

Setting up a Bill Payment Plan in MyUHCare

Follow these instructions to set up a payment plan by credit/debit card or check for your University Hospitals bill through MyUHCare, your secure, online personal health record (PHR). This method can be used for bills received from UH's Cleveland Medical Center, Ahuja Medical Center, Bedford, Richmond, Geauga, Geneva and Conneaut. UH Physician Services have begun to transition and patients can use this functionality for Emergency Department, Pathology and Radiology bills today. All are expected to transition by 2018.

Select the Bill You Wish to Pay

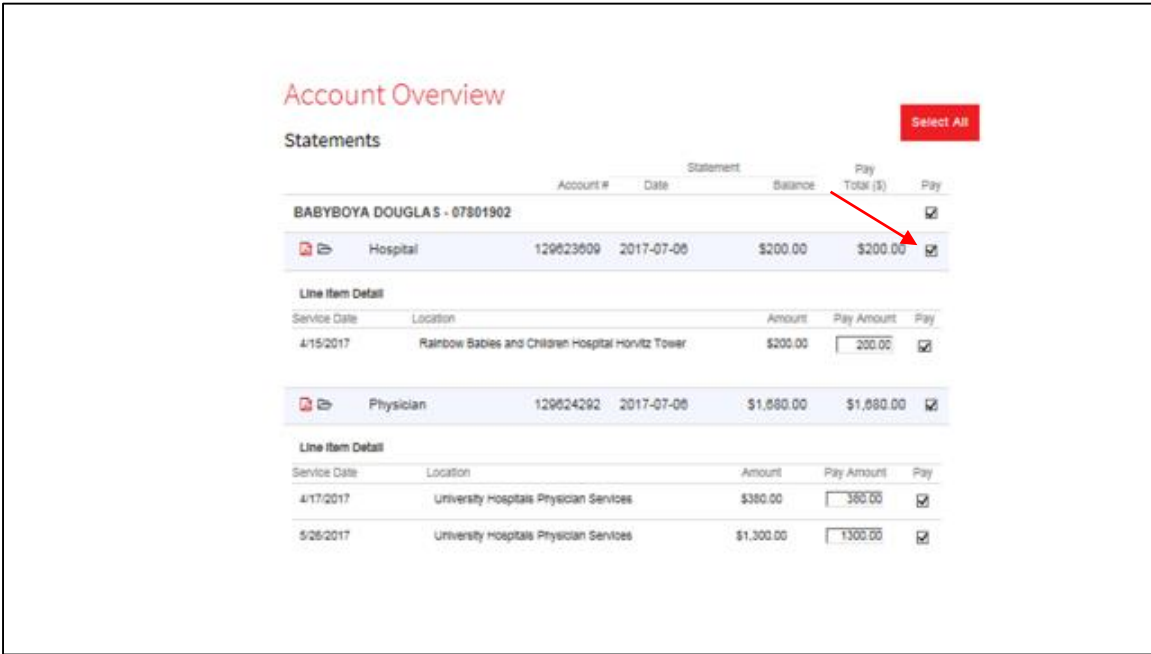
Note: In order to qualify for a payment plan, your bill must meet the following criteria:

- Must amount to at least \$600.00 (6 payments of \$100.00) for a 6 month plan
- Must amount to at least \$1,200.00 (12 payments of \$100.00) for a 12 month plan
- Select only one bill at a time
- Pay the full bill amount

1. Navigate to the **Account Overview** screen of MyUHCare PHR.
 - a. Log in to the MyUHCare PHR at <https://uhhospitals.followmyhealth.com>.
 - b. Navigate to the **App Center** located in the bottom left corner.
 - c. Click the right arrow until you see the **Pay My Bill** app.
 - d. Select **Click Here to Pay your Bill**.
 - e. A Warning box appears alerting you that you are being directed to another website. Select **Yes** to continue.

Note: Detailed instructions are available at <http://www.uhhospitals.org/myuhcare/online-bill-pay>.

The **Account Overview** screen appears, which lists all of your outstanding Physician and Hospital statements.



Account Overview

Statements Select All

Account #	Date	Statement	Balance	Pay Total (\$)	Pay
BABYBOYA DOUGLAS - 07801902					
Hospital	129823809	2017-07-08	\$200.00	\$200.00	<input checked="" type="checkbox"/>

Line Item Detail

Service Date	Location	Amount	Pay Amount	Pay
4/15/2017	Rainbow Babies and Children Hospital Horvitz Tower	\$200.00	200.00	<input checked="" type="checkbox"/>

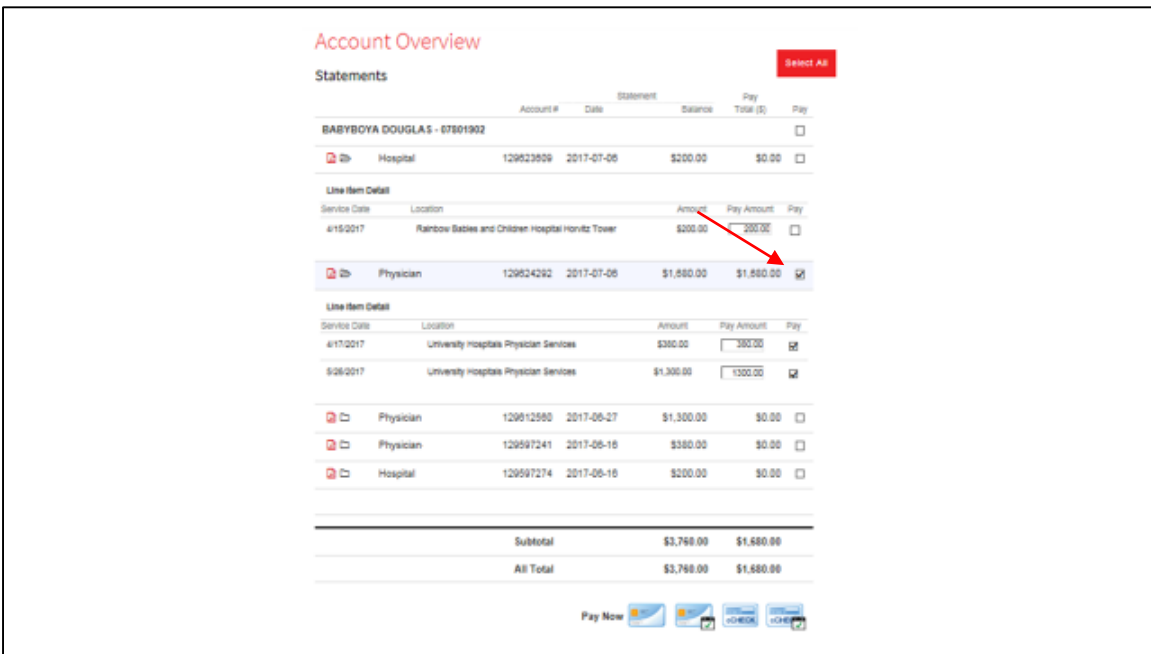
Physician	129824292	2017-07-08	\$1,680.00	\$1,680.00	<input checked="" type="checkbox"/>
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Line Item Detail

Service Date	Location	Amount	Pay Amount	Pay
4/17/2017	University Hospitals Physician Services	\$380.00	380.00	<input checked="" type="checkbox"/>
5/26/2017	University Hospitals Physician Services	\$1,300.00	1300.00	<input checked="" type="checkbox"/>

2. Select the **Pay** check box next to the statement to pay.

The **Account Overview** screen appears, showing the selected statement's individual line items and details.




Account Overview

Statements Select All

Account #	Date	Statement	Balance	Pay Total (\$)	Pay
BABYBOYA DOUGLAS - 07801902					
Hospital	129823809	2017-07-08	\$200.00	\$0.00	<input type="checkbox"/>
Physician	129824292	2017-07-08	\$1,680.00	\$1,680.00	<input checked="" type="checkbox"/>
Physician	129812580	2017-06-27	\$1,300.00	\$0.00	<input type="checkbox"/>
Physician	129897241	2017-06-18	\$380.00	\$0.00	<input type="checkbox"/>
Hospital	129897274	2017-06-18	\$200.00	\$0.00	<input type="checkbox"/>

Service Date	Location	Amount	Pay Amount	Pay
4/15/2017	Rainbow Babies and Children Hospital Horvitz Tower	\$200.00	200.00	<input type="checkbox"/>
4/17/2017	University Hospitals Physician Services	\$380.00	380.00	<input checked="" type="checkbox"/>
5/26/2017	University Hospitals Physician Services	\$1,300.00	1300.00	<input checked="" type="checkbox"/>

Subtotal		\$3,760.00	\$1,680.00	
All Total		\$3,760.00	\$1,680.00	

Pay Now


3. From the **Line Item Detail** section of the Account Overview screen, select the **Pay** check box next to the amount(s) you wish to pay.

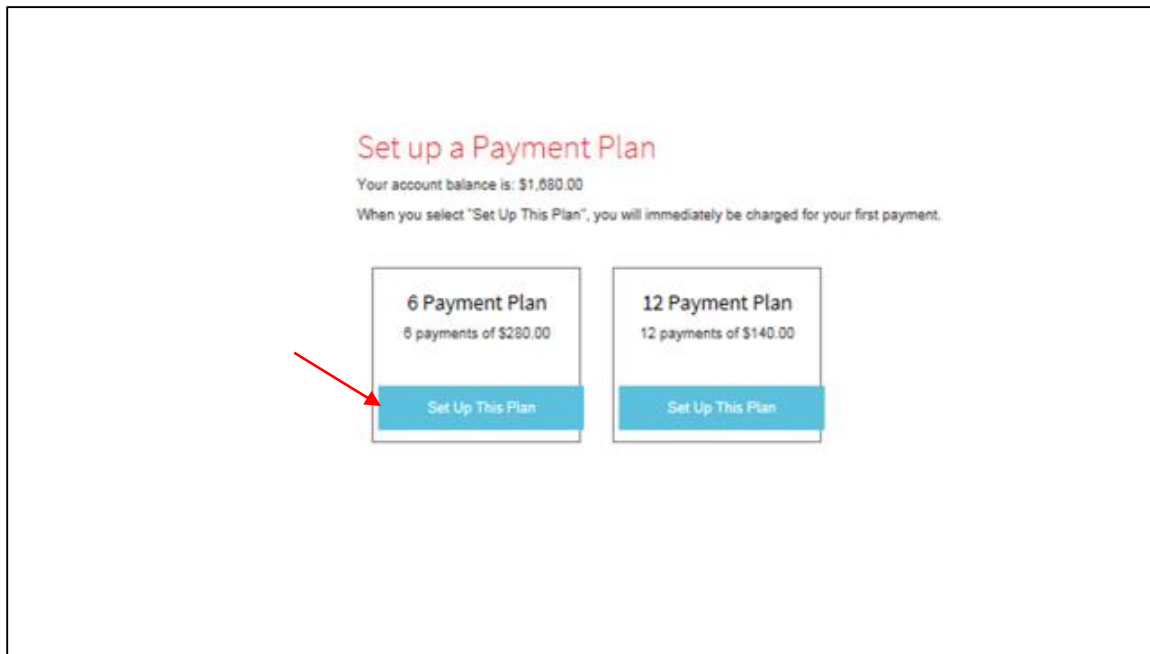
Paying by Debit or Credit Card

Follow the steps below to pay by debit or credit card. If you are paying by check, skip to **Paying by Check** in the next section.

1. From the Account Overview screen, click the **Pay Now** payment plan credit card icon.



The **Set up a Payment Plan** screen appears.



2. Select the **Set Up This Plan** button for either 6 or 12 monthly payments, based on what works best for your budget.

The **Make a Payment** screen appears.

Make a Payment

* = required field

Account Details

Statement Date
07/05/2017

Statement Number
129624292

Amount Due \$
1660

Monthly Payment Amount \$
290.00

Addressee Name
TEST DOUGLAS

Credit / Debit Card Information

Monthly Payment Amount \$
290.00

Card Type *
▼

Name on Card *

Card Number *

Expiration
Month * Year *
▼ ▼

Verification Code * [What is this?](#)

Credit Card Statement Information

Telephone

Address

City

State * Zip *
▼ _____

Payment Terms Agreement

I accept payment terms * [Read Payment Terms](#)

Yes, please remember this payment method for future use

Verification Email Address

Used as verification of payee's consent to payment terms and for creating email receipts.

Process Payment
Cancel

3. Enter your payment information in the following required fields.
 - **Card Type** – select your credit or debit card type
 - **Name on Card** – enter the name exactly as listed on the card
 - **Card Number** – enter your card number
 - Expiration Date **Month** and **Year** – enter the expiration date month and year
 - **Verification Code** – enter the verification code
 - **State** and **Zip** code
4. Optionally, click the **Read Payment Terms** link to open and review the payment terms.
5. Select the **I accept payment terms** check box.
6. Click the **Process Payment** button

Make a Payment

* = required field

Account Details

Statement Date
07/09/2017

Statement Number
129624292

Amount Due \$
1800

Monthly Payment Amount \$
280.00

Addressee Name
TEST DOUGLAS

Expiration
Month * 07 - Jul Year * 2019

Verification Code * 123 What is this?

Credit Card Statement Information

Telephone
216-511-1111

Address
100 ANYTOWN STREET

City
ANYTOWN

State * Ohio Zip * 44122

Credit / Debit Card Information

Monthly Payment Amount \$
280.00

Card Type *
Visa

Name on Card *
TEST DOUGLAS

Card Number *
4111111111111111

Payment Terms Agreement

I accept payment terms [Read Payment Terms](#)

Yes, please remember this payment method for future use

Verification Email Address

Used as verification of payee's consent to payment terms and for creating email receipts.

Process Payment
Cancel

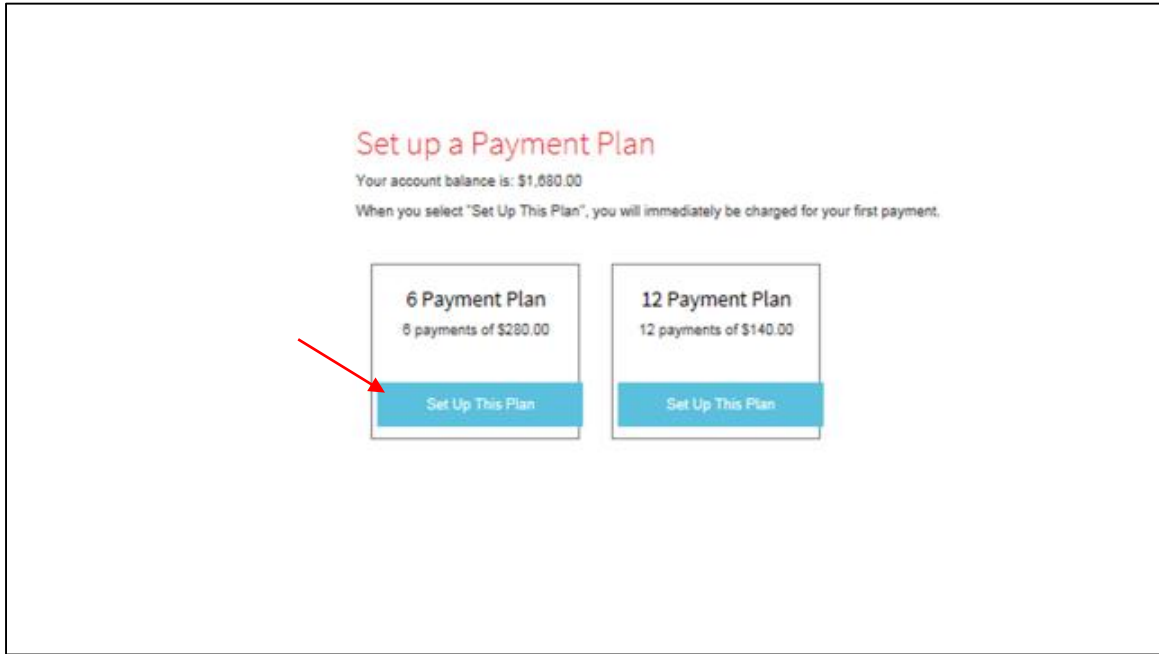
Paying by Check

Follow the steps below to set up a payment plan by check. If you have set up a payment plan by credit or debit card using the steps above, skip to the next section.

- From the Account Overview screen, click the **Pay Now** payment plan check icon.

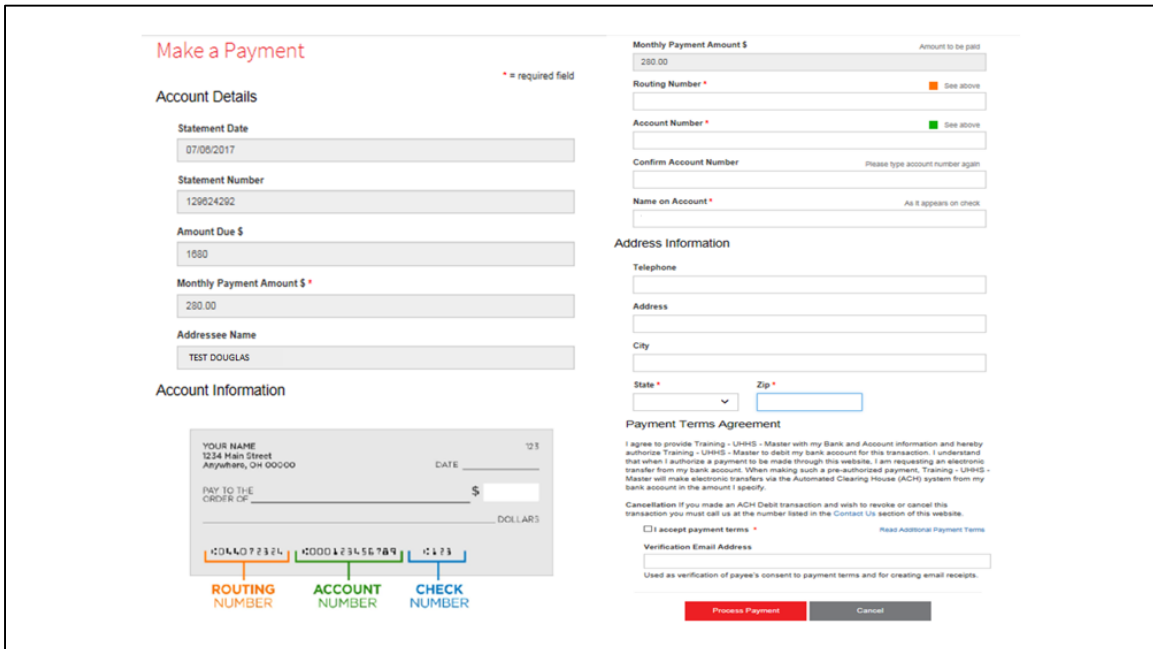


The **Set up a Payment Plan** screen appears.

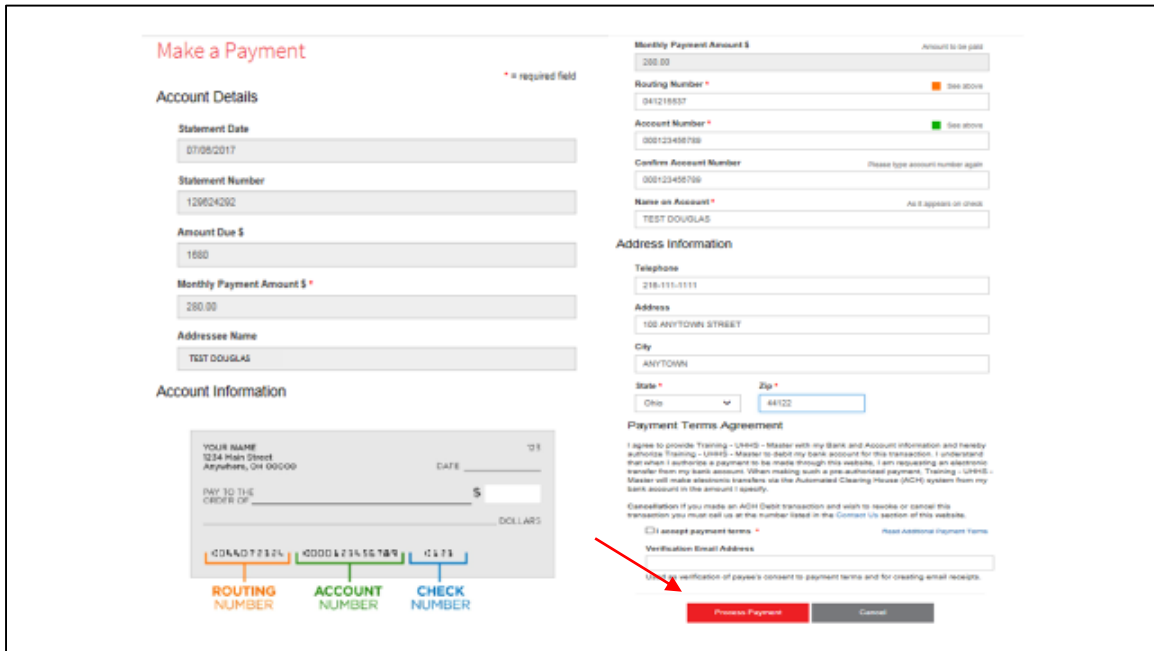


2. Select the **Set Up This Plan** button for either 6 or 12 monthly payments, based on what works best for your budget.

The **Make a Payment** screen appears.



3. Enter your payment information in the following required fields.
 - **Routing Number** – enter the routing number listed on the check
 - **Account Number** – enter the account number listed on the check
 - **Name on Account** – enter the name exactly as listed on the check
 - **State and Zip** code
4. Optionally, click the **Read Payment Terms** link to open and review the payment terms.
5. Select the **I accept payment terms** check box.
6. Click the **Process Payment** button.



Payment Processing

After you have made a payment by credit/debit card or check, the **Thank you** screen appears, displaying your first, immediately processed payment along with the automatic monthly payments scheduled for the future.

Thank you

Status	Account Number	Amount	Reference Number	Receipt
Approved	129624292	\$280.00	44244285-4332CC	Print Receipt
Payment Saved	129624292	\$280.00	📅 8/27/2017	
Payment Saved	129624292	\$280.00	📅 9/27/2017	
Payment Saved	129624292	\$280.00	📅 10/27/2017	
Payment Saved	129624292	\$280.00	📅 11/27/2017	
Payment Saved	129624292	\$280.00	📅 12/27/2017	

1. Click the **Print Receipt** link.

The receipt appears in a separate window.

Training - UHHS - Master
1110 Euclid Avenue
Cleveland, OH 44106


University Hospitals

TEST DOUGLAS
100 ANYTOWN STREET
ANYTOWN, OH 44122

7/27/2017

Dear TEST DOUGLAS

A recurring payment plan has been created for your account 129624292.

Payment Plan Information:

Number of Payments:	6
Scheduled Day of Month:	27
Payment Type:	VisaCard ****1111
Recurring Amount:	\$280.00
First Installment:	\$280.00 on 7/27/2017 3:14:10 PM
Last Installment:	\$280.00 on 12/27/2017
Payment Plan Ref.:	44244285-4332RCC

In the event you have questions or need further assistance please contact our customer service department at 216-844-8299 or toll free 800-859-5906.


Customer Service
Training - UHHS - Master
216-844-8299 or toll free 800-859-5906

Please note: This receipt does not constitute a payment that is approved but instead is an acknowledgment that your payment was scheduled. Please allow 1-3 working days for the payment to be posted to your account.

Note: The Account Overview screen reflects the payment(s) in the Payment History section. Your Scheduled Payments appear directly below.

Payment History

The payment history represents only payments made from this website and any payments made through customer service using this website.

Account	Amount Paid	Payment Date	Confirmation Code	Receipt
129824292	\$280.00	7/27/2017 3:14:10 PM	44244285-4332CC	
-- end of list --				

Scheduled Payments

For assistance with recurring payments, please contact customer service at 216-844-8299 or toll free 800-850-5908.

Account	Amount	Date Scheduled	Reference Code	# / of
129824292	\$280.00	8/27/2017 3:14:10 PM	44244285-4332RCC	2 / 6
129824292	\$280.00	9/27/2017 3:14:10 PM	44244285-4332RCC	3 / 6
129824292	\$280.00	10/27/2017 3:14:10 PM	44244285-4332RCC	4 / 6
129824292	\$280.00	11/27/2017 3:14:10 PM	44244285-4332RCC	5 / 6
129824292	\$280.00	12/27/2017 3:14:10 PM	44244285-4332RCC	6 / 6
-- end of list --				

Error Messages

You may receive an error message during this process if your bill does not meet the necessary criteria for setting up a payment plan. Below are two possible scenarios:

- 1) If your bill does not amount to at least \$600.00 (6 payments of \$100.00 for 6 months) or \$1,200.00 (12 payments of \$100.00 for 12 months), it will not qualify for a payment plan.
- 2) If you see this message, please pay all or part of your bill through the one-time payment option.

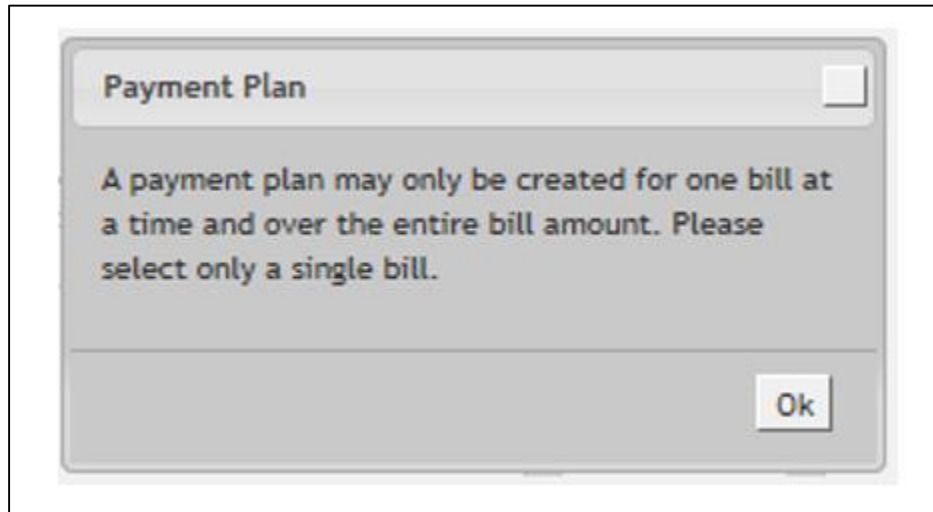
Set up a Payment Plan

Your account balance is: \$200.00

Your account balance does not qualify for a payment plan.

Please click [here](#) to continue.

You must set up a payment plan for only one bill at a time and for the full bill amount. If you see this message, please select a single bill at the full amount.



Need Additional Assistance?

If you need assistance or have questions regarding your bill, please contact Customer Service at 1-888-670-9775, Monday – Friday, 8 a.m. – 8 p.m.

If you have system or technical questions on how to use or navigate through MyUHCare, email support@followmyhealth.com.