RX AMERICA
For Medicare

Medicare Part D Recurring Credit Card Authorization Form

RxAmerica offers the option of having your Medicare Part D premium automatically charged to your Visa or MasterCard. It's a convenient way to pay your premium each month. Here's how the program works:

- Each month, your premium statement will be sent to you, showing the minimum amount due and the due date.
- Around the 25th of each month, the minimum amount shown as due on the statement will be automatically charged to your Visa or MasterCard.

To begin the Recurring Credit Card program, simply enter your name and RxAmerica Member ID Number below, along with the credit card number and expiration date. Sign, date, and return the completed form to the address shown.

We appreciate your interest in the Recurring Credit Card program and hope it makes paying your Part D premium each month a little easier. If you have additional questions about this program, please call Customer Care at 1-800-429-6686. TTY users should call 1-877-279-0371.

Thank you,

RxAmerica

PLEASE COMPLETE AND RETURN THIS PORTION

Recurring Credit Card Authorization

Member Name (as shown on Credit Card): _____

RxAmerica Member ID Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Credit Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ **Expiration Date:** _ _ / _ _

MAIL TO:
<RxAmerica
Attn: Finance Department
PO Box 22690
Salt Lake City UT 84122-0690>

I hereby authorize RxAmerica to charge my credit card in order to pay my RxAmerica Medicare Part D premium. A charge for the minimum amount shown as due on the premium statement will be made to my credit card account on the 25th (or if the 25th is not a business day, the next business day) of the month prior to the due date shown on the coupon portion of the premium statement. I understand that this authorization will remain in force until cancelled in writing by me, my credit card company, or RxAmerica.

Please sign and date below:

Signature: _____ **Date:** ___/___/_____

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