

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](#)

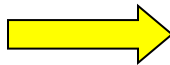
[Cancel](#)

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)



Select to make your payment with a credit card or check, enter the requested information and proceed through the checkout process. Patient will receive an email receipt at the end of the transaction.

Continue 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:



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



Save Time and Hassle

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

STEP 1



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 *

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 *

First Name *


Date Of Birth (MMDDYYYY) *

Payment Details

Payment Plan Total *

Desired Monthly Payment * Enter your desired monthly payment amount.

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

Monthly Payment Date *  [View Schedule](#)

STEP 2: The patient enters his/her personal information, total amount for the payment plan, desired monthly payment, and the date he/she desires to have ePAY automatically process each monthly installment.


If the patient selects 'payment details' that fall outside of the facility's rules, he/she will receive a pop-up message that provides details on the rules, as well as contact information for your facility's Business office. The patient can either adjust his/her 'payment details' to comply with the facility's payment plan rules or contact your office for assistance.

Payment Details

Payment Plan Total *

Desired Monthly Payment * Enter your desired monthly payment amount.

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

Monthly Payment Date * 

[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

Credit Card Information

Card Number *

Expiration Month *

Expiration Year *

Card Holder Name *

Card ID Code * [Help](#)

Zip Code *

STEP 4: Patient chooses to enter either a credit card or bank account number for automatic monthly payments.

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

STEP 5: Patient agrees to the terms, enters his/her email address for receipts, and clicks 'enroll'.

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

-----Original Message-----

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: 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.

-----Original Message-----

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
<hr/>		
Enrollment Fee	0.00	20.00
	Total	20.00

Payments Received	Amount
<hr/>	
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