

# Recurring Payments



Save time and never miss a bill by setting up recurring payments through HealthSource RI. Payment is automatically withdrawn from your bank account on the 18th of the month.

**Step 1:** Go to HealthSourceRI.com and click on the “Account Sign-in” link in the upper right hand corner.

- Log in by using your login username and password.


**Step 2:** Select the **Payments** Tab from your Home Page.

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**Step 3:** From the **Payments Tab**, click on **Set-up Recurring Payment**.

- A recurring payment allows for monthly payments to be automatically withdrawn from your bank account on the 18<sup>th</sup> of every month. Prior to setting up a recurring payment, you must make a one-time payment. Once this payment has been accepted, you may then proceed with setting up a recurring payment.

Account Statements			Recurring Payment
<a href="#">Statement for 07/30/2015</a>	<a href="#">Statement for 06/26/2015</a>	<a href="#">Statement for 05/29/2015</a>	A recurring payment will allow you to pay your bill each month on a specified date. This will help avoid any missed payments.
<a href="#">Statement for 04/28/2015</a>	<a href="#">Statement for 03/26/2015</a>	<a href="#">Statement for 02/27/2015</a>	
<a href="#">View All Statements</a>			
			<a href="#">Set Up Recurring Payment</a>

 **Note**

A recurring payment will allow you to pay your bill each month on a specified date. This will help avoid any missed payments.

When you set up recurring payments below, we will pay your insurance premium automatically, on the 18th of each month. The amount deducted from your bank account will be your current balance due.

**Step 4:** Confirm the **Account Holder** by **Selecting** the applicable option next to either **Company Legal Name** or **Individual Name**.

Enter the Company Legal Name or Individual Name as it appears on your check.

## Account Holder Information

Who should the account billing be addressed to?

Company Legal Name  Individual Name

Company Legal Name \*

ABC INC.

**Step 5: Enter the Routing Number and Account Number.**

Routing Number \*

123456789

Account Number \*

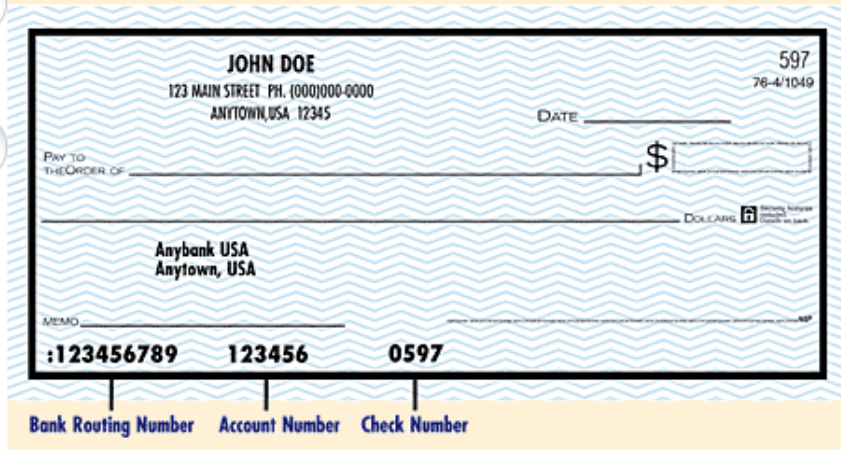
01323456789

Verify Account Number \*

01323456789

### Sample Check

Here is an example of a check where you can find your bank routing and account numbers. These numbers must be filled in to set up a recurring payment.



**Step 6: Please read the following Important Note and click Next.**



## Important Note

We will pay your insurance premium automatically on the 18th of each month. If the date falls on a weekend or a holiday, the payment will be the next business day. There is no need to make any additional payments.

Payment Start Date

05/18/2015

← CANCEL

NEXT →

**Step 7:** Once you click next, the following **Confirmation Screen** will display:

- Carefully review your account information and **edit** any information that is displaying incorrectly before proceeding. Once your information is correct and you have read and understand the following **Terms and Conditions**, check off the box next to “**Yes**” and then click **Next**.

## Confirm Recurring Payment Setup

Please confirm the following information in order to complete your recurring payment setup.

As a duly authorized check signer on the financial institution account identified above, I authorize HealthSource Rhode Island to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified above for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds ( NSF ), I authorize, HealthSource Rhode Island to collect a returned item fee up to the amount required to process the return item by electronic debit from my account identified above.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified above.

I understand and authorize all of the above as evidenced by my signature below.



Yes, I have read and agree to the terms and conditions of the RI UHIP Exchange payment services

Payment Summary					
Account Holder's Name	Routing Number	Account Number	Bank Name	Payment Start Date	Action
ABC Company	123456789	0123456789	ABC Bank	10/05/2015	Edit

**Step 8:** Once you have successfully set up your recurring payment, the name of your bank and your next payment date will be displayed under **Recurring Payment** located on the bottom right hand corner of the **Payments Tab** as shown below:

## Recurring Payment

Next Payment Date:

**10/18/2015**

Payment Account:

**BANK ABC**

Acct:\*\*\*\*\* 1234

Edit

Cancel