

# FHIAP billing information

FHIAP bills you one month in advance for your premiums. **You must pay FHIAP before** we can pay your insurance company, per Oregon Administrative Rule 442-005-0130.

FHIAP is not an insurance company; it is a State of Oregon program that helps you pay for your insurance premiums. FHIAP bills you after your insurance company tells FHIAP that you were approved for insurance. Please contact your insurance company if you have questions about your insurance policy and/or claims.

**How do I cancel?** After contacting your insurance company to cancel your policy please send FHIAP a written notice to cancel your FHIAP subsidy.

**Every bill or letter you receive will give you a due date for your payment.**

- **1st of each month** – a bill is sent for your portion of premiums, for the following month.
- **20th of each month** – your payment is due (dates will vary due to weekends).

***I am a new FHIAP member and my first bill is for more than one month and I can't afford to pay it in full, are there any options?*** Please call us immediately to discuss possible payment options.

***What happens if I don't pay my portion of premiums on time?***

- **25th of the month** – your payment is past due and your insurance company won't be paid, which may cause your insurance company to cancel your policy.
- **End of the month** – a reminder bill is sent and the next monthly premium is added to your balance.
- **Reminder due date** – If not paid by the due date, a subsidy cancellation warning letter is sent.

***IF YOU RECEIVE A WARNING LETTER IT IS YOUR LAST CHANCE TO PAY TO RECEIVE FHIAP'S HELP IN PAYING YOUR PREMIUMS!***

***What does a warning mean?*** If your account is not paid by the warning due date your subsidy is cancelled back to the last month you paid. The cancellation letter explains your appeal rights.

## **VERY IMPORTANT:**

If you don't pay your bill, FHIAP can't pay the insurance company. This means your subsidy will be cancelled. If your FHIAP subsidy is cancelled, you will have to start over. This could mean a long wait for a new FHIAP application. Also, you will have to contact the insurance company directly to pay the full premium if you want to continue your health coverage without FHIAP's help.

**Questions? Call FHIAP Member Account Services: 1-888-564-9669  
or e-mail [mas.fhiap@state.or.us](mailto:mas.fhiap@state.or.us)**

**Visit our Web site: [www.fhiap.oregon.gov](http://www.fhiap.oregon.gov)**

# 2009 Calendar

**Your FHIAP bill is due:**

**January**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**February**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**March**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**April**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**May**

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
31	24	25	26	27	28	29
						30

**June**

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**July**

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**August**

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
30	23	31	24	25	26	27
						28
						29

**September**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

**October**

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**November**

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**December**

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**Don't forget to include your account number**



Use FHIAP envelope or send payment to:  
 FHIAP  
 PO Box 14690  
 Salem, OR 97309-0450

**1-888-564-9669**

**Ask for Member Account Services  
 or e-mail [mas.fhiap@state.or.us](mailto:mas.fhiap@state.or.us)**