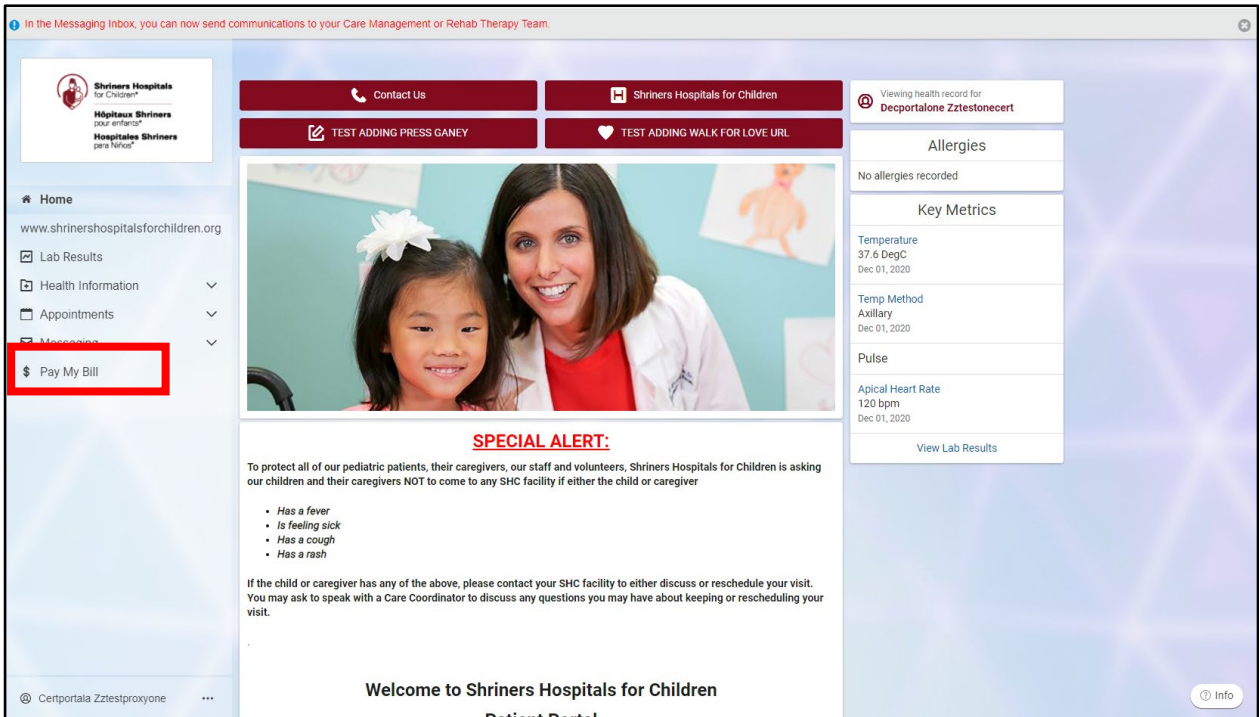
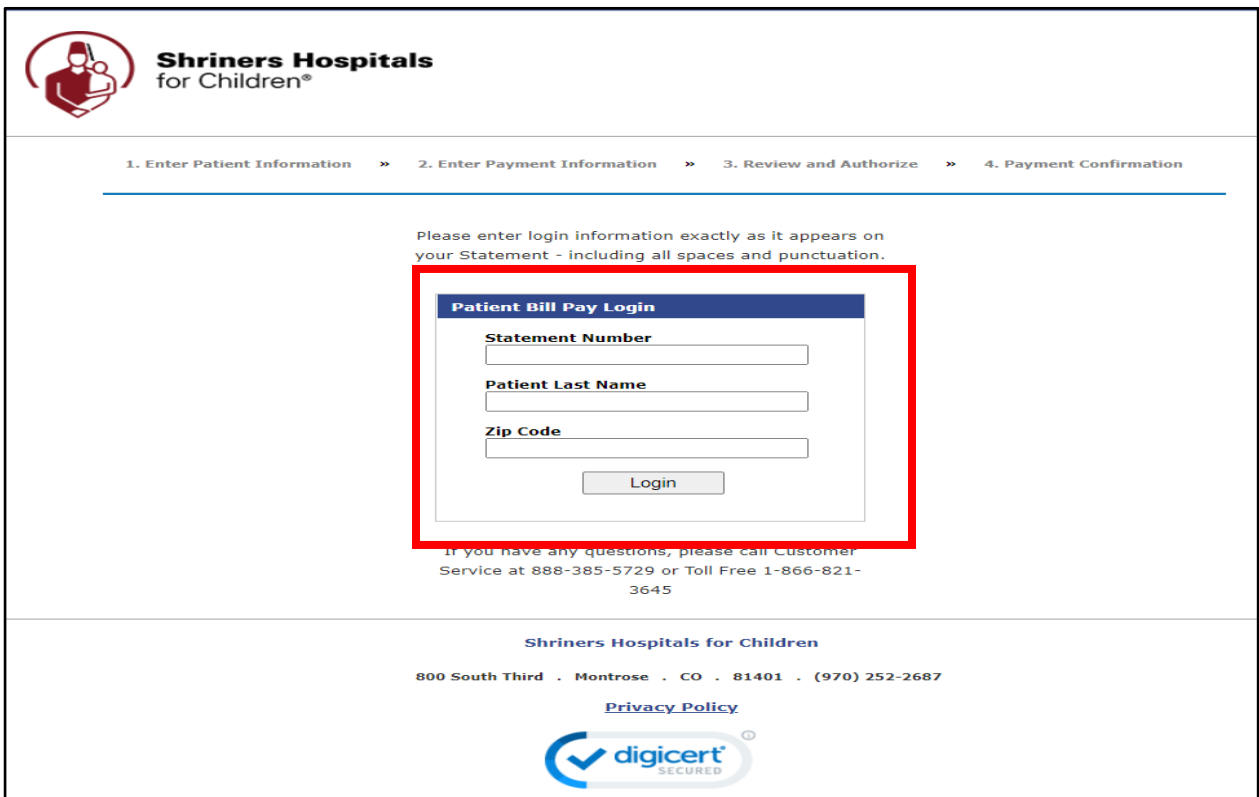


# How to Access Bill Pay


1. Access your patient portal account. Select “Pay My Bill” from the available menu options.



2. Enter Login information exactly as it appears on your statement, including all spaces and punctuation. Select the “Login” button.



3. Review account information. If information is correct, select the “Next” button. If information is not correct, contact your SHC facility to make the necessary updates.



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1. Enter Account Information > 2. Enter Payment Information > 3. Review and Authorize >> 4. Payment Confirmation


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### Review Account Information

**Statement Number:** 123456  
**Last Name:** Jane  
**First Name:** Smith  
**Address:** 123 Long Dr  
**City:** WESLEY CHAPEL  
**State:** FL  
**Zip:** 33543  
**Country:** USA  
**Balance Due (USD):** \$0.00

Note: the Balance Due is based on the last statement generated and does not reflect any subsequent payments we may have received. Only payments made online will be reflected in the Balance Due.

Privacy Policy



4. Enter the payment amount, then select your payment method.

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1. Enter Account Information » 2. Enter Payment Information » 3. Review and Authorize » 4. Payment Confirmation

### Enter Payment Information

Payment Amount: US\$ 15149.49

(NOTE: amount paid over the Balance Due will be credited to your account)

Payment Method: < Select Method >

- < Select Method >
- American Express
- Discover
- MasterCard
- Visa

« Back Next »

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5. Enter your credit card information. Verify the billing address is accurate. Select "Next".

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1. Enter Account Information » 2. Enter Payment Information » 3. Review and Authorize » 4. Payment Confirmation

### Enter Payment Information

Payment Amount: US\$ 15149.49

(NOTE: amount paid over the Balance Due will be credited to your account)

Payment Method: Visa

Name On Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: Month / Year

CVV: \_\_\_\_\_ (HELP WITH CVV)

Billing Address 1: 1731 10th Dr

City: TAMPA

Country: USA

State: Florida

Zip: 33706

« Back Next »

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6. Review payment information. Provide your email address if you wish to receive a payment receipt via email. Check the "Yes" box to authorize the payment. Select "Submit".

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1. Enter Account Information » 2. Enter Payment Information » 3. Review and Authorize » 4. Payment Confirmation

### Review Payment Information

Please review the information you have entered. You will need to check the box at the bottom of the page to agree to the terms and conditions before submitting your payment.

**Patient's Account Number:** 123456  
**Patient's Name:** Jane Smith  
**Payment Amount:** US\$ 90.67  
**Payment Method:** VISA  
**Account Number:** \*\*\*\* \* \*\*\*\*  
**Expiration Date:** 10/2022

To receive a payment receipt via eMail please provide your address below...

**eMail Address:**

**Terms and Conditions - Please Read Carefully**  
These terms and conditions apply to any payment made to Shriners Hospitals for Children. It is your responsibility to ensure that sufficient funds are available to complete any payments. If your financial institution rejects the transaction for any reason, your payment will not be applied to your account.

**Yes.** I acknowledge and agree to the Shriners Hospitals for Children terms and conditions and authorize the electronic transfer of funds from the financial account described above for payment of my account.

7. Results of your payment attempt will display. You may print a copy of your receipt using the "Print Receipt" link. Select "Next".

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1. Enter Account Information » 2. Enter Payment Information » 3. Review and Authorize » 4. Payment Confirmation

### Payment Confirmation

The results of your payment attempt are as follows..

**Payment Status:** Successful  
**Payment Date/Time:** 04-05-2021 09:10  
**Transaction ID:** 123456  
**Payment Amount:** \$40.00  
**Payment Method:** MC \*\*\*\*  
**Name on Account:** Jane Smith  
**Authorization Code:** 005093

Please print a copy of the payment receipt for your records.

8. Thank You. Payment will be applied to your account(s) within 2 to 3 business days. Select the “Login” button to pay another account.



The screenshot shows the Shriners Hospitals for Children payment confirmation page. At the top left is the logo, which consists of a red circle containing a white silhouette of a person in a turban holding a child, next to the text "Shriners Hospitals for Children®". Below the logo is a horizontal line, and under that is a progress indicator with four steps: "1. Enter Account Information", "2. Enter Payment Information", "3. Review and Authorize", and "4. Payment Confirmation". A blue horizontal line is positioned below the progress indicator. The main heading is "Thank You!". Below this, a paragraph states: "The payment will be posted to your account in 2 to 3 days. You have been logged out of the site automatically. If you would like to pay another account please click on the Login button below." A button labeled "Login »»" is centered below the text and is highlighted with a red rectangular border. At the bottom of the page, there is a horizontal line, followed by the text "Shriners Hospitals for Children", the address "800 South Third . Montrose . CO . 81401 . (970) 252-2687", and a link for "Privacy Policy".

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1. Enter Account Information » 2. Enter Payment Information » 3. Review and Authorize » 4. Payment Confirmation

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## Thank You!

The payment will be posted to your account in 2 to 3 days.  
You have been logged out of the site automatically. If you would like to pay  
another account please click on the Login button below.

[Login »»](#)

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