



210 Park Avenue, Suite 2800 | Oklahoma City, OK | 73102-5621

If you would like to pay your Medicare monthly premium, and, if applicable, Late Enrollment Penalty with a credit card each month, please mail this completed form to the following address:

GlobalHealth, Inc. (HMO)
Attn: Premium Billing
210 Park Avenue, Suite 2800
Oklahoma City, OK 73102-5621

I authorize GlobalHealth, Inc. to charge my credit card monthly for the amount equal to my monthly premium and/or Late Enrollment Penalty. I understand that the amount due will be charged to my credit card on or around the 5th day of each month. This payment authorization is to remain in full force and effect until I notify GlobalHealth, Inc. of its cancellation by sending written notice in such time and in such manner to allow GlobalHealth, Inc. a reasonable opportunity to act on it. I agree to notify GlobalHealth, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Name on Card (please print) _____

Address _____ **City** _____ **State** ____ **Zip** _____

Credit Card Type ____ **Visa** ____ **MasterCard** ____ **Discover** ____

Credit Card Number _____

Expiration Date _____ **CVV (3 digits on back of card)** _____

Member's Name (please print) _____

Member Number _____

Signature _____ **Date** _____

If you have questions, please contact our Customer Care department at 1-844-280-5555, between 8 a.m. and 8 p.m., 7 days a week. TTY users call 711.