

Payment Policies

Recurring Payments

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 adjustments eligibility and financial assistance related to.

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.

One Time Payment

I hereby authorize HealthSource RI to initiate debit entries to my account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until HealthSource RI has received written notification from me of its termination in such time and in such manner as to afford HealthSource Rhode Island a reasonable opportunity to act on it.

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

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