



Wire Payment Instructions

Dear Customer:

Harvard Pilgrim is able to accept premium payment via Electronic Fund Transfer in the following forms: ACH: CCD, CCD+, and CTX. Please find below the banking information necessary for processing wire transfers.

Wire Instructions

Bank Name: Bank of America
Address: 100 Federal Street
Boston, MA
ABA#: **026009593**
Account Name: Harvard Pilgrim Health Care, Inc.
Integrated Account
Account #: 000056102394
Reference: *Please be sure to annotate the company name and division number for which the payment is being made*

ACH Instructions

Bank Name: Bank of America
Address: 100 Federal Street
Boston, MA
ABA#: **011000138**
Account Name: Harvard Pilgrim Health Care, Inc.
Integrated Account
Account #: 000056102394
Reference: *Please be sure to annotate the company name and division number for which the payment is being made*

In addition, on the day of the transfer, please send the completed Harvard Pilgrim Wire Payment Breakdown by email to premium_cash@point32health.org. Please send the email with a subject line stating the Company Name followed by "Wire Payment". (Ex: ABC Company-Wire Payment)

The breakdown must include the following information:

- Group Name.
- Check or Wire Number.
- Harvard Pilgrim Customer Account Number.
- Statement number.
- Payment amount.

Thank you for your cooperation. If you have any questions or need more information, please contact Alan Jackson 781-612-2041 in our Cash Applications Department.

Check Payment Instructions

HPHC (payment mailing PO Box)

PO Box 970050

Boston, Ma. 02297-0050

Med Sup (payment mailing PO Box)

P.O. Box 970040

Boston, Ma. 02297-0040

Please include a copy of your invoice coupon and/or your account number with your check.