

1Pay

Once the user is registered, they may begin to navigate **1Pay** from the Patient Portal.

If the user is a returning user, the login screen will only require the **User Id** and **Password**. If the user has forgotten either the **User Id** or **Password**, they can be retrieved by answering the Security Questions that were setup for the New User.

Patient Portal

C · P · S · I
Come Together

Patient Portal

Login:

User ID:

Password:

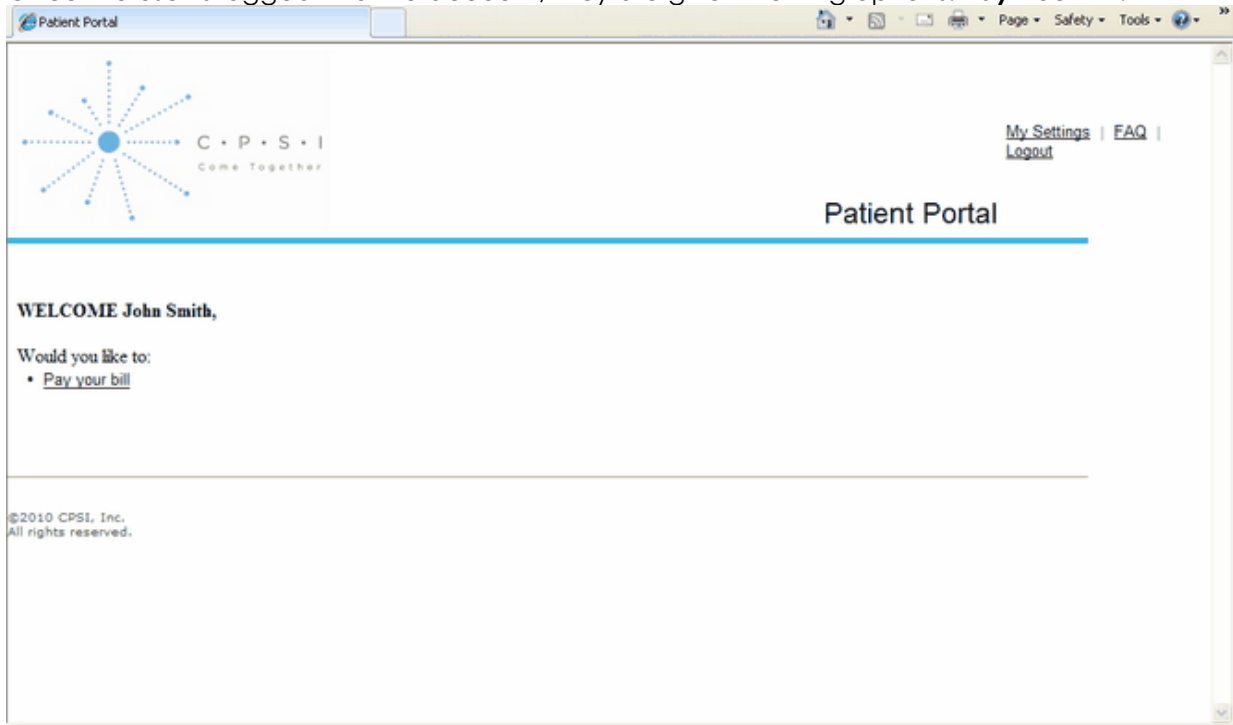
Login

Welcome to our Patient Portal

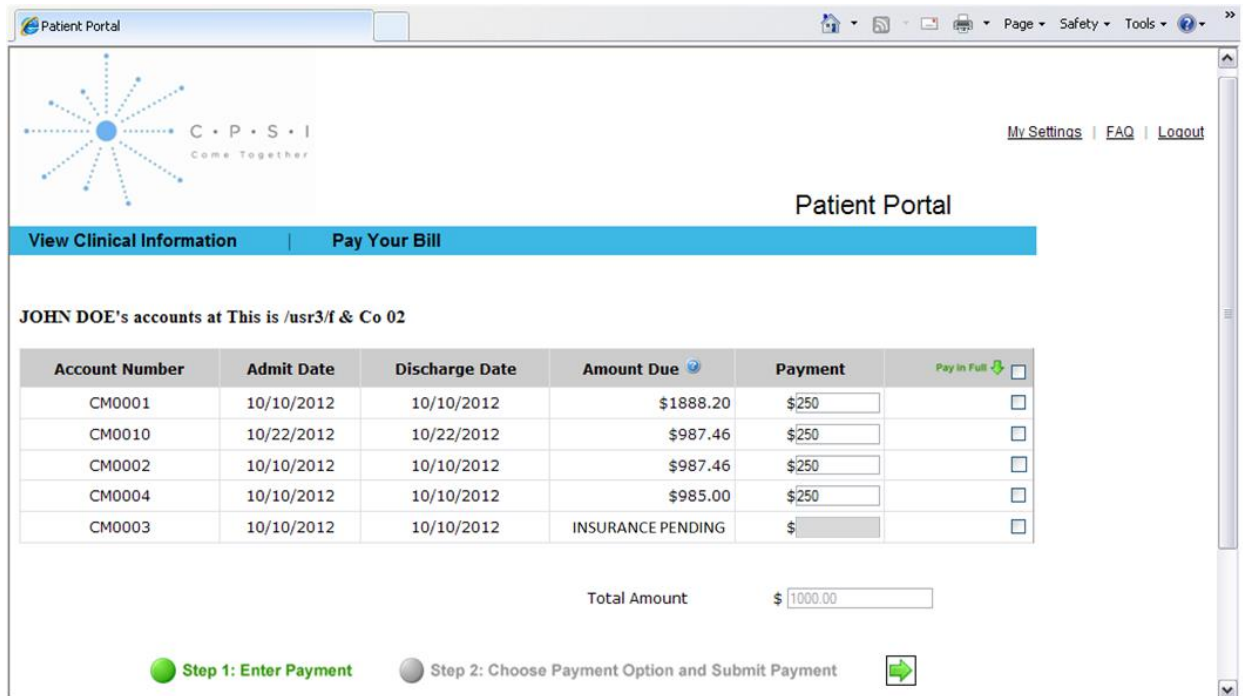
We invite you to log in to your online account or create a new online account. Take advantage of the online services offered by our practice with the assurance that all of your information is encrypted and stored securely.

[Forgot your user id or password.](#)

Once the user is logged into the account, they are given viewing options: **Pay Your Bill**.



Once the user has selected **Pay Your Bill**, a screen will show the open account numbers and total amount due for each account. If the user is listed as the Guarantor on any other accounts, the open account (s) and total amount due accounts will also appear.




From this screen, one or more accounts can have partial payments or full payments created. If an user would like to pay an account in full, they do not need to enter the payment amount, they can simply check **Pay in Full**. If they choose to make a partial payment, they will need to enter the amount to pay on that particular account.


Once the amounts are entered for the account(s) for payment, the user will need to move to Step 2 by selecting the green arrow pointing to the right.

View Clinical Information | **Pay Your Bill**

JOHN DOE's accounts at This is /usr3/f & Co 02

Account Number	Admit Date	Discharge Date	Amount Due	Payment	Pay in Full 
CM0001	10/10/2012	10/10/2012	\$1888.20	\$250	<input type="checkbox"/>
CM0010	10/22/2012	10/22/2012	\$987.46	\$250	<input type="checkbox"/>
CM0002	10/10/2012	10/10/2012	\$987.46	\$250	<input type="checkbox"/>
CM0004	10/10/2012	10/10/2012	\$985.00	\$250	<input type="checkbox"/>
CM0003	10/10/2012	10/10/2012	INSURANCE PENDING	\$	<input type="checkbox"/>

Total Amount \$ 1000.00

Step 1: Enter Payment
 Step 2: Choose Payment Option and Submit Payment
 

In this screen, the user will enter the following information:

· **Cardholder Name**

§ This is the credit/debit card holder's name, not the patient's name.

· **Cardholder Address 1**

§ This is the credit/debit card holder's address, not the patient's address.

· **Cardholder Address 2 (optional)**

§ This line is used so that if the address is too long for the first address line.

· **Cardholder City**

§ This is the credit/debit card holder's city, not the patient's city.

· **Cardholder State**

§ This is the credit/debit card holder's state, not the patient's state.

· **Cardholder Zip Code**

§ This is the credit/debit card holder's zip code, not the patient's zip code.

· **Credit/Debit Card Number**

§ The system will recognize the credit card company according to the number entered.

· **Expiration Date**

§ The drop-downs will allow for the date to be in the correct format.

· **CCV2**

§ This number is the three digit code on the back of MasterCard, Visa and Discover. It is not the pin number or part of the credit card number on the front of the card.

§ For American Express, this is a four digit code on the front of the card that is not part of the credit card number.

· **Authorized Amount**

§ This amount will be populated according to the amount entered on Step 1.

The screenshot shows a web interface for a Patient Portal. At the top left is a logo with a starburst and the text 'C - P - S - I Come Together'. At the top right are links for 'My Settings' and 'Logout'. The main heading is 'Patient Portal'. Below this is a navigation bar with 'View Clinical Information' and 'Pay Your Bill'. The 'Pay Your Bill' section is active and contains a 'Payment Options' form. The form has two columns of input fields. The left column includes: *Cardholder Name (JOHN DOE), *Cardholder Address 1 (123 CPSILANE), Cardholder Address 2 (empty), *Cardholder City (MOBILE), *Cardholder State (AL), and *Cardholder Zip Code (36695). The right column includes: 'We accept these Credit Cards' with logos for Visa, MasterCard, Discover, and American Express; *Credit/Debit Card #: 1234123412341234; *Expiration Month/Year: January / 13; *CCV2: 999; and *Authorized Amount: 1000.00. Below the form is a 'Submit Payment' button and a note: 'PLEASE CLICK BUTTON ONLY ONCE:'. At the bottom, there are two progress indicators: 'Step 1: Enter Payment' (grey) and 'Step 2: Choose Payment Option and Submit Payment' (green). The footer contains '©2010 CPSI, Inc. All rights reserved.'

If the user is not ready to submit this payment or would like to make changes in Step 1, they may select the green arrow to the left to go back.

Once the information has been entered in all of the fields required to authorize the payment, **Submit Payment** must be selected. If this is not, the payment will not process.

Once the payment has processed, a confirmation will be emailed to the user's email address. This will include the **Confirmation Number** and the amount charged to the credit card.

