



Enrollment & Billing Department
P.O. Box 44236
Jacksonville, FL 32231-4236

Billing Statement

Due Date	07/01/2018
Total Amount Due	\$140.72

Hector L Ortega Flores
14270 SW 29TH ST
MIAMI, FL 33175-6544

Member ID: H26420249

Plan Information	Billing Details	Amount Due
myBlue Silver 1604B		
Previous Balance Amount:	\$0.00	
Coverage Period: 07/01/2018 – 07/31/2018 Your premium has been reduced by a Tax Credit amount of \$553.00.	\$140.72	
Amount Due:		
		\$140.72

Thank you for your last payment of \$77.72.

Get Your Info Right on Your Phone

Download the Florida Blue mobile app to access your member account. Pay your bill. Get a list of doctors. View your ID card and benefits. Available on the Apple App Store or Google Play.

Statement created: 06/12/2018



Florida Blue accepts payment on behalf of Florida Blue, Florida Blue HMO, and Florida Combined Life Insurance Company, Inc.

Make checks payable to: **FLORIDA BLUE**

Premium Payment	
Due Date	07/01/2018
Amount Due	\$140.72
Invoice Number	074935846-01
Member Number	H26420249

Important: If you pay by check, include this payment stub. For other ways to pay, see the next page.

Hector L Ortega Flores
14270 SW 29TH ST
MIAMI, FL 33175-6544

Florida Blue
PO Box 660879
Dallas, TX 75266-0879

100000000000H26420249500000140722

Address changes:

If you purchased a plan through the MarketplaceSM, call 1-800-318-2596 (or go to healthcare.gov) to change your address. Otherwise, log in to your account at floridablue.com and update your info under My Account.

Payment reminders:

It's important to pay the full amount. If you are late, miss payments or make partial payments, you may lose your coverage. Please make sure to pay on or before the due date shown at the top of your bill. If you do not pay the full amount due by the end of your grace period, your coverage will be canceled for nonpayment.

Important: If you apply for a new policy with us, any past due amounts owed within the last 12 months may need to be paid before your new coverage can start.

Payment Options:

Autopay: Send in the enclosed form or log in to your account to start automatic payments.

Online: Debit cards or electronic transfer from your bank account. Log in to your account at floridablue.com to pay now or pay ahead.

Phone: Call 1-800-352-2583 and say "Pay my bill".

Mail: Check, cashier's check or money order. Tear off payment stub from this bill.

Retail Locations*: Here's where to go and what types of payments they accept:

- CVS/pharmacy® (except Target® locations) or Navarro Discount Pharmacy: Pay up to \$999 per day with cash, credit card or debit card.
- Dollar General: Pay with cash or debit card.
- Family Dollar: Pay with cash.
- Money Gram: Pay with cash. Receiver code is 13731.
- ACE Cash Express: Pay with cash.

*If you go to retail locations, take the barcode below with you. These locations may charge a fee to process your payment.

By accepting or using this barcode to make a payment, you agree to the full terms and conditions available at payithere.com/terms.

Sales associate: Scan the barcode below, enter the amount the customer wishes to pay, and tender the transaction as normal.



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Any adjustments or payments posted to your account within the last 7-10 days may not be reflected in this statement.

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CVS/pharmacy®, Navarro Discount Pharmacy, Family Dollar, MoneyGram, Dollar General and ACE Cash Express are independent companies assisting in the collection of premium payments on behalf of Florida Blue, Florida Blue HMO, and Florida Combined Life Insurance Company, Inc.

Sign up for autopay and save time!

We'll automatically deduct your monthly payment each month.

Online: Log in to your Florida Blue account, go to Bill Pay and select Pay Online. Under My Payments, you'll see a tab to set up automatic payments. Get details on how autopay works and learn about changes that may pause or stop your autopay.

By mail: Fill out this form and mail it, along with a voided check or voided savings account deposit slip, to: Florida Blue, P.O. Box 44236, Jacksonville, FL 32231-4236.

Autopay start date: Sign up by the 5th of the month in order for the next month's payment to be drafted. Be sure to include your correct email address; if we don't have it, we can't run your autopay. Review your billing statement each month, as the amount you owe may change based on policy or premium changes.

Member Name

Member Number (found on your ID card)

Name of Bank or Credit Union

Bank or Credit Union's Address

Name on Account

Account Holder's Address: If different from member's, check here. ☐

Account Holder's Email Address (required for APO)

Routing Number

Account Number

☐ Checking Account ☐ Savings Account

YOUR NAME ADDRESS CITY, STATE ZIP		DATE	001 10-4/2020 BRANCH 00
PAY TO THE ORDER OF		\$	
DOLLARS			
FOR			
⑆ 23456789 ⑆ 00000123456789 ⑆ 001			
Routing Number		Account Number	

Terms and Conditions

1. By setting up automatic payments, I authorize Florida Blue to initiate recurring debits or debit card payments from my account provided.
2. The amount debited each month will be the current payment amount due as indicated on my billing statement.
3. All recurring payments will be automatically withdrawn each month on the due date as indicated on my monthly billing statement.
4. This agreement will remain in effect until canceled by me or my coverage is canceled.
5. I understand I can cancel this authorization at any time by calling Florida Blue at 800-352-2583.
6. By providing my email address, I agree to receive monthly emails about my automatic payments.

By signing below, I agree to the above terms and conditions.

Signature of Account Holder

Date

Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, “Florida Blue”), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Blue (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

Florida Combined Life:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583（TTY: 1-800-955-8770）。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ **FEP** โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodíłlnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodíłlnih 1-800-333-2227.

