

100 Central Ave, Suite 200  
St. Petersburg, FL 33701  
Office: 1-866-690-4842  
Fax: 727-822-3556  
www.univhc.com



## Payment Mode Change Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Member:

Thank you for contacting Universal Health Care regarding your interest in changing your current premium payment mode. To change your billing method to either SSA withhold, Credit Card or Electronic Funds Transfer (EFT), please check the appropriate box below and sign the form.

### Please select a premium payment option:

Electronic Funds Transfer from your Checking or Savings Account - Please include a voided check.

Credit Card – Please provide the following information:

VISA       MasterCard       Discover       American Express

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on your card: \_\_\_\_\_

Automatic deduction from your monthly SSA benefit check. (The SSA deduction may take two or more months to begin. In most cases, the first deduction from your SSA benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

Check or Money Order.

If you have any questions, please call Member Services at 1-866-690-4UHC (4842) between 8:00 am and 8:00 pm, 7 days a week. TTY users should call 1-800-617-0177.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please mail this form to:

Universal Health Care  
100 Central Ave. Suite 200 – Finance / Billing  
St. Petersburg, FL 33701