

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

To begin managing your account, please register 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!

With eBilling, you can pay your bills quickly and securely. You just log in, view your invoice online, and pay with your preferred method. To get started, visit bcbsmaebilling.com and follow the easy instructions to register your account. Be sure to enter your name exactly as it appears on your member ID card.

Option 2: Online Banking

If you use your bank's bill pay feature to add us as a payee, you'll need the following two pieces of 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 are 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

Address

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 lingüística. Llame al **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: 711).



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