

Payment Options



MASSACHUSETTS

Dear Member:

You now have the option to pay and view your bill online. To begin managing your account, please register and choose one of the following payment options.

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: <input type="checkbox"/> Checking <input type="checkbox"/> Saving
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 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.			
<input type="checkbox"/> Medical coverage <input type="checkbox"/> Dental coverage			
Signature		Print Individual Name	
Blue Cross Blue Shield ID Number	Date	Email Address	Telephone Number
Address			

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
Hingham, MA 02043-4360

Easiest way to view and pay invoices!

Option 2 eBilling
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 www.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 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.
<ul style="list-style-type: none">• 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**

Nondiscrimination Notice & Translation Resources

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

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).