

## METHOD PAYMENT

**Member Name:**

**Contract number:**

(Refer to your Medical Plan Card)

### Coupon booklet

You may make your payments at any Banco Popular de Puerto Rico branch, at our Service Centers, or by Tele Pago by calling 1-866-627-8183 or making your payment online through [www.mcsclassicare.com](http://www.mcsclassicare.com).

Members with hearing impairments (TTY) may call at 1-866-627-8182. Our service hours are from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and from Monday through Friday from 8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30.

**Signature**

**Date**

### Discount from Social Security

**Activate**

**Cancel**

This discount may show in the Social Security check later (prospectively) and is processed in a period of approximately 45 days. Until the discount does not appear in your Social Security check, you must make your payments. If the Social Security Administration denies the discount request, your method of payment will be changed to a coupon booklet.

*Note: The payment method option does not apply to MCS Classicare Group health care coverage.*

**Signature**

**Date**

### Automatic discount

You can choose one of the two available payment options. **Complete the following information.**

#### Bank Account

Type of Account: **Savings** **Checking**

**Account Number:**

**Route and transit Number (ABA):**

(please verify with your banking institution)

#### Credit Card

Card Type: **Visa** **Master Card** **AMEX**

**Card Number:**

**Expiration Date:**

You hereby authorize MCS Advantage, Inc. to debit your bank account or credit card for monthly charges for the payment of the monthly charges for the payment of the premium of the contract in reference. The automatic discount will be made on the 10th each month. To better identify your account, please submit a voided check (or a copy of this) of the account to be debited. In case of a savings account, please submit a copy of the identification that appears in the monthly statement.

Upon signing the request, I am agreeing to the terms and conditions mentioned above.

**Name (account owner):**

**Signature (account owner):**

**Member signature**

**Date**

**If the automatic discount is through your checking account, attach a voided check here. This will allow us to validate the bank account number and the routing number and process your payment correctly.**