



220 Alexander Street
Rochester, NY 14607-4002
mvphealthcare.com

MVP Health Care Medicare Advantage Health Plans Direct Payment Options

You can sign up to have your monthly health benefit premiums deducted automatically either from your checking account or from your credit card.

How MVP's Direct Payment Plans Work

- You authorize regularly scheduled payments to be made from your checking account or credit card.
- **Your payments will be made automatically by the fifth business day of each month.**
- Proof of payment will appear on your monthly statement.
- The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.
- Your payment amount will be for the exact amount of your monthly bill. To take advantage of this service, complete the authorization form and return it to us.
- MVP will mail a letter confirming that your information has been received and indicate the date the first auto debit will take place from either your checking account or credit card. Until then, please continue to pay your monthly premium.

Mail your signed and completed form to:

**MVP Health Care
Attn: Premium Billing and Collections Department
220 Alexander Street
Rochester, NY 14607**

If you have questions, please call us toll free:

**1-800-665-7924
TTY users should call 1-800-662-1220**

MVP's Medicare Customer Care Center representatives are available to serve you Monday – Friday, 8 am to 8 pm and Saturday, 8 am to 4 pm Eastern Time. From Oct. 15 – Feb. 14, call every day from 8 am to 8 pm.

MVP Medicare Advantage Direct Payment Plan Authorization Form

SECTION 1: MEMBER INFORMATION

Member Name (Please Print)

Member Number

Street Address

City / State / ZIP

Daytime phone number

SECTION 2: AUTO DIRECT DEBIT PAYMENT AUTHORIZATION

Check this box for Automatic Direct Debit Payment – please attach a voided check.

I hereby authorize MVP Health Care to withdraw by the fifth business day of each month the amount due to MVP for the provision of health benefits. In the case of an automatic bank debit form of payment, it shall be the Customer's responsibility to verify whether these payments are properly debited from their bank account. The Customer will notify MVP of any change in information relating to the Customer's bank account for purposes of ensuring the proper application of payments. This authority will remain in effect until I have cancelled it in writing to MVP Health Care.

Financial Institution Name (Please Print)

Checking Account Number at Financial Institution

Financial Institution Routing/Transit Number

Financial Institution City and State

Signature / Date

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Staple Voided Check Here

SECTION 3: CREDIT CARD PAYMENT AUTHORIZATION

Check this box for Credit Card Payment (Visa or MasterCard Accepted Only)

Account Number: _____

Expiration Date: _____

Signature / Date: _____

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