

# PREMIUM PAYMENT OPTION



As a SAMARITAN ADVANTAGE HEALTH PLAN HMO (SAHP) member, you have the option of paying your monthly premium with a credit/debit card OR an automatic withdrawal from your personal bank account.

To take advantage of ONE of these options, you will need to submit personal account information in order for SAHP to begin payment of your premiums. Please check the appropriate box and complete the information requested.

**OPTION 1: Recurring Credit/Debit Card Premium Payment**

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Access Code: \_\_\_\_\_ (3 or 4 digits found on the back of the card)

**OR**

**OPTION 2: Automatic Withdrawal Premium Payment**

Enclose a **VOIDED** check (not a deposit slip) with an accurate account number and routing number for your bank.

You can take advantage of the recurring credit/debit card or automatic withdrawal payments at anytime during your membership.

Return this form with your signature. Your signature verifies that you understand that you are voluntarily giving Samaritan Advantage Health Plan HMO your account information for the sole purpose of paying plan premiums.

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:**

By signing this form I hereby declare that Samaritan Health Plans has my permission to deduct, and only deduct, my full monthly **Samaritan Advantage Health Plan HMO premium** from my personal account. I understand that Samaritan Health Plans will keep this information confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Office Use Only: Member ID # \_\_\_\_\_ Withdrawal Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_