

Prominence[®]

Health Plan

Pay as Billed

Regardless of the changes not yet reflected on your billing statement, the group is required to PAY AS BILLED, that is, pay the amount indicated on the invoice summary which states: "PLEASE PAY: _____."

Any open enrollment change or payments received after the 10th of the month will not be reflected on the following month's invoice. To ensure the correct department receives your payment, a return addressed envelope is provided with each monthly invoice. If your company uses multiple accounts for payment please mark each check with the intended account number(s).

Please remit payment to the address below:

Prominence Health Plan
Dept. 33396
P.O. Box 39000
San Francisco, CA 94139-3396

Wire Transfer Instructions

Please note the following wire instructions into Prominence HealthFirst:

Account Name to Credit:	Prominence HealthFirst
Account Number to Credit:	4159567130
Bank ABA Number:	121000248
Bank Name:	Wells Fargo Bank P.O. Box 300 Reno, NV 89504-0300
Bank Contact Number:	415-243-7596

Payments Due

Prominence HealthFirst and Health Choice are prepaid programs. Premium payments are due on the 1st of each month for that month's coverage. If payment is not received by the 20th of the month, a delinquent notice will be sent to you via mail. A copy of the delinquent notice will be sent to your broker, if applicable.