







Quality Healthcare for Every Generation

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Site Sign On

The user enters the Site via a link on a corporate Intranet web site.

The User is presented with a Splash Page offering 3 options:

- Sign In Patients have already enrolled (If not enrolled this will be displayed when signing on)
- Quick- Patients can make a quick paymentPaymentwithout enrolling
- Enroll Patients can sign up using their most recent Bill





Enroll

This page is displayed the first time a user signs on to the site or when a user clicks **Sign up for My Billing Summary** link from the Welcome page.

The information provided will be validated against the content provided to iPayX by the Biller.

Using the most current statement, enter the authentication fields exactly as they appear on the statement:

Authentication fields are chosen by the biller at the time of Implementation.

Passwords must be between 8 and 12 characters long and a combination of letters and numbers with at least one special character (, /?: @ & = + #). It is recommended to use both upper case and lower case numbers for greater password security.

Olem um feie Eleistere is	Dilling Assess Tedaul
Sign up for Electronic	Billing Access Today!
Please enter the information requested bel The guarantor is the patient if the patient is If the patient is under 18, the guarantor is the brought the patient in for the visit.	ow. age 18 or older. ne person that
Guarantor Full Name:	(As it appears on the patient statement)
Statement Color:	Blue 🗸
Patient Account Number:	(As it appears on the patient statement)
Statement Date:	
Statisticité Date.	(mmiddlyy or mmiddlyyyy From the most recent stalement)
Statement Amount:	(dollars and cents, no symbols, e.g. 10.00, not \$10 or \$10.00 From the most recent statement)
Zip Code:	* Where statements are sent
Email Address:	*
Verify Email Address:	*
Choose Delivery Method:	● Web ◯ eMail ◯ Paper
Password:	(Your password must be between 8 and 12 characters long and a combination of letters and numbers with at least one special character)
Re-enter Password:	
Password Strength:	Very Weak
Additional Security Question:	Select Your Security Question
Your Answer:	
) enroll, you must accept the <u>terms and con</u>	ditions of this site: 1 agree *



on.

Enroll

- Before Enrollment can be completed, the user must agree to the terms and conditions.
- Click on Submit to complete the enrollment.

After successful validation, an email will be sent to the email address entered in the profile set up. The enrollment is pended until the Patient confirms from this email that registration was initiated by signing



- Once the account has been activated by clicking on the activation link provided in the email, the customer can login to the CareView system using their credentials.
- **NOTE:** If the iPayX system does not receive a reply within 24 hours, then the records are expunged from account/customer profile & pending. If customer did not receive the enrollment email but iPayX databases show that an email was successfully sent and was received by the user's service provider mail server, it is possible the issue is in the customer's spam filter or some other issue with the service Provider.

Sign up for Electronic	Billing Access Today!
Please enter the information requested being The guarantor is the patient if the patient is If the patient is under 18, the guarantor is the brought the patient in for the visit.	ow. age 18 or older. he person that
Guarantor Full Name:	(As it appears on the patient statement)
Statement Color:	Blue V
Patient Account Number:	(As it appears on the patient statement)
Statement Date:	(mmiddlyy or mmiddlyyy) From the most recent statement)
Statement Amount:	(dollars and cents, no symbols, e.g. 10.00, not \$10 or \$10.00 From the most recent statement)
Zip Code:	* Where statements are sent
Email Address:	*
Verify Email Address:	*
Choose Delivery Method:	● Web ◯ eMail ◯ Paper
Password:	(Your password must be between 8 and 12 characters long and a combination of letters and numbers with at least one special character)
Re-enter Password:	*
Password Strength:	Very Weak
Additional Security Question:	Select Your Security Question
Your Answer:	
enroll, you must accept the <u>terms and con</u>	Id <u>itions</u> of this site: I agree *





QuickPay payments are entered by the customer using information contained on the paper statement they receive or information such as their customer account number, customer account name and date of birth or other data that would be known to them.

Once the system has matched the authentication data entered by the customer, to data contained in the system, they are provided a data entry screen for entering account information

Data entered is specified during implementation.

The *e*Check payment method is an option also determined by the Biller at the time of Implementation.

Quick Payment!	
Make a payment right now using a tra Express or Discover). Complete the p post your payment. Please allow two I for making a payment online. Your ba	nsfer from your bank account (eCheck) or a credit card (Visa, MasterCard, American ayment form and press "Credit / Debit" or "eCheck". We will automatically process and business days for the payment to appear in your account balance. There is no charge nk and credit card information is protected by our secure website.
Please enter the information requeste under 18, the guarantor is the person	d below. The guarantor is the patient if the patient is age 18 or older. If the patient is that brought the patient in for the visit.
Amount To Pay:\$	(Enter dollar and cents in the form of soc.soc)
Guarantor Full Name:	(As it appears on the patient statement)
Statement Color:	Please select the color of your statement 💙
Patient Account Number:	(As it appears on the patient statement)
Statement Date:	(mmiddiyy)
Statement Amount:	* (dollars and cents, no symbols, e.g. 10.00, not \$10 or \$10.00)
Zip Code:	(Where statements are sent)
Email Address:	
Pay By:	G Credit/Debit card ○ eCheck
	Submit



QuickPay – Paid by Credit/Debit Card

Payments can be made with credit card or from a checking account. Credit card payments are fully authorized at time of payment with both address (AVS) and card code CVV/CVS) validation. This insures the payment is good since funds are reserved from the Patient's account at authorization.

- Enter the Credit/Debit Card information.
- Enter the billing information as it appears on the statement.
- Click on Continue to Confirmation to submit the payment.

Account Number: 020438	
Account Name: MARY ALL	
Due Date: 07/17/16	
Amount Due: \$377.77	
Amount To Pay: \$5.00	
Card Type:	Visa 🗸
Card Number:	-
Expiration:	* MMYY
Security Code:	* What's This ?
Name on Cards	
Name on Card.	
Enter the following billing opportunit	tion as it appears on your card bill.
Billing Zip:	
Billing Phone:	-
No dashes	



QuickPay – Paid by eCheck

Patients make check payments using the same process. The difference, other than the account data, is that *e*Check payments are not balance authorized.

- Enter the Checking Account information.
- Enter the billing information as it appears on the bill.
- Click on Continue to Confirmation to submit the payment.

Account Number: 020438	
Account Name: MARY ALI	
Due Date: 07/17/16	
Amount Due: \$377.77	
Amount To Pay: \$5.00	
Enter the following billing information as it appears on your ba	nk statement.
Routing Number:	* What is this?
Account #:	* What is this?
Bank Name:	•
Name on Bank Account:	
Dilling Zin:	
Dinnig Zip.	
Billing Phone:	



QuickPay – Confirmation

The confirmation form is called when submit is clicked on the credit card or *e*Check screen.

This screen permits visually verifying information before actually authorizing the electronic transfer.

- If the information is not correct, click Edit to return to the account information page to enter the correct payment information.
- Click the box to accept the payment terms and conditions.
- Click Confirm Payment to complete the payment process.

Confirm Payment				
Yes. I accept payment Terms a You must accept the terms & conditions	nd Conditions in order to complete payme	n.	- Standard	Paynovin Edit
Quick Payment			De	TOTAL \$5.0 cember 1, 2016, 2:02 Pt
nvoices You Are Pa	Account Id:	Due Date:	Due Amount:	Payment Amount:
MARY ALL	020438	07/17/16	\$377.77	\$5.00
Method Of Payment				
Method Of Payment Type:	eCheck			
Method Of Payment Type: Routing #:	eCheck 056007604			
Method Of Payment Type: Routing #. Checking Account #:	eCheck 055007604 ****6789			
Method Of Payment Type: Routing #: Chicking Account #: Bank Name:	eCheck 056007604 ****6789 The Bank			
Method Of Payment Type: Routing #: Checking Account #: Bank Name: Name on Bank Account:	eCheck 056007604 ****6789 The Bank Jane Doe			



QuickPay – Receipt

The payment is authorized (*Credit Card Payment Only*) and the Customer is presented with a Payment receipt.

- A detailed receipt can be printed by clicking on the **Printer Icon**.
- Both card and check payments are included in the daily ERA and all detail and summary payment reports.
- An email with the payment information will be sent to the email address entered at the time the payment was made.

WATSON CLINICUP		Watson Clinic LLP
Quality Healthcare for Every Generation Print /	Copy Of Receipt	(003) 600-1206
Quick Payment 192.168.171.94	Transa	RECEIPT TOTAL \$5.00 cember 01, 2016 2:03PM EST
Payment Information		
Patient Name: MARY ALL	Account: BLUE-020438	Amount: 35.00
Paid By: Jane Doe		
Paid Using: eCheck ****6789		
Reference Number: 134		
Name On Account: Jane Doe		
Bank Name: The Bank		
Contact eMail: pat.vargo@ipayx.com		
Please Note: Please allow 10 business days for th account. Additionally, if an e-mail ad- that e-mail address. If for any resear- receipt becomes null and void.	is payment to be applied to the above dress was provided, a confirmation has this transaction should not clear your	customer I been sent to benk, this
(PayX 🅸		Thank You

Payment Adjustments

Adjustments may be made to QuickPay payments by Customer Service Agents using the Transaction tab on the CareView Customer Service Console.



Sign In

Once a user has successfully enrolled, they can log in to the CareView system. The user login screen is provided for the customer to enter their username (email address) and password to gain entry to the application.

- Enter the email address (*Required*) and password (*Required*) that were used for the previous enrollment.
- Click on Sign In to complete the sign in.

A successful sign-on will take the user to the Billing Summary page.

Lockout

Six Invalid login attempts made at the same time will prevent the user from logging in. Six failed attempts is the required PCI maximum before the user must be locked out. The Number of times and the length of the lock out time, both are configurable with a default of 6 attempts and a 5 minute lockout time.







Forgot Password

- Enter the email address that was used for the previous enrollment.
- Click on Forgot your Password?
- Enter the email address that the password is for.
- If the email is not registered or entered incorrectly an error message will be returned.
- Click on the "Return" link to try again.

Your account not registered. Return

- Enter the same answer to the security question as used during previous enrollment.
- An email will be sent with a new password to be used for sign on.

Your temporary password for login to our website: 2igihUVE
<u>Please click this link to activate account</u> You will be required to log in using your temporary password and then change the password to one of your choosing.
This link will expire in 24 hours (09/12/2013 at 12:21:07pm ET) If the link is expired you must repeat the password change process by clicking "Forgot your Password?".

- Note the temporary password.
- Click on the "Please click to activate account" link in the email to sign in with the new password.

Email:
Password:
Sign In
Forgot your Password?

Email:	Х
Submit	

Email:	Х
pat.vargo@ipayx.com	
Question:	
What is your mothers maiden name?	
Answer:	
Submit	



Forgot Password

Prof	ile Activation Successful
Your	online account has been
succ	essfully activated!
You	may now log in using the email
addr	ess you provided
as yo	our username, and the password
that	you created
if a te	emporary password was provided to
you,	you will be required
to ch	lange it by choosing your own
passi	word during your first login.
	Close

WATSON CLIP Quality Healthcare for Every	<u>VIC 11.9</u> Generation	
Quick Payment Enroll Now Already enroted? Enter- your email address and passenot below. Email: * Passenot: * Passenot: * Sign In	My Billing Sum welcome to our Patient Financial Services of the provide you with tools to make the billing process mo goated gam under a creas to a sumble, up-bodies and goated on a case you and to conveniently view, manage and welcome to Querk Payment Wate a Querk Payment Pay by credit cast or eCheck. Ifs fast and easy and doesn't require that you complete enrolment.	Center remarks and user-friendly. By creating an online account of your account, useful resources that answer your billing pay your bills online. Sign up for My Billing Summary Discussion of the set all your statements and use acharaced pois like them dating a payment and setting up automatic payments.
S.	Contact Us Phones Terms and Condition Copyright Internet Baymeric Exchange G-2014 — AR August M Protected by U.S. Patient No. 7,567,355 and refe	S I FAQ Herring — Hone Kotyx Com Hod patents

- Sign in with the User ID and temporary password.
- The user will be required to change the password. Enter the temporary password sent in the email.

This is your first log-in using a tempor You must change your password now	ary password. to log-in to the site.
Enter Temporary Password: (from your password reset email)	*
Enter New Password: Your password must be between 8 and 12 characters long with a combination of letters and numbers and at least one special character)	*
Repeat New Password:	*
Password Strength:	Very Wea
Additional Security Question (You will need this answer if you forget your password)	Select Question
Your Answer:	*



Billing Summary

This page is displayed when a Patient clicks on **Billing Summary** from the Welcome Page or upon initial sign on.

From this page the user can:

- View the History of payments for each Bill
- View a Statement -
- Make payments





Billing Summary – View History

This view will display the status of payments that have previously been paid on this account.

- To VIEW bill payment history: Click on the magnifying glass.
- Clicking on the amount in the 'Patient Pmts/Adjs' column will display a copy of the original payment receipt.
- Clicking on the highlighted payment type in the "Description' column will display a copy of the adjustment receipt.

Kece	ent Bil	IS					
For bill	payment	t history, click	the Magnifying glass i	link.			
To pay	a bill, ch	eck the box, v	alidate your payment a	mount, and then cli	ck Continue.		
0803040							
22	10						
Op	tions	Payment Ty	pe: Visa 🗸	Payme	nt Date: 12/01/16		
Pa	ment						
1	View	Name	Account	Due Date	Due Amt	Pay Amt	History
	-	MARY ALL	020438	07/17/16	\$372.77	\$ 372.77	۹,
	Paym	nent History					
	P	ayment Date		Descri	ption		Patient Pmts/Adj
	1;	2/01/2016	eCheck Payment Onli	ne at 12/01/16 02:0	3 PM		\$5.0
	13	2/01/2016	Visa Ref# Denied Onli	ne at 12/01/16 01:	51 PM		\$5.0
	13	2/01/2016	Visa Ref# Denied Onli	ne at 12/01/16 01:4	49 PM		\$5.0
	1	2/01/2016	Visa Ref# Denied Onli	ne at 12/01/16 01:4	49 PM.		\$5.0



Billing Summary – Pay a Bill

- Select the Payment Type from the drop down list.
- Select a date from the calendar for future dated payments (if applicable).
- Click the box in front of the bill to be paid.
- Enter the amount to be paid *if different* than the amount displayed.
- Click on the **Continue** button to continue the payment process.

ece	nt Bil	Is					
or bill	payment	history, click the M	lagnifying glass l	nk.			
o pav	a bill, ch	eck the box, validat	e vour payment ar	mount, and then cli	ck Continue		
				-			
Onti	ions						
Opti	ions	Payment Type:	lisa 🗸	Paymen	nt Date: 12/01/16		
Opti Payr	ions ment	Payment Type:	/isa 🗸	Paymer	nt Date: 12/01/16		listen
Opti Payr	ment View	Payment Type:	Account	Paymer Due Date	nt Date: 12/01/16 Due Amt	Pay Amt	History



Billing Summary – Pay by Credit Card or Check

- If the Payment Type account is in the wallet, the payment confirmation page will display.
- If the account is not in the wallet, enter the card or check information in the screen displayed for the Payment Type.
- An account may also be added to the Wallet by checking the box next to the word Wallet. A nickname may also be associated with the account.
- Click on 'Continue to Confirmation' to validate the payment information and receive a confirmation.

ay by eCheck				
Enter the following billing information as it appears on your bank statement.				
Routing #:		×		
Account #:		*		
Bank Name:		*		
Name on Bank Account:		*		
Billing Zip:		*		
Billing Phone:				
Wallet: Check the box to save this payment information in MyWallet.				
	Cancel	Continue to Confirmation		

Card Type:	Visa
Card Number:	· ·
Expiration:	• MMYY
Security Code:	* What's This 7
Name on Card:	·
inter the following billing inform	ation as it appears on your card bill.
Billing Zip:	·
Billing Phone:	· .



Billing Summary – Confirmation

- Confirm the payment information.
- If the information is not correct, click Edit to be taken back to the account information page to enter the correct payment information.
- Click the box to accept the payment terms and conditions. When the terms and conditions box is checked the Confirm Payment button will be enabled.
- If all payment information is correct, click **Confirm Payment** to complete the payment process.

onfirm Payment				
Yes, I accept payment Terms at four must accept the terms & condition ayment.	nd Conditions ons in order to complete		Section	Paymant
Billing Summary Payment pat.vargo@ipayx.com			De	TOTAL \$2.7 cember 1, 2016, 2:33 Pt
voices You Are Pa	ying			
Account Name:	Account Id:	Due Date:	Due Amount:	Payment Amount:
Account Name: MARY ALL	Account ld: 020438'	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77
Account Name: MARY ALL Action Of Payment	Account Id: 020438	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77
Account Name: MARY ALL Method Of Payment	Account Id: 020438' eCheck	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77
Account Name: MARY ALL Rethod Of Payment /ype: touting #:	Account Id: 020438' eCheck 056007604	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77
Account Name: MARY ALL Acthod Of Payment lype: louting #: lineking Account #:	Account ld: 020438' eCheck 056007604 ****6789	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77
Account Name: MARY ALL Rethod Of Payment louding #: linecking Account #: lank Name:	Account Id: 020438' eCheck 056007604 ****6789 The Bank	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77
Account Name: MARY ALL Rethod Of Payment lype: touting #: thecking Account #: lank Name: lame on Bank Account:	Account Id: 020436' eCheck 056007604 ****6789 The Bank Jane Doe	Due Date: 07/17/16	Due Amount: \$370.00	Payment Amount: \$2.77



Billing Summary – Receipt

- The payment is authorized (Credit Card Payment Only) and the Customer is presented with a Payment receipt which can be printed by clicking the Printer icon.
- Both card and check payments are included in the daily ERA and all detail and summary payment reports.
- Click Close this window to return to the Billing Summary page.

Quality Healthcare for Every Generation Print	A Copy Of Receipt	(863) 680-7206
Billing Summary Payment pat vargo@ipayx.com	Tran	saction# : BLUE99980000163W RECEIPT TOTAL \$2.77 December 01, 2016 2:31PM EST
Payment Information		
Patient Name:	Account:	Amount:
MARY ALL	BLUE-020435	\$2.77
Paid By: Jane Doe		
Paid Using: eCheck ****6789		
Reference Number: 135		
Name On Account: Jane Doe		
Bank Name: The Bank		
Contact eMail: pat.vargo@ipayx.com		
Please Note:		
Please allow 10 business days for account, Addisonally, if an e-mail that e-mail address. If for any reas receipt becomes null and void.	this payment to be applied to the ab address was provided, a confirmation on this transaction should not clear y	ove oustomer n has been sent to your benk, this
The N ste		



MyProfile

This page is displayed when a Patient clicks on My Profile from the Menu.





MyProfile – Edit My Contact Information

- Overtype the fields to be changed with the new information.
- Click on the Submit Changes button to save the changes.
- You will be returned to the My Profile Page where the new information will be displayed.

Profile Contact Information	Submit Changes
Name:	All
Phone (Day):	
Phone (Night):	
Login eMail:	pat.vargo@ipayx.com
Enroll Date:	Thursday December 01, 2016 01:33 pm



MyProfile – Edit Delivery Instruction

- Delivery methods for each account may be changed by clicking the appropriate button.
- Email addresses for each account may be changed by typing over the current address.
- After all changes have been made, click on the Submit Changes button.
- The system will record the changes.

Statement Delivery	Submit Changes	Cancel
Account Number		Delivery Method
000400	MARY ALL	eMail () Web () Paper
020438	MART ALL	pat, vargo@ipayx.com



MyProfile – Add Another Account

This option is used to add an Account to an existing Patient Profile. There are cases where an individual will be responsible for multiple accounts.

- Enter the Profile Information as it appears on the most recent statement of the Account you want to add to the Profile.
- Choose the Delivery Method and enter an email address of where statements will be sent.
- Before the account add can be completed, the user must agree to the terms and conditions.
- Click on "terms and conditions" to read the biller Privacy Policy then check the "I agree" box. Clicking "I Agree" will enable the Submit button.
- Click Submit to add the account to the Profile.

Guarantor Full Name:	(As it sppears on the patient statement)
Statement Color:	Please select the color of your statement 🗸
Patient Account Number:	(As it appears on the patient statement)
Statement Date:	(mm/dd/yy)
Statement Amount:	* (dollars and cents, no symbols, e.g. 10.00, not \$10 or \$10.00)
Zip Code:	(Where statements are sent)
Choose Delivery Method:	● Web ◯ eMail ◯ Paper
Delivery Email Address: p	vat.vargo@ipayx.com
To enroll, you must accept the <u>terms and</u>	I conditions of this site: I agree
	Submit Cancel



MyProfile – Password Change

- Enter the current Password, New Password, and verify the New Password.
- Click on Save to change the password.

Change Password				
Passwords must be 8 to 12 characters long and consist of both letters and numbers				
Current Password:	*			
New Password:	*			
Verify New Password:	*			
Password Strength:				
	Very Weak			
Save	ncel			

• The system will return to the My Profile Page and let you know if the change was successful.

111000: Your password has been updated.



MyWallet – Add An Account

The Electronic Wallet stores banking information and enables future dated and automatic payment options. The wallet contains both checking and credit card information.

• To add a Credit Card or Checking Account to your Wallet click on the add link for the type of account to be added.

MyWallet	
Wallet accounts are used to simplify data entry when making pay automatic payments you must have at least one account in your wa When you get a new card be sure to visit here to change the expira	yments. In order to use future dated payments or setup allet.
My Credit/Debit Card Accounts	Add new credit/debit card
My eCheck Accounts	Add new eCheck account



MyWallet – Add A Credit Card Account

- Enter a wallet Nickname for the Credit Card to help differentiate it from other credit cards in the wallet.
- Pick the Card type from the drop down list.
- Enter the required Credit Card Information.
- Click on Submit to return to the My Wallet Page where the new Card will be listed.

Add New Creditcare	d Wallet
Nickname:	*
Card Type:	Please Select 🗸 *
Card Number:	*
Expiration:	(MMYY format. i.e: 1220 for Dec. 2020)
Name on Card:	*
Billing ZIP Code:	*
CVV:	*
	Cancel Submit



MyWallet – Add A Checking Account

- Enter a Nickname for the checking account to help differentiate it from other checking accounts in the wallet.
- Enter the required Checking Account Information.
- Click on **Submit** to return to the My Wallet Page where the new Account will be listed.

Add New eCheck W	/allet	
Nickname:	i.e. Joe's Wells Fargo	*
Routing Number:	(Must be 9 digits in length)	
Account Number:	*	
Bank Name:		*
Name on Bank Account:		*
Billing ZIP Code:	*	
	Cancel Submit	



MyWallet – Edit a Wallet Account

 To change a Credit Card or Checking Account in your Wallet click on the Edit link for the type of account to be changed

MyWallet

Wallet accounts are used to simplify data entry when making payments. In order to use future dated payments or setup automatic payments you must have at least one account in your wallet.

When you get a new card be sure to visit here to change the expiration date.





MyWallet – Edit a Wallet Account

 Make desired changes to the Credit Card or Checking Information.

N	Nickname	Card Type	Card Number	Expiration	Name on Card	Billing ZIP Code
M	∕ly Visa	Visa	****1111	1216 *	Jane Doe *	32606 *
			Cancel	Submit		

• Click on Submit to submit the changes and return to the My Wallet page.

Nickname	Routing Number	Account Number	Bank Name	Name on Bank Account	Billing ZIP Code
My Checking	056007604 *	****6789	The Bank *	Jane Doe *	32606 *
		Cancel	Submit		



MyWallet – Delete a Wallet Account



- If there are pending payments using this account, then the account cannot not be deleted. Click OK to return to the Wallet page.
- •Click **OK** to remove the account and return to the My Wallet Page where the account will **no longer be listed**.







Auto Payment

Auto Payment consists of By Statement (triggered) and By Schedule (Calendar) options.

'By Statement' payment plans are triggered by an event, such as the arrival of a statement. 'By Statement' plans have the following properties:

- After the statement arrives, the payment is automatically scheduled according to several options which can be modified to accommodate your special requirements:
 - > Upon Arrival
 - > A certain # of days after arrival
 - ➤ A certain # of days before due
 - > On the due date
 - > On the 15th or 31st of the month
- A payment may not be scheduled later than the due date.
- Payment amounts may be limited to a certain amount, such as, \$300 dollars per statement.
- The payment will either be for the amount owed or the amount limit whichever is less.
- The plan will suspend when no funds are owed or statements no longer arrive.
- The plan will resume if a new statement with a balance owed arrives.
- The plan will continue as long as there is a balance owed regardless of the balance when the plan was established.

Example: A Customer wants to use his credit card to pay his bill from the Hospital, in full or up to a limit he has requested, every month when it comes in until he wants to stop.



Auto Payment

'By Schedule' payment plans trigger based on the calendar and are completely independent of statement processing. 'By Schedule' plans have the following characteristics:

- A plan may trigger according to several options which can be modified to accommodate your special requirements:
 - ➤ Weekly
 - > Monthly
 - ➢ Every Other Week
 - ➤ Twice a Month
 - > Quarterly
 - ➤ Semi-Annually
 - > Annually
- There is a plan wizard that calculates a payment amount or a payment term depending on the information entered.
- The wizard will automatically adjust the final payment amount to satisfy the balance due.
- Business rules may be applied to limit the term or the minimum amount per payment.
- The plan will continue until the final payment is made regardless of the account balance unless a 'hard' payment error, like expired card, occurs.
- The plan will stop when the final payment is made regardless of whether there is a current balance due or not.

Example: A Customer owes the Hospital \$526.33 and he wants to use his credit card to pay them \$50.00 a month to pay it off. How long will that take and how much will each payment be?



Auto Payment – Add a By Statement Rule

• Click on the Add By Statement link of the account the rule will be setup for.

Automatic Payment Rules

The following is a list of accounts that are available for automatic payment. Automatic Payments stop when the statement balance reaches zero. An automatic payment rule By Statement will resume if a balance reappears while a rule By Schedule will not resume if there is a new balance.

Account #	Patient Name	New Balance	Rule	Wallet Name	Action
020438	MARY ALL	\$ 370.00	Add By \$	Statement Add By	Schedule

The Automatic	Daymont Duloc	nago will display	
	rayment Rules	paye will uisplay.	

Automatic Payment Rule				
Select conditions for the p	payment rule and click Continue to activate or change the payment trigger.			
Payments will be taken unpaid.	up to and including the limit amount. Any remaining balance will be left			
Note that when using eith after the expiration date ignored and the balance v	ner a date or fixed number of payments to expire a rule, the rule will turn off or the last payment has been made. A bill received after rule expiration is will remain unpaid.			
Create Automatic Paym	ent Rule By Statement for:			
Rule trigger:	Please Select V			
Pay Bills Using:	Please Select V Manage Payment Accounts			
Limit Payment Amount:	No 🗸			
Limit Amount:	No Limit			
Effective beginning:	09/15/2014			
Rule will expire by:	Please Select V			
	< Back Continue >			
Rule will expire by:	Please Select V			



Auto Payment – Add a By Statement Rule

- Enter the rule specifications
- Click on "Continue" to complete.

	Automatic Payn	nent Rule		
	Select conditions for the p	payment rule and click Continue to activate or change the payment trigger.		
	Payments will be taken unpaid.	up to and including the limit amount. Any remaining balance will be left		
	Note that when using either a date or fixed number of payments to expire a rule, the rule will turn off after the expiration date or the last payment has been made. A bill received after rule expiration is ignored and the balance will remain unpaid.			
	Create Automatic Paym	ent Rule By Statement for:		
	Rule trigger:	Please Select V		
	Pay Bills Using:	Please Select V Manage Payment Accounts		
	Limit Payment Amount:	No V		
	Limit Amount:	No Limit		
	Effective beginning:	09/15/2014		
	Rule will expire by:	Please Select V		
Number of p	payments:	< Back Continue >		
NULIICAL				

• You will be returned to the Automatic Payment Rules page and the new rule will be displayed for the account. The rule may now be Viewed, Edited, or Stopped.

Auton	natic Pa	yment	Rules			
The follows	ng is a list of ac	counts that an	e available for a	automatic pa	ment.	
Automatic I balance rea	Payments stop appears while a	when the stat	ement balance sule will not res	reaches zer	o. An automatic p is a new balance	ayment rule By Statement will resume if a
Account	Patient Name	New Balance	Rule	Wallet Name	Action	
0204381	MARY ALL	\$ 370.00	Upon receipt	My Visa	Mew I Edit I	Stop



Auto Payment – View a By Statement Rule

• Click on the View link for the Account to be viewed.

Automatic Payment Rules The following is a list of accounts that are available for automatic payment Automatic Payments stop when the statement balance reaches zero. An automatic payment rule By Statement will resume if a balance reappears while a rule By Schedule will not resume if there is a new balance. Patient New Wallet Account Rule Action Balance Name Name \$ 370.00 Upon receipt My Visa View | Edit | Stop 0204381 MARY ALL

Automatic Payment Rule Select conditions for the payment rule and click Continue to activate or change the payment trigger. Payments will be taken up to and including the limit amount. Any remaining balance will be left unpaid. Note that when using either a date or fixed number of payments to expire a rule, the rule will turn off after the expiration date or the last payment has been made. A bill received after rule expiration is ignored and the balance will remain unpaid. Configure Automatic Payment Rules for: 020438. Upon receipt Rule trigger: v My Visa 🗸 Manage Payment Accounts Pay Bills Using: Limit Payment Amount: Yes V 100.00 Limit Amount: 12/05/2016 Effective beginning: -Number of Payments V Rule will expire by: Number of payments: Num, of pmts remaining: - 5 Notification Email: pat.vargo@ipayx.com < Back Stop Rule Continue >

- The Automatic Payment Rule will be displayed.
- Click Back to return to the Automatic Payment Rules page



Auto Payment – Edit a By Statement Rule

- Click on the Edit link for the Account to be edited.
- The Automatic Payment Rule will be displayed.

Auton	natic Pa	yment	Rules			-
The follows	ng is a list of ac	counts that an	e available for a	automatic pa	syment.	
Automatic R balance rea	Payments stop appears while a	when the stat rule By Scher	ement balance Sule will not res	reaches zer ume if there	ro. An automatic payment rule By Statement will resume it is a new balance.	ła
Account	Patient Name	New Balance	Rule	Wallet Name	Action	
0204381	MARY ALL	\$ 370.00	Upon receipt	My Visa	Mener I Edit I Stop	

- Make required changes.
- Click on **Continue** to record the changes and return to the Automatic Rules page.

Automatic Payment Rule

Select conditions for the payment rule and click Continue to activate or change the payment trigger. Payments will be taken up to and including the limit amount. Any remaining balance will be left unpaid.

Note that when using either a date or fixed number of payments to expire a rule, the rule will turn off after the expiration date or the last payment has been made. A bill received after rule expiration is ignored and the balance will remain unpaid.

Configure Automatic Payment Rules for: 1_____

comgare Automator a	
Rule trigger:	Upon receipt V
Pay Bills Using:	My Visa Visa Manage Payment Accounts
Limit Payment Amount:	Yes 🗸
Limit Amount:	\$75.00
Effective beginning:	09/15/2014
Rule will expire by:	Number of Payments V
Number of payments:	6
Num. of pmts remaining:	6
	< Back Stop Rule Continue >



Auto Payment – Stop a By Statement Rule

• Click on Stop for the Account to be stopped

•A confirmation to delete the rule is required.

•Click **OK** to confirm the delete.

	Automatic Pa	avment Rules
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The following is a list of accounts that are available for automatic payment.

Automatic Payments stop when the statement balance reaches zero. An automatic payment rule By Statement will resume if a balance reappears while a rule By Schedule will not resume if there is a new balance.

Account #	Patient Name	New Balance	Rule	Wallet Name	Action
0204381	MARY ALL	\$ 370.00	Upon receipt	My Visa	Men Edit Stop

Message from webpage	×
🕐 Are you sure you w	rant to stop this rule?
01	Cancel

•The Automatic Payment Rules page will re-display showing the ru	Jle
has been removed.	

Autor	natic Pa	yment	Rules	5	
The followi	ng is a list of ac	counts that an	e availabl	e for automatic pay	ment.
Automatic balance rea	Payments stop appears while a	when the stat rule By Sche	ement ba dule will n	lance reaches zero ot resume if there is	. An automatic payment rule By Statement will resume if a a new balance.
Account #	Patient Name	New Balance	Rule	Wallet Name	Action
020438	MARY ALL	\$ 370.00	Add By S	Statement Add B	<u>v Schedule</u>



Auto Payment – Add a By Schedule Rule

• Click on Add By Schedule for the account the rule is going to be set up for.

The Automatic Payment Rule setup screen will be displayed.

Automatic Payment Rules

The following is a list of accounts that are available for automatic payment. Automatic Payments stop when the statement balance reaches zero. An automatic payment rule By Statement will resume if a balance reappears while a rule By Schedule will not resume if there is a new balance. Account Patient New New Caller Wallet Name Action

Automatic Payment Rule

020438 MARY ALL

Select conditions for the payment rule and click Continue to activate or change the payment trigger.

\$ 370.00 Add By Statement | Add By Schedule

Payments will be taken up to and including the limit amount. Any remaining balance will be left unpaid.

Note that when using either a date or fixed number of payments to expire a rule, the rule will turn off after the expiration date or the last payment has been made. A bill received after rule expiration is ignored and the balance will remain unpaid.

Create Automatic Payment Rule By Schedule for: 020438





Auto Payment – Add a By Schedule Rule

- Enter the rule specifications
- Click on "Continue" to complete.

- A receipt with the payment schedule information is presented
- Click on Return to AutoPay to close the receipt page

• You will be returned to the Automatic Payment Rules page and the new rule will be displayed for the account. The rule may now be Viewed, Edited, or Stopped.

Automatic Payment Rule

Select conditions for the payment rule and click Continue to activate or change the payment trigger.

Payments will be taken up to and including the limit amount. Any remaining balance will be left unpaid.

Note that when using either a date or fixed number of payments to expire a rule, the rule will turn off after the expiration date or the last payment has been made. A bill received after rule expiration is ignored and the balance will remain unpaid.

Create Auto	matic Payment Rule By Schedule for: 020438
Rule trigger:	Please Select V
Pay Bills Using:	Please Select V * Manage Payment Accounts
Total amount to pay:	370.00
Effective beginning:	12/06/2016
Regular Pmt Amt:	Num of Pmts:
370.00	\leftarrow or \rightarrow 1
Final Pmt Amt:	First Pmt Date: Final Pmt Date:
370.00	12/06/2016 12/06/2016
Notification Email:	
	< Back Continue >
WATSON C	LINICup Return to Autopay

THILDOIT CLILITCH	Watson Clinic LLF
Quality Healthcare for Every Generation Print A Copy Of	(863) 680-720 Receipt
Autopay Schedule Blue Statement - Default set verpo@pays.com	Transaction# : BLUE999800001745 RECEIPT TOTAL \$300.00 December 05, 2016 7:57AM EST
Payment Schedule Information	
Patient Name: MARY ALL	Account: BLUE-020438
This payment will start on 12/06/2016 and continue we payments are taken (or until the final day of 01/10/201 Dollars (\$50.00) each.	rekly (on the Tuesday of each period) until 6 7). There are Six (6) equal payments of Fifty
This payment will start on 12/06/2016 and continue we payments are taken (or until the final day of 01/10/201 Dollars (\$50.00) each. Paid By: Jane Doe	rekly (on the Tuesday of each period) until 6 7). There are Six (6) equal payments of Fifty
This payment will start on 12/06/2016 and continue we payments are taken (or until the final day of 01/10/201 Dollars (\$50.00) each. Paid By: Jane Doe Paid Using: Visa ****111	sekly (on the Tuesday of each period) until 5 7). There are Six (6) equal payments of Fifty
This payment will start on 12/06/2016 and continue we payments are taken for unfil the final day of 01/16/201 Dollars (\$50:00) each. Paid By: Jane Doe Paid Using: Visa ****1111 Name On Card: Jane Doe	sekly (on the Tuesday of each period) until 5 7). There are Six (6) equal payments of Fifty

Auton	natic Pa	yment	Rules	5		
The fullowing	ng is a list of ac	counts that an	e available	e for automat	: payment.	
Automatic I	Payments stop	when the stat	ement bal	ance reacher	zero. An automatic payment rule By Statemen	t will resume if
competition and	and a second sec	rule by ourse	and the la	or reserve in a	ere is a real paratice.	
Account	Patient	New Balance	Rule	Wallet Name	Action	



Auto Payment – View a By Schedule Rule

• Click on the **View** link for the Account to be viewed.

Autor	natic Pa	yment	Rules	s	
The follows Automatic balance res	ng is a list of ac Payments stop appears while a	counts that an when the stat rule By Schei	e available ement bai bule will n	e for automat lance reache of resume if t	ic payment. Is zero. An automatic payment rule By Statement will resume if a here is a new balance.
Account	Patient Name	New Balance	Rule	Wallet Name	Action
020438	MARY ALLI	\$ 70.00	Weekty	My Visa	Yew I Edit I Stop

- •The Automatic Payment Rule will be displayed.
- •Click Back to return to the Automatic Payment Rules page

Payments will be taken up	to and include	no the limit amou	nt. Any remaining balance will be let	tunnaid
Note that when using eithe after the expiration date or ignored and the balance w	er a date or fo r the last pay II remain unpa	ed number of p ment has been aid.	syments to expire a rule, the rule wi made. A bill received after rule exp	It turn of iration is
Current A	utomatic Pay	ment Rule for:	020438.	
Day Pa Total a Effecti	Rule trigger: of the Week: y Bills Using: mount to pay: ve beginning:	Weekty Tuesday My Visa 300.00 12/06/2016		
Regular Pmt Amt: 50.00	Num	of Pmts: 6		
Final Best Anth	First	Pmt Date:	Final Pmt Date:	
Total a Effecti Regular Pmt Amt: 50.00	ve beginning: Num	300.00 12/06/2016 of Pmts: 6 Pmt Date:	Final Pmt Date:	



Auto Payment – Edit a By Schedule Rule

• Click on the **Edit** link for the Account to be edited.

Automatic Payment Rules

	A to a very or so	Concession in the second		a los activitas	the Bowlinsteiner
Automatic balance re	Payments stop appears while a	when the stat rule By Schel	ement ba dule will n	fance reache of resume if	s zero. An automatic payment rule By Statement will resume if a mere is a new balance.
Account	Patient Name	New Balance	Rule	Wallet Name	Action
	and they do not	# 185 mm	in the	and indexes	Address of First & States

- The Automatic Payment Rule will be displayed.
- Make required changes.
- •Click on **Continue** to record the changes and return to the Automatic Rules page.





Auto Payment – Stop a By Schedule Rule

• Click on Stop for the Account to be stopped

Autor	natic Pa	yment	Rule	s	
The follow	ng is a list of ac	counts that an	talevs a	e for automa	tic payment.
Automatic balance rei	Payments stop appears while a	when the stat rule By Schei	ement ba dule will n	fance reache of resume if	is zero. An automatic payment rule By Statement will resume if a there is a new balance.
Account	Patient Name	New Balance	Rule	Wallet Name	Action
020438	MARY ALLI	\$ 70.00	Weekty	My Visa	Mew I Edit I Stop

- A confirmation to delete the rule is required.
- Click **OK** to confirm the delete.

•The Automatic Payment Rules page will re-display showing the rule has been removed.



ſ	Autor	Automatic Payment Rules The following is a list of accounts that are available for automatic payment. Automatic Payments stop when the statement balance reaches zero. An automatic payment rule By Statement will resume if a balance reappears while a rule by Schedule will not resume if there is a new balance.						
I	The following							
	Automatic I balance rea							
	Account #	Patient Name	New Balance	Rule	Wallet Name	Action		
I	020438	MARY ALL	\$ 370.00	Add By S	Statement Add B	Schedule		



Support

The Support page provides information for the customer to contact Customer Service by Phone, Email or mail.





Sign Out

- Click on Sign Out on the Main Menu
- The user will be returned to the Sign On Page.

