HealthSourceRI
WE WORK FOR YOU

Recurring Payment Guide

1. Login to your account (if you're locked out of your account, you can use our web chat service to unlock it)
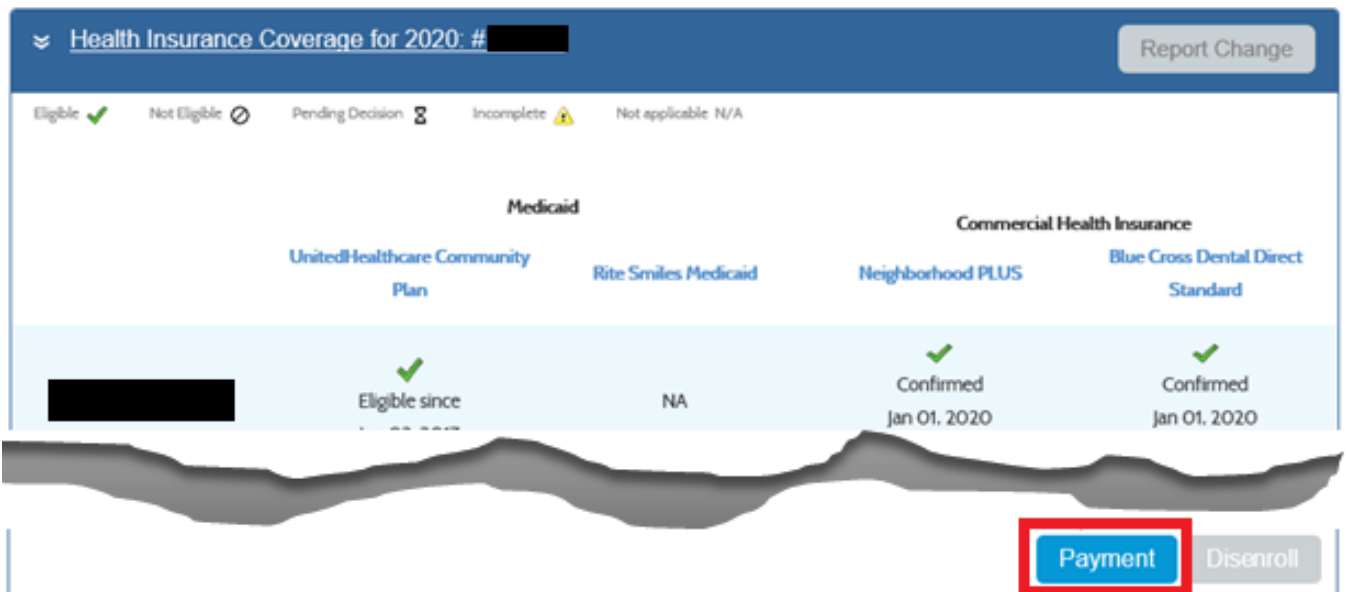2. Go to the **I Would Like to…** section of your dashboard and select "**Make a payment**"

I Would Like To...

📋 Make a payment ⬅

OR go to the **My Plans & Programs** section and click the **Payment** button to access your payment screen.

My Plans & Programs

Expand all boxes to see all programs.

≫ Health Insurance Coverage for 2020: #████████   Report Change

Eligible ✔   Not Eligible ⊘   Pending Decision ⧖   Incomplete ⚠   Not applicable N/A

	Medicaid		Commercial Health Insurance	
	UnitedHealthcare Community Plan	Rite Smiles Medicaid	Neighborhood PLUS	Blue Cross Dental Direct Standard
████████	✔ Eligible since	NA	✔ Confirmed Jan 01, 2020	✔ Confirmed Jan 01, 2020

Payment   Disenroll

3. Go to the **Recurring Payment** category, and select **Set Up Recurring Payment**.

Recurring Payment

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

Set Up Recurring Payment

4. You'll get a note reminding you that your recurring payment will be automatically deducted on the 18th of each month.

Setup Recurring Payment   Close ✖

Please fill in the following information to setup your recurring payment.

⚠ **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.
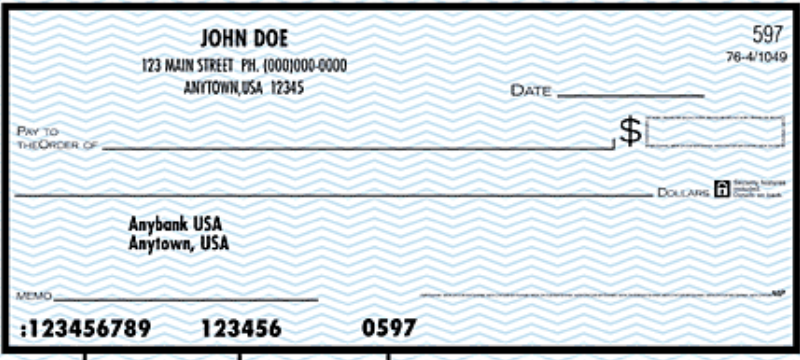
5. Once you have read the note, click the button to proceed with completing Payment Details.
6. You can *only* use a **Checking Account** (not Savings) for this payment.
   a. Enter the Account Holder's Name.
   b. Enter Routing Number and Account Number.
   c. Verify the Account Number.

Payment Details

Account Holder Information

First Name *	Middle Name	Last Name *
Victoria	Gillian	Smith

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.

JOHN DOE   597
123 MAIN STREET PH. (000)000-0000   76-4/1049
ANYTOWN,USA 12345   DATE _____

PAY TO
THE ORDER OF _____ $ [   ]

_____ DOLLARS

Anybank USA
Anytown, USA

MEMO _____

:123456789   123456   0597

Bank Routing Number   Account Number   Check Number

7. Review the **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

05/18/2020

❮ CANCEL   NEXT ❯

8. Review the **Terms and Conditions** and **select the checkbox** if you agree.

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

9. Select **Next** to complete the set up.

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

‹ CANCEL   **NEXT ›**

10. The **Recurring Payment** category box will now display your Checking Account details.

Recurring Payment

Next Payment Date:

10/18/2015

Payment Account:

BANK ABC

Acct:******** 1234

Edit   Cancel

11. Your recurring payments are now scheduled!