

# Welcome to Triple-S Salud

For your convenience, we offer these payment options:

## Triple-S Salud's Automatic Payment

A great choice to pay your premium each month, quickly and securely. This useful system lets Triple-S Salud automatically debit your health insurance premium from your bank account (checking or savings) or credit card on its due date. This way, you don't fall behind in your payments. Please fill out the application on the back of this brochure to sign up and start enjoying this benefit.

## Pay by Mail

You can also pay by check or money order, mailed to:

Triple-S Salud  
PO Box 71548 San Juan  
PR 00936-8648

Remember to also send the payment voucher and write the contract number linked to the payment. **Do not send cash.**

## Pay through Mi Triple-S

Download the **Mi Triple-S** app on your Android or iPhone device. After registering, you can simply pay with a bank account or credit card, safely and quickly. You can also make your payments at mitriples.com.

## Pay at Our Kiosks

You can make payments at any of our kiosks or service centers.

## Pay by Phone

You may call Triple-S Salud Telexpresso at **787-774-6060**. We take Visa, MasterCard, AMEX, and direct debits from bank accounts (checking or savings).

## Pay at the Bank

You can make your payments at any of the branches of Banco Popular. Remember to always provide the payment voucher and contract number linked to the payment. You may pay in cash.

## Internet Banking / Telepago

You can pay using the services of these bank institutions:

- **Banco Popular**  
Telebanco Popular 787-724-3650  
www.bppr.com
- **FirstBank**  
FirstLine 787-725-2511  
www.firstbankpr.com
- **Oriental Group**  
Banca Telefónica 787-622-6800  
www.OrientalOnline.com

Before you pay, you will need to give your contract number to your bank. This number is shown on the bottom left corner of your payment voucher. Your contract number is also shown on your plan ID card, preceded by the number 100.



Triple-S Salud, Inc. cumple con las leyes federales aplicables de derechos civiles y no discrimina a base de raza, color, origen de nacionalidad, edad, discapacidad o sexo. Triple-S Salud, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 787-774-6060, (TTY/TDD), 787-792-1370 or 1-866-215-1999. Free of charge 1-800-981-3241. If you are a federal employee or retiree call 787-774-6081, Toll free 1-800-716-6081; (TTY/TDD) 787-792-1370; Toll free 1-866-215-1999. ATENCION: si hablas español, tienes a tu disposición servicios gratuitos de asistencia lingüística. Llama al 787-774-6060, Libre de costo 1-800-981-3241. (TTY/TDD) al 787-792-1370 o 1-866-215-1999. Si es empleado o retirado federal llame al 787-774-6081, libre de costo 1-800-716-6081; (TTY/TDD) 787-792-1370; libre de costo 1-866-215-1999. Concesionario independiente de BlueCross BlueShield Association. TSS-MKT-5163-2023-B



# A better way to pay is at hand



# A U T O M A T I C   P A Y M E N T   A P P L I C A T I O N

## I N F O R M A T I O N

☐ Insured      ☐ Group (sponsor)

### Name of Insured or Group

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

### Contract or Policy Number:

For member, the number is (001234XXXXXX) and, (SP000XXXX) for groups.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

### Phones:

Resident (    ) \_\_\_\_\_ - \_\_\_\_\_

Work (    ) \_\_\_\_\_ - \_\_\_\_\_

Mobile (    ) \_\_\_\_\_ - \_\_\_\_\_

e-mail \_\_\_\_\_

## B A N K   I N F O R M A T I O N

☐ Checking Account      ☐ Saving Account

### Bank or Financial Institution Name

\_\_\_\_\_

### Name as appears on Bank Account

\_\_\_\_\_

### Bank Account Number

\_\_\_\_\_

### Bank ACH Routing Number (ABA) (9 digits)

### Authorization Code

- ☐ Debit between days of 4 and 6 each month (04)  
☐ Debit between days of 11 and 13 each month (11)  
☐ Debit between days of 19 and 21 each month (19)  
☐ Debit between days of 27 and 29 each month (27)\*

\*(NOT AVAILABLE FOR GROUP POLICY)

## C R E D I T   C A R D   I N F O R M A T I O N



### Name as appears on Credit Card

\_\_\_\_\_

### Credit Card Number

Expiration date \_\_\_\_\_

CVV \_\_\_\_\_

### Phones:

Resident (    ) \_\_\_\_\_ - \_\_\_\_\_

Work (    ) \_\_\_\_\_ - \_\_\_\_\_

Mobile (    ) \_\_\_\_\_ - \_\_\_\_\_

### Credit Card statement address

\_\_\_\_\_

\_\_\_\_\_

The credit card charge will be made between days 1st and 10th of each month (10).

## I M P O R T A N T   N O T E :   I F   T H E   B A N K   A C C O U N T   I S   N O T   I N   T H E   N A M E   O F   T H E   I N S U R E D ,   T H E   H O L D E R   O F   T H E   A C C O U N T   O R   C A R D   M U S T   S I G N   T H I S   A U T H O R I Z A T I O N

### Applicable Term:

1. This authorization will be in effect until a client's cancellation letter is received, and reasonable time is given to the company and the bank to process the request. Said notice should be delivered in our offices and service centers or mailed to Triple-S Salud, Inc. Attn. Enrollment Department, P. O. Box 363628, San Juan, P. R.
2. If any changes occur on the banking account, it is the client's responsibility to notify it with thirty (30) days in advance and complete a new Automatic Payment application.
3. The bank's monthly statement will serve as payment receipt.
4. Triple-S Salud, Inc. reserves the right to finalize this payment method and your enrollment in said system.

### Signature

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_