



## EasyPay

*The Automatic Way to Pay Your  
BlueRx (PDP) Premiums*

I may discontinue EasyPay by calling the Membership Customer Service telephone number on the back of this form within 14 days prior to my next withdrawal date. If Medi-CareFirst fails to make any monthly transfer, my insurance will remain in force, unless the transfer was canceled per my request. If my account has insufficient funds available to pay the premium amount, I will receive a notice for replacement payment. If I receive a second insufficient funds notification, my EasyPay option will be cancelled – meaning I will get a bill that I will have to pay by check or money order. I authorize Medi-CareFirst to disclose any information to my credit card issuer or bank and any fund transfer clearinghouse which is required to process an EasyPay transfer. I understand that Medi-CareFirst will not disclose any information supplied on this form to other persons without my authorization. By signing below I acknowledge that I have read and understand this authorization.

**Policyholder Signature** \_\_\_\_\_

Today's Date \_\_\_\_\_

Medi-CareFirst BlueCross BlueShield is the business name of First Care, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association.  
® Registered trademark of CareFirst of Maryland, Inc.

# Advantages of EasyPay!

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## **EasyPay saves you time and money.**

You no longer have to write checks and pay for postage. You can have your prescription drug plan premiums automatically deducted from your bank account or charged to your credit card.

## **EasyPay helps you budget your BlueRx (PDP) premiums.**

Now you can pay monthly like you do with other household expenses.

## **EasyPay provides excellent record keeping.**

Your monthly bank or credit card statement helps keep track of all your premium payments.

## **EasyPay gives you peace of mind.**

There's no need to worry about forgetting to mail your payment or missing a bill if you go out of town.

## **EasyPay is absolutely free.**

Enjoy the convenience of EasyPay at no additional cost.

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# Enroll in EasyPay Today!

## What is EasyPay?

EasyPay is a service allowing you to pay your premiums automatically each month. Simply authorize us to withdraw the amount due from your checking account or to charge the premium to your major credit card.

## How Do I Apply?

If you already have coverage with Medi-CareFirst BlueCross BlueShield, simply complete the attached EasyPay Authorization Form and mail it to us in the envelope provided.

### **Option 1: Checking Account Payment**

Your premium payment will be withdrawn automatically from your checking account on or after the 24th day of each month prior to the coverage month. If you choose this option, please attach a blank check marked "Void" showing your pre-printed checking account number. Failure to provide a copy of your voided check will delay processing your EasyPay Authorization Form.

### **Option 2: Credit Card Payment**

Your premium payment will be charged automatically to your credit card account on or after the 24th day of each month prior to the coverage month. If you choose this option, please remember to send us notification if your credit card number changes or expires.

## What Else Do I Need To Know?

- If there are any changes to your bank or credit card account, please call the Membership Customer Service telephone number on

the back of this form immediately so your payments can continue without interruption.

- If your bank account has insufficient funds available to pay your premium, and you do not provide a replacement payment by the requested due date, you will receive a double premium deduction or charge the next month. You will also be advised (in writing) that if we receive a second insufficient funds notification, your EasyPay payment option will be cancelled.
- To discontinue EasyPay, please call the Membership Customer Service telephone number on the back of this form. Your request will take up to 14 business days to process from the day you call or from the day we receive your request in writing.

### **Important:**

It may take four to six weeks for your EasyPay authorization to go into effect. Once your application for prescription drug coverage has been processed and approved, you will receive a paper bill in the mail. When you receive that bill, you must send in your payment. It is important that you pay this bill on time to keep your coverage active. You will continue to receive a bill monthly until your EasyPay request is activated. Until that time, you must pay any paper bills you receive.

# EasyPay Authorization Form

**Yes, enroll me in EasyPay.**

Today's Date \_\_\_\_\_

Are you a  **new enrollee**

**current enrollee with a change**

**Please note:** *It may take four to six weeks for your EasyPay authorization to be processed.*

*(Please Print)*

Member Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

Medi-CareFirst Membership ID Number

## Choose Your EasyPay Payment Option

**Checking Account Option**

**Important:** *Please attach a blank check marked "Void" showing your pre-printed checking account number. Failure to provide a copy of your voided check will delay processing your EasyPay Authorization Form.*

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

Signature Date \_\_\_\_\_

**Credit Card Option**

Type of Credit Card:  VISA®  MasterCard®

Name on Credit Card \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date (MM/YY) \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

Signature Date \_\_\_\_\_

I authorize Medi-CareFirst to sign me up for the EasyPay monthly payment option according to the terms of this agreement. I understand that this agreement is for the purpose of paying my BlueRx (PDP) premium charges only. I understand that an EasyPay transfer will occur on or about the 24th day of each month prior to the coverage month, or the next business day, for checking account or credit card payments. If Medi-CareFirst makes any changes to this agreement, Medi-CareFirst will notify me in writing at least 30 days in advance. Medi-CareFirst will not send me statements or bills detailing EasyPay transfers or charges; these will appear on my bank or credit card statements, which I should retain for my records. In case of errors or if I have any questions, I should call the Membership Customer Service telephone number on the back of this form, or write to:

**Medi-CareFirst BlueCross BlueShield  
c/o CGI/EasyPay Processing Center  
P.O. Box 2668  
Fort Worth, TX 76113**

*(continued on reverse)*

**Medi-CareFirst**   
**BlueCross BlueShield**

**Membership Customer Service:**

1-888-857-6118

**TTY Users call:**

1-800-855-2880

(Calls to these numbers are free)

**Hours of Operation:**

(October 15 to February 14)

8 a.m. - 8 p.m., 7 days a week

(February 15 to October 14)

8 a.m. - 8 p.m., Monday through  
Saturday. Closed Sundays.

Medicare Prescription Drug Plan  
Enrollment Center  
c/o CGI  
P.O. Box 2668  
Fort Worth, TX 76113

[www.medi-carefirst.com](http://www.medi-carefirst.com)

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