PRESBYTERIAN
Health Plan, Inc.

Individual and Family Plan – Automatic Premium Draft Authorization Form

An Individual and Family Plan member may change the payment information for their automatic premium draft by completing this form, or by contacting the Presbyterian Customer Service Center by phone at [(505) 923-7528 or toll-free at 1-855-923-7528],
Monday through Friday from 7 a.m. to 6 p.m. TTY 711

RETURN INFORMATION

SUBMIT BY MAIL:	SUBMIT BY FAX:
Presbyterian Health Plan, Inc. Attn: Premium Billing P.O. Box 27489 Albuquerque, NM 87125-7489	(505) 923-5124 Attn: Premium Billing

MEMBER INFORMATION

Member Name:	Member ID:	Social Security #:	DOB:	Phone Number:
Address:	City/State:	ZIP:	E-mail:	

PAYMENT INFORMATION

Payments: Please select <u>one</u> of the following options to make prepayments
☐ Credit Card / Debit Card ☐ Automatic Bank Draft

Credit Card / Debit Card: ☐ MasterCard ☐ VISA ☐ Discover Card

Card Account Number ___ ___ ___ ___ - ___ ___ ___ ___- ___ ___ ___ ___ - ___ ___ ___ ___

Name on Card _____ Card Expiration Date _____/____ CSV __ __ __

Card Billing Address (address where you receive your card statements). Check here ☐ if same as above

Address_____

City _____State _____ ZIP _____

Automatic Bank Draft - ☐ Checking Account ☐ Savings Account

Name of Bank _____

Account Number _____ Routing Number _____

Name of Account Holder _____

AUTHORIZATION

I hereby authorize and request Presbyterian Health Plan, Inc. (PHP) to initiate withdrawal entries from the account(s) and the financial institution(s) indicated above for the monthly premium payments required by the Subscriber Agreement. These withdrawals are for premium payments for the enrolled individuals. This authorization is to remain in effect until Presbyterian Health Plan and the financial institution(s) are notified in writing. I understand that the effective date of the payment change will be dependent on the time of month the request is made and the type of payment method requested. I understand that I am entitled to a copy of this signed form upon request. I acknowledge that I have read and understand this Automatic Premium Draft Authorization Form in its entirety.

_____	***X*** _____	_____
Name of Payer *(please print)*	**Signature of Payer** *(required)*	**Today's Date**

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Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

For more information, visit **https://www.phs.org/nondiscrimination**.