

Payment Selection Form

First Na	ıme:	Last Name:		
Middle Initial: Member ID nun		er (starts with a "G"):		
Please i enclose start p a	ed, postage-paid envelope. You a	and return the first page of this form to Peoples Health in the e only required to complete and return this form if you would like insfer from your bank account. Member services can accept all oth		
	Electronic funds transfer from your bank account each month. Please enclose a VOIDED check and provide the following: Account Holder Name:			
	Bank Routing Number:	Bank Account Number: Savings	-	
	Withholding from your monthly Social Security Administration (SSA) benefit check.			
	Withholding from your monthl	Railroad Retirement Board (RRB) benefit check.		
	Withholding may take two or more months to begin after the SSA or RRB approves it. In most cases, is the SSA or RRB accepts your request for withholding, the first withholding from your check will include all amounts due, starting with the effective date of the withholding. The effective date of the withholding is determined by the SSA or RRB. The SSA or RRB will notify you when withholding begins. Please continue to make payments directly to Peoples Health until you receive the notice.			
Check or money order. Mail your payment to		r payment to Peoples Health when you get your invoice each mont	Peoples Health when you get your invoice each month.	
Signature Signature		Date		

You also have the option to pay online at http://www.peopleshealth.com/paymentcenter or over the phone at 1-866-836-5152, 24 hours a day, seven days a week. TTY users may call 711.

Questions? Call member services at 504-836-1144, 225-346-5720 or toll-free 1-866-301-8869, seven days a week, from 8 a.m. to 8 p.m. TTY users should call 711. If you contact us on a weekend or holiday, you may need to leave a message, but we will return your call within one business day. You can also email phn.member@peopleshealth.com.

Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans. Enrollment depends on annual Medicare contract renewal.

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