How to Make a Payment in the Patient Portal



Rich Test	🖵 Your Das	hboard				V Phoenix
⊐ Dashboard	Upcoming Appointme	nts				Florida
🕽 To Do List	Date/Time	Provider	Description	Мар	Video Conference	
상 Health & Medical 🍼	🛗 SEE ALL					
Documents						
Appointments/Notes 🔻	\$ Open Invoices	»	양 Assessments/Fo	orms »		
🕯 Billing 🍼				"		
Client Info				ì		
Account Settings	Congratulations. Yo	u have no	A You have no overdue	assessments		
	unpaid/open invoices					

2 Click "Billing"



Click "Pay by Credit Card"

Rich Test	🖵 Your Dashboa	ard			Phoenix
🖵 Dashboard	Upcoming Appointments				Florida
🕲 To Do List	Date/Time Provi	der Description	Мар	Video Conference	
양 Health & Medical 🔹 🔻					
Documents	E SECREC				I
🛗 Appointments/Notes 🔻	\$ Open Invoices	» 양 Assessments/	Forms »		
🖹 Billing 🔶			~		
Billing Statement			Ì		
Charges	Congratulations. You have no	b []You have no overd	ue assessments		
Pay by Credit Card	unpaid/open invoices				
Account Settings					

Enter the name on your card exactly as it appears as well as your Billing Address, and Zip Code

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Test Portal - DO NOT USI	WITH CLIENTS; (Idle Period: Minutes) 🔅 🕒 Sign O	ut
Rich Test	\$ Make a Credit Card Payment E Process Payment X Close	
□ Dashboard O To Do List ∀ Health & Medical To Documents Documents Appointments/Notes Publice	Credit Card Details Name on Card: Billing Address: 101 Main Street Citra Zip Code: 32113 Card Type:	¢.
Billing Statement Charges Payment History	Credit Card Number: Expiration Date: Card Security Code:	
Pay by Credit Card Y Client Info Account Settings	Amount: Memo:	
	Terms and Conditions: 🗌 I authorize Phoenix Programs of Florida, Inc. to charge the credit card indicated in this web form, for the noted amount on today¿s date. I understand that returns, refunds and cancellations are subject to a cancellation charge consistent with Phoenix Programs of Florida, Inc.'s terms & conditions. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this web form.	
	Payment Service Date Description Service Provider Current Balanace]

5 Enter your credit card number, expiration date, and card secuitry code.

	\$ Make a Credit Card Daym	ant .			E Process Payment
Rich Test	\$ Make a Credit Card Payme	enc.			E Process Payment
	Credit Card Details				
To Do List	Name on Card:	Rich Test		*	
r Health & Medical 🔹	Billing Address:	101 Main Street Citra		*	
Documents	Zip Code:	32113 *			
Appointments/Notes	Card Type:	· · ·			
Billing A	Credit Card Number:		*		
Charges	Expiration Date:	· / · *			
Payment History	Card Security Code:	*			
Pay by Credit Card	Amounti	•			
Client Info	Amount:				
Account Settings	Memo:				
	Terms and Conditions:	☐ I authorize Phoenix Pi date. I understand that re Florida, Inc.'s terms & con credit card company, so le	R rograms of Florida, Inc. to char, turns, refunds and cancellation iditions. I certify that I am an au ong as the transaction correspo	ge the credit card indicated in this web for s are subject to a cancellation charge co uthorized user of this credit card and tha onds to the terms indicated in this web for	orm, for the noted amount on today¿s onsistent with Phoenix Programs of at I will not dispute the payment with my orm.
	Payment Se	vice Date	Description	Service Provider	Current Balanace

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Enter the amount of your payment

	\$ Make a Credit Card Payme	ent			Process Payment 🗙 Clos
	Credit Card Details				
Dashboard					
To Do List	Name on Card:	Rich Test			
Health & Medical	Billing Address:	101 Main Street Citra		*	
Documents	Zip Code:	32113 *			
Appointments/Notes	Card Type:	× *			
Billing	Credit Card Number:				
Billing Statement	creat cara Namber.				
Charges	Expiration Date:	_ · / _ · *			
Payment History	Card Security Code:	*			
Pay by Credit Card		<u> </u>			
Client Info 🔹	Amount:				
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	Terms and Conditions:	I authorize Phoenix Products and the second seco	rograms of Florida, Inc. to char eturns, refunds and cancellatio iditions. I certify that I am an a ong as the transaction corresp	ge the credit card indicated in this web for ns are subject to a cancellation charge co uthorized user of this credit card and tha onds to the terms indicated in this web for	orm, for the noted amount on today¿s nsistent with Phoenix Programs of t I will not dispute the payment with my orm.
	Payment Ser	vice Date	Description	Service Provider	Current Balanace

7 To accept the Terms and Conditions of paying through the patient portal, click

	\$ Make a Credit Car	d Payment			🚍 Process Payment 🛛 🗙 Close
Rich Test	Courts Court D				
L Dashboard		etalls			
To Do List	Name on Card:	Rich Test		*	
Health & Medical	Billing Address	101 Main Street C	itra	*	
Documents -	Zip Code:	32113	*		
Appointments/Notes	Card Type:		~ *		
Billing 🔶	Credit Cred No.				
Billing Statement	Credit Card Nu	mber:			
Charges	Expiration Date	: /	 ✓ 		
Payment History	Card Security C	ode: *			
Client Info 🗾 🔻	Amount:		*		
Account Settings	Memo:				
	Terms and Con	ditions: lauthorize Ph date. I understan Florida, Inc.'s terr credit card compa	oenix Programs of Florida, In d that returns, refunds and c ns & conditions. I certify that any, so long as the transactio	nc. to charge the credit card indicated i ancellations are subject to a cancellatic I am an authorized user of this credit o n corresponds to the terms indicated i	n this web form, for the noted amount on today¿s on charge consistent with Phoenix Programs of ard and that I will not dispute the payment with my n this web form.
			Description	San das Desvidas	
				I am dea Oracidan	

8 Click this checkbox to accept the Terms and Conditions of making payment through the Patient Portal.

Rich Test	\$ Make a Credit Card Payr	nent			🖶 Process Payment	X Close
	Credit Card Details					
Dashboard						
🕽 To Do List	Name on Card:	Rich Test				
b Health & Medical 🔹 🔻	Billing Address:	101 Main Street Citra		*		
Documents	Zip Code:	32113 *				
Appointments/Notes	Card Type:	~ *	•			
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Billing Statement	ci cale cala ritamberi					
Charges	Expiration Date:	/ *				
Payment History	Card Security Code:	*				
Pay by Credit Card		· · ·				
Client Info 🔹	Amount:					
Account Settings	Memo:					
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	Payment S	ervice Date	Description	Service Provider	Current Balanace	

9 Click "Process Payment"

Rich Test	\$ Make a Credit Card Payme	nt			Process Payment X Close
	Credit Card Details				
l Dashboard	Name on Cardi	Pich Tost		1 *	
To Do List	Name on card.	Rich Test			
Health & Medical	Billing Address:	101 Main Street Citra		*	
Documents 🔹	Zip Code:	32113 *			
Appointments/Notes	Card Type:	× *	•		
Billing ^	Credit Card Number:		*		
Billing Statement					
Charges	Expiration Date:	<u> </u>			
Payment History	Card Security Code:	•			
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Account Settings	Memo:				
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	Terms and Conditions:	I authorize Phoenix Pr date. I understand that re Florida, Inc.'s terms & con credit card company, so le	rograms of Florida, lnc. to char, eturns, refunds and cancellation nditions. I certify that I am an ai ong as the transaction correspi	ge the credit card indicated in this web is are subject to a cancellation charge c uthorized user of this credit card and th onds to the terms indicated in this web i	form, for the noted amount on today¿s onsistent with Phoenix Programs of at I will not dispute the payment with my form.
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	Payment Ser	vice Date	Description	Service Provider	Current Balanace