

## Accessing MyChart Billing and Payment for Existing Users

You must have an active MyChart account with a valid MyChart username and password to log into <u>MyChart</u> and view their bills and make payment.

Enter your <u>MyChart</u> username, password, and click on the "Sign in" button.

	Washing Healtho	gton care	ı Hospital System	Thanks for using MyChart. You have been logged out.
Ge co R Se m	ommunicate with your doctor et answers to your medical questions from the omfort of your own home equest prescription refills end a refill request for any of your refillable edications		Access your test results No more waiting for a phone call or letter - view your results and your doctor's comments within days Manage your appointments Schedule your next appointment, or view details of your past and upcoming appointments	MyChart Username PSCAAPB Password 
Bownload App St	on the OTE Google Play Interoperability Guid	e FAQs Pi	rivacy Policy Terms and Conditions High Contrast Theme	Sign up now MyChart or Epic MyChart®licensed from Epic Systems Corporation, © 1999 - 2023.



After signing in, the home page is displayed with various alerts and notifications that are relevant to you. Click on "**View details**" or "**Pay Now**" to access billing.

• You can also find your Billing Summary by selecting it in the drop-down menu in the upper left hand corner.



Click "**Pay now**" to make payments or "**View balance details**" to view the details of your balances. If you wish to contact Customer service, select "**Contact customer service**" at the bottom of each balance summary.



After selecting "**Pay now**," the "**Account Payment**" page is displayed. You may now pay in the full amount due by keeping the option selected or any other amount by selecting "**Other amount**" and filling in the fillable text space.

	M <u>yChart</u> ⇒ <b>Epic</b> C+ Log out
😑 Menu 🗔 Visits 🖾 Messages 🎍 Test Results 💰 Medications	E P Pb -
Account Payment	
How much would you like to pay today?	
Guarantor #1000000966 (Pb Pscaa)	
Amount due     \$3,594.00	
O Other amount	
Next Cancel	
Back to Billing Summary	

If you have multiple outstanding balances, you may select "**Apply automatically**" or "**Choose specific** visit to pay."

- **Apply Automatically**: Payment will be applied automatically to the oldest balance due.
- **Choose specific visit to pay**: Payment will be applied to whichever service you choose to make payment.

Washington Respital Healthcare System	
😑 Menu 💿 Visits 🖾 Messages 🍐 Test Results 💰 Medications	<b>P</b> Pb <b>-</b>
Account Payment	
How much would you like to pay today?	
Guarantor #1000000966 (Pb Pscaa) Physician Services	
Amount due \$3,594.00	
Other amount \$18.00	
How would you like to apply your payment?	
You have multiple visits with outstanding balances. The recommended option will automatically apply your payment.	
Apply automatically (recommended) Choose specific visit to pay	
Next Cancel	
Back to Billing Summary	



in a second real and the second s		
How much would you like to pay to	oday?	
Guarantor #1000000966 (Pb Pscaa) Physician Services	2	
O Amount due	\$3,594.00	
Other amount	\$18.00	
How would you like to apply your p You have multiple visits with outstanding by Apply automatically (recommended)	payment? alances. The recommended Choose specific visit to pay	option will automatically apply your payment.
How would you like to apply your p You have multiple visits with outstanding b Apply automatically (recommended)	payment? alances. The recommended Choose specific visit to pay	option will automatically apply your payment.
How would you like to apply your p You have multiple visits with outstanding b Apply automatically (recommended) Visit at WTMF Neurosurgery Visit at WTMF Neurosurgery Bidan Eichaum, MD	payment? alances. The recommended Choose specific visit to pay \$218.00	option will automatically apply your payment.
How would you like to apply your p You have multiple visits with outstanding by Apply automatically (recommended) Visit at WTMF Neurosurgery May 26, 2021 Eldan Eichbaum, MD Patienter RP Pataa Visit at WTMF Warm Spripes Clinic	payment? alances. The recommended Choose specific visit to pay \$218.00	option will automatically apply your payment.
How would you like to apply your p You have multiple visits with outstanding bu Apply automatically (recommended) Visit at WTMF Neurosurgery May 36, 2021 Eldan Eichaum, MD Polient PP Persa Visit at WTME Warm Springs Clinic March 370 022 Steven Seran, MD Polient PP Persa	payment? alances. The recommended Choose specific visit to pay \$218.00 .53,376.00	option will automatically apply your payment.

Select "**Next**" at the bottom to go to payment method.

You can choose either an already saved card or you can select "**New Payment Method**" and enter another credit/debit card's details instead.

Account Deven	100 (Car 2)		
Account Paym	ient		
How do you wan	t to pay?		
PSCAA Test Cre Ending in 1111 exp. 12/2024	editcard VISA		
New Payment	Method		
Manage your s	saved payment methods		
Manage your :	saved payment methods		
Manage your : Enter payment info	saved payment methods formation		
Manage your : Enter payment info Name on Card	saved payment methods formation	Card Number	
Manage your of Enter payment info Name on Card	saved payment methods formation	Card Number	
Manage your Enter payment info Name on Card	saved payment methods formation tame Expiration Year	Card Number	
Manage your Enter payment info Name on Card () First & Last No Expiration Month () MM	saved payment methods formation name Expiration Year	Card Number           (a)         X000X X000X X000X X000X           Security Code (CVV2)           (b)         Ex 123	
Manage your Enter payment info Name on Card () First & Last Ni Expiration Month () MM Billing Postal Code	saved payment methods formation name Expiration Year	Card Number           (a)           2000x 2000x 2000x 2000x           Security Code (CVV2)           (b)           (c)           (c)	¢
Manage your Enter payment info Name on Card (1) First & Last N. Expiration Month (1) MM Billing Postal Code (2) Ex. 85201	saved payment methods formation me Expiration Year	Card Number <ul></ul>	Þ
Manage your Enter payment info Name on Card () First & Last N Expiration Month () MM Billing Postal Code () Ex. 85201 () Save for future un	saved payment methods formation ame Expiration Year	Card Number	¢

Once you confirmed all the details you entered are correct, click "Submit."



After selecting "**Submit**," you'll be taken to one last page to review your previously entered information to make sure everything is correct.

Washington Hospital Healthcare System		
😑 Menu 💿 Visits 🖂 Messages	Test Results 🔕 Medications	
Account Payment		
You're almost done!		
Please verify that the information below is corre	ct before processing your payment.	
Payment amount	Payment method	
\$18.00	VISA PSCAA Test Creditcard	
Account #100000966	exp. 12/2024	
Submit Back Cancel		
	Back to Billing Summary	

When confirmed correct, select "Submit" and payment will be made.

You will be taken to a page that says "**Payment Processed**" to confirm successful completion of your payment.

Menu Visits     Menu Visits     Messages Test Results     Medications     Payment Processed     Vour payment has been processed successfully!     We sent a confirmation to nagendra_venugopalrao@whhs.com.   Date: 6/29/2023   Authorization code: 033503   Payment amount Payment method   \$18.00 VISA   Account #1000000966	Washington Hospital Healthcare System			MyChart Prepier Log out
Payment Processed   Vour payment has been processed successfully!   We sent a confirmation to nagendra_venugopalrao@whhs.com.   Date: 6/29/2023   Authorization code: 033503   Payment amount   Payment amount   \$18.00   Account #1000000966	😑 Menu 🗔 Visits 🖂 Mes	ages 👗 Test Results 🔕 Medications		<b>P</b> Pb <b>-</b>
✓ Your payment has been processed successfully!         We sent a confirmation to nagendra_venugopalrao@whhs.com.         Date: 6/29/2023       Authorization code: 033503         Payment amount       Payment method         \$18.00       VISA         Account #1000000966       PSCAA Test Creditcard	Payment Processed		G	
We sent a confirmation to nagendra_venugopalrao@whhs.com.         Date: 6/29/2023       Authorization code: 033503         Payment amount       Payment method         \$18.00       VISA         Account #100000966       VISA	Your payment has been process	ed successfully!		
Date:     6/29/2023     Authorization code:     033503       Payment amount     Payment method       \$18.00     VISA       Account #1000000966	We sent a confirmation to nagendra_	renugopalrao@whhs.com.		
Payment amount     Payment method       \$18.00     VISA       Account #100000966     VISA	Date: 6/29/2023	Authorization code: 033503		
\$18.00 VISA <sup>PSCAA Test Creditcard</sup> Account #100000966	Payment amount	Payment method		
Account #100000966	\$18.00	VISA PSCAA Test Creditcard		
	Account #100000966			
		Back to Billing Summary		

You will receive an email confirmation that is associated with your MyChart account of payment.

For questions regarding your bill, please call our Washington Township Medical Foundation Billing Department for support.

WTMF Billing Department – (510) 818-5150 Business Hours: Monday – Friday, 8AM – 4PM

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