



MASSACHUSETTS

MEDEX PAYMENT OPTIONS

You now have the option to pay and view your bill online. To manage your payments, please create an account and choose one of the following payment options:



**Debit
Authorization**



eBilling
(Easiest way to view
and pay invoices!)



**Online
Banking**

Option 1: Debit Authorization

If you'd like us 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 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:

Type of Account: Checking Savings

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

Option 1: Debit Authorization *continued*

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.

Medical Coverage

Dental Coverage

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

Option 2: eBilling (Easiest way to pay!)

View and pay your Blue Cross bills quickly and easily with eBilling. Visit bluecrossma.org and sign in to your MyBlue account, or create an account to get started. Access to eBilling can be found under **My Plan and Claims**, then **Financials**, then **Pay My Bill**.

Option 3: 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.

- Member identification (ID) Number
- BCBSMA PO BOX Address
Blue Cross Blue Shield of Massachusetts
PO BOX 371314, Pittsburgh, PA 15250-7314



QUESTIONS?

If you have any questions, please contact
Medex® Member Service, Monday through Friday,
8:00 a.m. to 6:00 p.m. ET.

Medex Member Service:
1-800-258-2226 (TTY: 711)

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