

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 Align powered by Sanford Health Plan (PPO) 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 Align powered by Sanford Health Plan (PPO) and the financial institution of a change within a time and manner as to afford Align powered by Sanford Health Plan (PPO) and the financial institution a reasonable opportunity to act on it.

Payor signature

_____/_____/_____
Date (m/d/y)

Notice of nondiscrimination

Sanford Health Plan and Sanford Health Plan of Minnesota have HMO, PPO, I-SNP and D-SNP plans with a Medicare contract and contracts with state Medicaid programs. 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 1-877-509-4979 (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 1-877-509-4979 (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 1-877-509-4979 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

Oromo: HUBADHAA: Yoo afaan Oromoo dubbattu ta'e, tajaajilli gargaarsa afaanii bilisaa siniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta'ee fi odeeffannoo bifa dhaqqabamaa ta'een kennuunis bilisaan ni argama. Bilbilaa 1-877-509-4979 (TTY 711) yookiin dhiyeessaa kee waliin haasa'aa.

Large print – If you require materials in large print, please call 1-877-509-4979 (TTY 711).