

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



Hassle Free Healthcare®

Payment Mode Change Form

Name: _____

Member ID: _____

Address: _____

City, ST Zip Code: _____

We are pleased to announce that Universal Health Care, Inc. offers three easy convenient premium payment options to our members: Electronic Funds Transfer (EFT) from your checking or savings account, payment by credit card or automatic deduction from your monthly SSA benefit check.

If you would like to change your payment method to any of these options, please complete this 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 decline any of the options above).

If you have any questions, please call Member Services at 1-866-690-4UHC (4842) from 8 a.m. to 11 p.m. EST, 7 days a week, (November 1st - March 31st) and 8 a.m. to 9 p.m. EST, Monday – Friday, (April 1st - October 31st). TTY users call 1-800-617-0177.

Signature: _____

Date: _____

Please mail this form to:

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

A Medicare Advantage Organization with a Medicare Contract
UHC CO 33 (10/09)