not be open.*

Section 5 – Contact information

Call the Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 (TTY: 711). Hours: October 1 – March 31, seven days a week, 8:00 a.m. to 8:00 p.m. April 1 – September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday & Sunday, 8:00 a.m. to noon. You can use our automated answering system outside of these hours.



500 Exchange Street • Providence, RI 02903-2699 • www.bcbsri.com/medicare
Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal.
An independent licensee of the Blue Cross and Blue Shield Association.