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).

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

OPTION 4 PREMIUM WITHHOLD
Members have the option of having their Medicare HMO or Medicare PPO premiums held 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 contact Member Service at 1-800-200-4255 (TTY: 711) February 15 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through February 14, 8:00 a.m. to 8:00 p.m., seven days a week.
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.

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.

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Signature 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
Mail Stop 03/04
HINGHAM, MA 02043

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.