

How to pay your first and subsequent QHP/Marketplace monthly premiums:

1. [Log in to your Marketplace account for your first payment.](#)
2. Select "Continue."
3. Click your name in the top right, and select "My Applications & Coverage." Choose your application under "Your Existing Applications."
4. Click the blue button "Pay Your First Health Insurance Monthly Premium."
5. Online payment is available for your first payment, so choose the green button "Pay for Health Plan Now" to go to your insurance company's website to pay.
6. [For subsequent payments, please mail in your payment with your payment coupon to:](#)

AultCare Billing Department
P.O. Box 94603
Cleveland, Ohio 44101

[Or Payments can be made in person via a credit card at our Service Center.](#)

[Or You can also set up for an Electronic Fund Transfer via your bank by routing in the attached form.](#)

7. If you have any questions, please contact the AultCare Service Center at 330-363-6360 or 1-800-344-8858.



Direct Debit Authorization Form
Individual Insurance Premiums

I authorize AulCare Insurance Company to initiate electronic draw of monthly premium deductions from my account listed below. This is a change from the previous account information provided to AulCare Insurance Company and is to be effective as of _____ (month/day/year). I understand I must maintain sufficient funds in my designated account to cover the total EFT amount or my policy will lapse for non-payment of premium. This authorization will remain in effect until AulCare and my financial institution have received written notification of termination from me, allowing ten business days for stopping the deduction.

Premiums are to be deducted from _____ Checking _____ Savings
(Please note: Not all financial institutions allow deductions from a savings account. Please verify this with your financial institution.)

NAME OF FINANCIAL INSTITUTION CITY STATE

APPLICANT'S NAME (PLEASE PRINT) TELEPHONE NUMBER MEMBER ID#

APPLICANT'S SIGNATURE DATE

ACCOUNT HOLDER'S NAME (IF DIFFERENT FROM APPLICANT)

ACCOUNT HOLDER'S SIGNATURE TELEPHONE NUMBER DATE

ENCLOSE OR ATTACH a voided check or a blank savings deposit slip here.

Please return this form to ATTN: BILLING, AulCare Insurance Company, P. O. Box 6910, Canton, Ohio 44706.

You may also fax this form to ATTN: AulCare Billing 330-363-7658.

- P.O. Box 6910 / Canton, OH 44706
- PHONE: 330-363-6360 / TOLL FREE: 1-800-344-8858
- TTY LINE: 330-363-2393 / 1-866-633-4752 for the hearing impaired
- WEBSITE: www.aulcare.com