



### Credit/Debit card payment method (We accept Visa, MasterCard and Discover)

Name on card		
Card number		
Card security code (3-digit code on back of card)	Expiration date (mm/yy)	
Billing address		
City	State	ZIP code

I hereby authorize Great Plains Medicare Advantage and Chase Paymentech Services to initiate a debit to my credit or debit card for payment of premiums. I understand that this authorization is to remain in effect unless I notify Great Plains Medicare Advantage and the financial institution of a change within a time and manner as to afford Great Plains Medicare Advantage and the financial institution a reasonable opportunity to act on it.

Payor signature \_\_\_\_\_ Date (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Notice of nondiscrimination

Great Plains Medicare Advantage is an HMO I-SNP plan with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Enrollment in these plans depends on contract renewal. Sanford Health complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

### Language assistance services

**English:** Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call 1-877-492-5189 (TTY 711) or speak with your healthcare provider.

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-492-5189 (TTY 711) o hable con su proveedor.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-492-5189 (TTY 11) an oder sprechen Sie mit Ihrem Provider.

**Large print – If you require materials in large print, please call 1-877-492-5189 (TTY 711).**