Automatic Payments Enrollment

Save Time and Hassle

Enroll into a monthly payment schedule and never worry about missing a payment!

Enroll in Payment Plan

Make a One-Time Payment

Please enter the required information below and click 'Make Payment'.
* Fields marked with an asterisk(*) are required.

Enter Amount *   200.00   ⟸ **STEP 1**

Enter Bill No

Payment Description*
(Patient Name, Date of Birth,
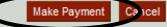Phone Number)

```
Patient Name: David Geiger

Birthdate: 01-14-87

Phone: 314-345-5678
```
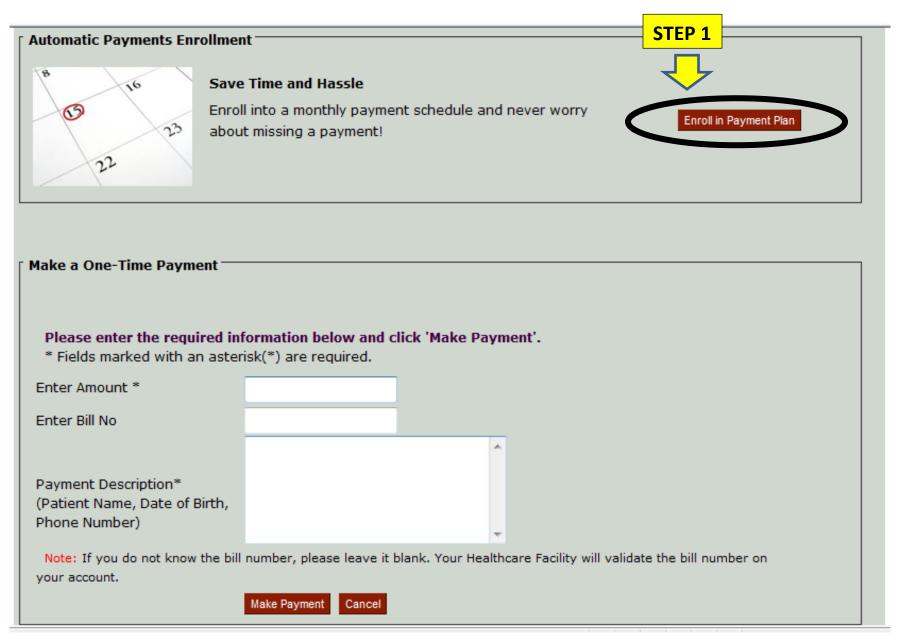⟸ **STEP 2**

Note: If you do not know the bill number, please leave it blank. Your Healthcare Facility will validate the bill number on your account.
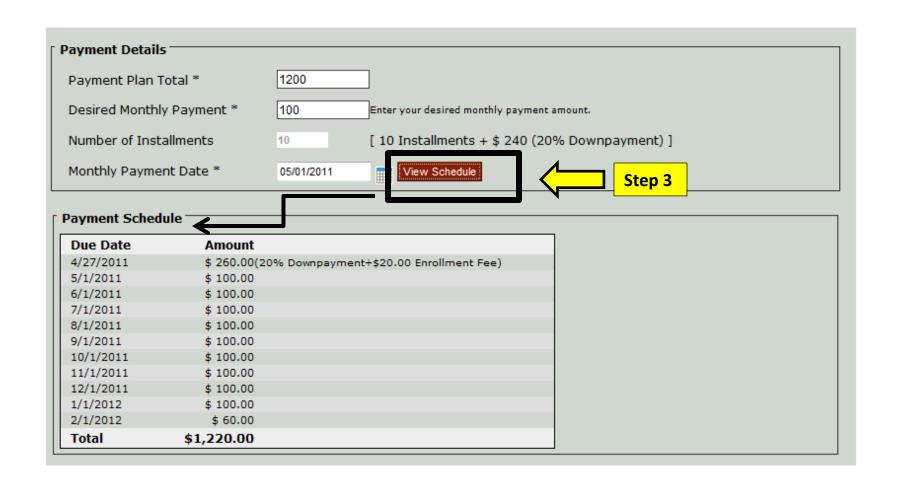
Make Payment   Cancel   ⟸ **STEP 3**

Make Payment

Select Method of Payment

Enter new credit card information ▼
Enter new credit card information
Enter new electronic check information
David's Checking (Checking account ending in 9912)

...ontinue Payment' button.

NOTE: Your credit card payments made at this site will display on your statement as "ePAY SMARTPAY 1-800-339-8131"

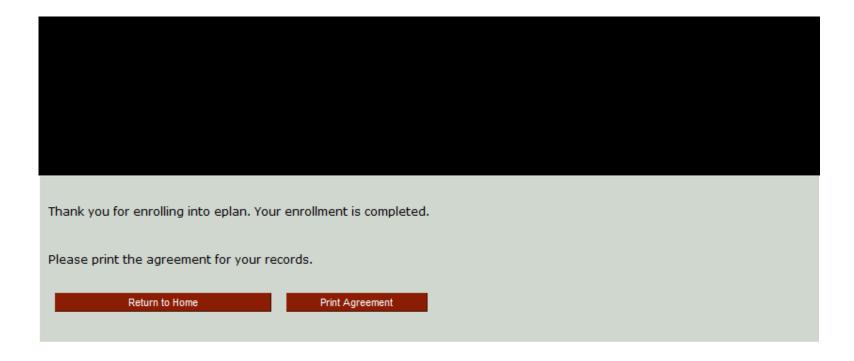|		
Credit Card Number		We accept: AMERICAN EXPRESS Cards, DISCOVER NOVUS, MasterCard, Diners Club International, VISA
Expiration Month	Select Month ▼	
Expiration Year	Select Year ▼	
Cardholder Name		
Address		Enter the address where you receive the bill for this card.
City		
State/Province/Region		
Zip/Postal Code		
Country	United States ▼	
Card ID Code		Enter the three or four digit code from your card. Help
Email Address	davidg@epayhealthcare.com	

The Process for Patient Enrolling into a Quick Payment Plan

Automatic Payments Enrollment

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Make a One-Time Payment

Please enter the required information below and click 'Make Payment'.
* Fields marked with an asterisk(*) are required.

Enter Amount *

Enter Bill No

Payment Description*
(Patient Name, Date of Birth,
Phone Number)

Note: If you do not know the bill number, please leave it blank. Your Healthcare Facility will validate the bill number on your account.

Make Payment   Cancel

Enroll into a monthly payment schedule

* Fields marked with an asterisk(*) are required

Patient Information

Last Name *   Geiger

First Name *   David

Date Of Birth (MMDDYYYY) *   01141987

Payment Details

Payment Plan Total *   1200

Desired Monthly Payment *   100   Enter your desired monthly payment amount.

Number of Installments   10   [10 Installments + $ 240 (20% Downpayment)]

Monthly Payment Date *   05/01/2011   [View Schedule]

Payment Details

Payment Plan Total * `1200`

Desired Monthly Payment * `100` Enter your desired monthly payment amount.

Number of Installments `10` [10 Installments + $ 240 (20% Downpayment)]

Monthly Payment Date * `05/01/2011` [View Schedule] ← **Step 3**

Payment Schedule

Due Date	Amount
4/27/2011	$ 260.00(20% Downpayment+$20.00 Enrollment Fee)
5/1/2011	$ 100.00
6/1/2011	$ 100.00
7/1/2011	$ 100.00
8/1/2011	$ 100.00
9/1/2011	$ 100.00
10/1/2011	$ 100.00
11/1/2011	$ 100.00
12/1/2011	$ 100.00
1/1/2012	$ 100.00
2/1/2012	$ 60.00
Total	**$1,220.00**

Method of Payment

Select a Method of Payment [Enter new credit card information ▾]

Credit Card Information

Card Number *   [1234567812345678]

Expiration Month *   [01 ▾]

Expiration Year *   [2014 ▾]

Card Holder Name *   [David Geiger]

Card ID Code *   [123]   Help

Zip Code *   [12345]

Terms and Conditions

I/We do hereby agree to pay to [Hospital Name] the amount due representing charges incurred for the use of the Facility on the date of procedure(s) according to the terms listed.

Should payments not be made under the terms of this agreement, I understand that any unpaid

☑ I agree to the terms and conditions, send notification to email id [davidg@epayhealthcare.com]

[Enroll] [Cancel]

Thank you for enrolling into eplan. Your enrollment is completed.

Please print the agreement for your records.

Return to Home   Print Agreement

Examples of eMail Notifications Delivered to Patients

-----Original Message-----
From: Business Office at Your Facility
Sent: Wednesday, April 27, 2011 8:49 PM
To: David Geiger
Subject: Payment Solution - Payment Plan - 10 Installments

Dear David,

Thank you for enrolling in the payment plan Payment Plan - 10 Installments. You will be billed on the following dates for the amounts shown:

$100.00 due on 5/1/2011

$100.00 due on 6/1/2011

$100.00 due on 7/1/2011

$100.00 due on 8/1/2011

$100.00 due on 9/1/2011

$100.00 due on 10/1/2011

$100.00 due on 11/1/2011

$100.00 due on 12/1/2011

$100.00 due on 1/1/2012

$60.00 due on 2/1/2012

Your enrollment in this plan is based on your agreement to the following terms and conditions:

(Terms and Conditions of your facility)

Regards,
Business Office Manager
Your Facility Name

Receipt Number: 1746
Account No: EPAY_10005
Customer: GEIGER, DAVID
Web payment location
Operator: WEB
Current Date:04/27/2011

Description	Discount	Amount
Down Payment Fee	0.00	240.00
	Total	240.00

Payments Received		Amount
Credit Card Payment		240.00
MasterCard 5454		
Authorization # 046654		
	Total	240.00

Thank you for your payment.

From: Business Office at Your Facility
Sent: Wednesday, April 27, 2011 8:49 PM
To: David Geiger
Subject: Payment Solution - Thank you for your payment

Receipt Number: 1745
Account No: EPAY_10005
Customer: GEIGER, DAVID
Web payment location
Operator: WEB
Current Date: 04/27/2011

Description	Discount	Amount
Enrollment Fee	0.00	20.00
	Total	20.00

Payments Received		Amount
Credit Card Payment		20.00
MasterCard 5454		
Authorization # 046654		
	Total	20.00

Thank you for your payment.

-----Original Message-----
From: Business Office at Your Facility
Sent: Wednesday, April 27, 2011 8:49 PM
To: David Geiger
Subject: Payment Solution – Automatic Payment Plan - Ten Installments

Dear David,

You are now enrolled in an automatic payment plan system for your healthcare services. The description of your payment plan is Autopay - Ten Inst. Your first automatic payment will be on 5/1/2011.

Regards,
Business Office Manager
Payment Solution