

# YOU HAVE THE OPTION TO VIEW AND PAY YOUR BILL ONLINE

To manage your payments, please create an account and choose one of the following payment options:



eBilling



Online  
Banking



Premium  
Withhold



Debit  
Authorization

## Option 1: eBilling

The easiest way to view and pay invoices!

View and pay your Blue Cross bills quickly and easily with eBilling. Visit [bluecrossma.org](https://bluecrossma.org) and sign in to your MyBlue account, or create an account to get started. You can find access to eBilling under **My Plan** and **Claims**, then **Financials**, then **Pay My Bill**.

## Option 2: Online Banking

If you use your bank's bill pay feature to add us as a payee, you'll need the following information:

- Your member identification (ID) number
- Our postal address:  
Blue Cross Blue Shield of Massachusetts, PO Box 371314, Pittsburgh, PA 15250-7314

## Option 3: Premium Withhold

Members have the option of having their Medicare HMO or Medicare PPO premiums withheld from their Social Security check. If you're interested in Premium Withhold, please call Member Service to have your request processed.



QUESTIONS?

If you have any questions, please call Member Service at **1-800-200-4255** (TTY: 711) April 1 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week.

## Option 4: Debit Authorization

If you'd like Blue Cross Blue Shield of Massachusetts to handle your payments, just fill out the Debit Authorization form below. This will give us permission to automatically deduct monthly payments from your bank account.

I (we) hereby authorize Blue Cross and Blue Shield of Massachusetts, Inc., to initiate debit entries to my (our) 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 and Blue Shield of Massachusetts, Inc., 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

City/State/ZIP

Routing Number

Account Number

The first group of numbers at the bottom of a check is your routing number.

Type of Account ☐ Checking ☐ Savings

This authority is to remain in full force and effect until Blue Cross and Blue Shield of Massachusetts, Inc., has received written notification from me (either of us) of its termination in such time and manner as to afford Blue Cross and Blue Shield of Massachusetts, Inc., and FINANCIAL INSTITUTION a reasonable time to act on it.

I (we) understand that if payment for my (our) health insurance premium is refused due to insufficient funds in my (our) account, I (we) have the right to be notified in writing of the deficiency under Massachusetts General Law Chapter 167B, Section 10. I (we) understand that future withdrawals from my (our) account may change based on my (our) membership status and future premium changes.

Signature

Date

Print Individual Name

Blue Cross Blue Shield ID Number

Email Address

Telephone Number

Mailing Address

City/State/ZIP

**Please complete this form. Attach a voided check or deposit slip and mail to:**

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, ACH PREMIUM UNIT  
25 TECHNOLOGY PLACE, Mail Stop 03/04  
HINGHAM, MA 02043

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

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