

Updated payment process for Medicare direct bill members



coupons included on the first page of your monthly billing statements.

- If you have a coupon, mail it with your check to the address shown on the payment coupon.
- If you do not have a payment coupon or your bank submits your payment, include your member number on the check and mail it to:

Anthem
PO Box 645438
Cincinnati, OH 45264-5438

Only send payments and supporting documents to this address. Anthem does not accept overnight delivery of payments. Sending payments by an overnight delivery service will delay processing of your payment.

As part of our transition to an improved system that lets us offer you even better tools and resources, we have updated our payment processes. Our new billing system requires your attention to ensure that your monthly premium is processed correctly and on time.



Bank Bill-pay Process

If you manage and pay your bills through your personal bank account, make sure you update the address to the new address for Anthem:

Anthem
PO Box 645438
Cincinnati, OH 45264-5438



Online Payment

Direct bill members can sign into their account on anthem.com and pay their premiums directly online. Go to **anthem.com > Login > Pay my bill** – OR – **anthem.com > Login > My Plan > Payment & Billing**.



Payment by Phone

If you pay by phone, please contact Anthem Member Services at **1-800-552-2682**.

For questions about your premium payments, contact Anthem Member Services at **1-800-552-2682**.



Automatic Bank Draft Payment

If you currently submit your monthly payments electronically via Automated Bank Draft (EFT), you do not need to do anything. Anthem is automatically moving your banking information over to the new system and your monthly premiums will continue to be deducted from your bank account as usual.



Payment by Mail

If you currently pay by mail, the address for mailing your monthly premiums has changed. The new address is listed on the payment

Ready for the convenience of electronic payments?

For those who are paying their monthly premium by mail or telephone, consider the convenience of our auto-bill pay option. With Automatic Bank Draft (EFT), premiums are electronically withdrawn from your bank account on the 1st or 5th of each month. Bank draft is an efficient way to ensure that your payments are made on time, and the service is free. Use the Automatic Bank Draft authorization form on the reverse side to sign up.





Automatic Bank Drafts

Automated Bank Draft (EFT) allows you to have your monthly premium deducted electronically from your checking account – instead of mailing your payment each month. To sign up, simply complete the form below, attach your voided check and return it to:

**Anthem Blue Cross and Blue Shield
MD VA1004-N500
PO Box 27401
Richmond, VA 23279**

The voided check must be from the account you want the automated draft payments to be withdrawn. The information on your check is necessary to process your authorization form. Please do not send a blank check or a cancelled check as they cannot be used to set up EFT.

Questions? Call Anthem Member Services at **1-800-552-2682.**

Anthem Health Plans of Virginia AUTOMATIC BANK DRAFT AUTHORIZATION: Checking Account

Applicant's Full Name _____
(The person whose premium you are paying)

Applicant's Address _____

City, State, Zip Code _____

Applicant's Identification Number or Social Security Number _____

Full Name of Bank where you have checking account _____

Date for draft to occur: 1st or 5th of the month.

I authorize the above named bank (referred hereinafter as "you" and "your") to pay and charge to my account drafts drawn on my account by and payable to the order of Anthem Blue Cross and Blue Shield, Roanoke, VA, provided there are sufficient funds in my account to pay the same upon presentation. I agree that your rights in respect to such draft are the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and received by you. I agree that you shall be fully protected in honoring any such draft. I further agree that if such drafts are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in loss of this insurance. I understand I may be billed for monthly premiums until this draft becomes effective. I have attached a blank, voided check reflecting the account number as it appears on my bank records.

X _____ **Acct#** _____ **Date** ____ / ____ / ____
(Signature exactly as it appears on bank records)

