

For Distribution to Brokers/Wholesalers/Administrators/DBEs Only

March 5, 2008

ACH Debit Payment Option Available for Groups Billed by CareFirst

MARKET: MD, VA, DC

Effective immediately, an ACH Debit payment option is available for groups in MD, VA and DC that are billed by CareFirst. For groups that choose this payment method, the following process should be followed:

- 1.) The group administrator completes the attached **Authorization Agreement for Pre-Authorized Payments (ACH Debit)** form. This form is also available in the Brokers & Agents section of www.carefirst.com. Select *Applications & Forms*, to find *Miscellaneous Forms* under the appropriate product.
- 2.) The group administrator attaches a copy of a VOIDED check from the checking account that he/she would like the monthly debit to be taken from. The group administrator returns the form and voided check to: Attn: Sharon Proctor-Booker, Collections Specialist, Collections Unit, CareFirst BlueCross BlueShield, 840 First Street, NE, Washington, DC 20065. It may also be faxed to Sharon Proctor-Booker at: 202-680-7608.
- 3.) All monthly debits are taken on the 24th of the month prior to the coverage month for the total amount billed.

The first transaction will become effective between the 24th and the 31st of the month following the date the request was received by CareFirst.

For questions related to the Authorization Agreement form, please call Sharon Proctor-Booker in the CareFirst Credit & Collections Department at 202-479-0797.

If you have additional questions, please contact your Broker Sales Representative.



Shekar Subramaniam
Associate Vice President, Broker Sales

CareFirst BlueCross BlueShield
840 First Street, NE
Washington, DC 20065
Tel. 202-479-8000



**AUTHORIZATION AGREEMENT FOR
PRE-AUTHORIZED PAYMENT (ACH DEBIT)**

I (We) hereby authorize CareFirst BlueCross BlueShield (CareFirst) to initiate entries to my (our) checking account indicated below and the Financial Institution named below to debit the same to such account.

CareFirst will complete this transaction only if a **VOIDED CHECK** containing this information is attached. This authority is to remain in full force and effect until the Financial Institution has received notification from either party of its termination in such time and such manner as to afford the Financial Institution reasonable sufficient time to act on it. A customer has the right to stop payment of a debit entry by notification to CareFirst and the Financial Institution prior to charging the account. After the account has been charged, a customer has the right to have the amount of any erroneous debit credited to his/her account by the Financial Institution up to 15 days following issuance of a statement or 45 days after posting, whichever occurs first. In some instances, it may be necessary to issue a refund instead of a credit back to the customer's account. The debit transaction will be processed between the 24th and the 31st of the month for the following month's coverage.

Date: _____

Group / Member Name: _____

Group Number: _____

Identification Number: _____

Authorized Signature: _____ Date: _____
(as it appears on the bank records) (required)

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank ABA Number: _____

The completed form and voided check must be returned to:
CareFirst BlueCross BlueShield, 840 First Street, NE, Washington, DC 20065
ATTN: Sharon Proctor-Booker, Collections Specialist, Collections Unit
OR; it may be faxed to: ATTN: Sharon Proctor Booker at Fax #: 202-680-7608

NOTE: A VOIDED CHECK MUST BE SUBMITTED WITH THIS AGREEMENT