

Making a One-Time Bill Payment Using MyUHCare

Follow these instructions to make a one-time payment by credit/debit card or check for all or part of 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 Amount You Wish to Pay



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	Balance	Pay Total (\$)	Pay
BABYBOYA DOUGLAS - 07801902					
 Hospital	129623609	2017-07-06	\$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	<input type="text" value="200.00"/>	<input checked="" type="checkbox"/>
 Physician	129624292	2017-07-06	\$1,680.00	\$1,680.00	<input checked="" type="checkbox"/>
Line Item Detail					
Service Date	Location		Amount	Pay Amount	Pay
4/17/2017	University Hospitals Physician Services		\$380.00	<input type="text" value="380.00"/>	<input checked="" type="checkbox"/>
5/26/2017	University Hospitals Physician Services		\$1,300.00	<input type="text" value="1300.00"/>	<input checked="" type="checkbox"/>

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

Note: You can select one or more individual statements for this one-time payment or click the **red Select All** button to select all statements.

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

Account Overview

Select All

Statements

	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	<input type="text" value="200.00"/>	<input checked="" type="checkbox"/>
	Physician	129824292	2017-07-08	\$1,880.00	\$380.00	<input type="checkbox"/>
Line Item Detail						
Service Date	Location			Amount	Pay Amount	Pay
4/17/2017	University Hospitals Physician Services			\$380.00	<input type="text" value="380.00"/>	<input checked="" type="checkbox"/>
5/26/2017	University Hospitals Physician Services			\$1,300.00	<input type="text" value="1300.00"/>	<input type="checkbox"/>
	Physician	129812580	2017-08-27	\$1,300.00	\$0.00	<input type="checkbox"/>
	Physician	129597241	2017-08-16	\$380.00	\$0.00	<input type="checkbox"/>
	Hospital	129597274	2017-08-16	\$200.00	\$0.00	<input type="checkbox"/>
Subtotal				\$3,760.00	\$580.00	
All Total				\$3,760.00	\$580.00	

Pay Now

- 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.

Note: You can select multiple line items to pay or click the red **Select All** button to select all line items. You can also manually type in a specified Pay Amount.

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** credit card icon.



The **Make a Payment** screen appears.

Make a Payment

* = required field

Account Details

Addressee Name *

Expiration

Month * Year *

Verification Code * What is this?

Additional Accounts

You may enter additional account numbers and amounts if paying more than one account.

	Account #	Amount (\$)
1.	Rainbow Babies and Children Hospital Horvitz Tower 4/15/2017	200.00
2.	University Hospitals Physician Services 4/17/2017	380.00
Total:		580.00

Credit Card Statement Information

Telephone

Address

City

State * Zip *

Credit / Debit Card Information

Payment Amount \$ *

Card Type *

Name on Card *

Card Number *

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.

2. Enter your payment information in the following required fields.

- **Addressee Name** – enter your name
- **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

3. Optionally, click the **Read Payment Terms** link to open and review the payment terms.

4. Select the **I accept payment terms** check box.

5. Click the **Process Payment** button.

Make a Payment

* = required field

Account Details

Addressee Name *

Additional Accounts

You may enter additional account numbers and amounts if paying more than one account.

	Account #	Amount (\$)
1.	Rainbow Babies and Children Hospital Horvitz Tower <small>4/15/2017</small>	200.00
2.	University Hospitals Physician Services <small>4/17/2017</small>	380.00
Total:		580.00

Credit / Debit Card Information

Payment Amount \$ *

Card Type *

Name on Card *

Card Number *
 1111222233334444

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.

Paying by Check

Follow the steps below to pay by check. If you have paid by credit or debit card using the steps above, skip to the next section.

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



The **Make a Payment** screen appears.

Make a Payment

* = required field

Account Details

Addressee Name *

Additional Accounts

You may enter additional account numbers and amounts if paying more than one account.

	Account #	Amount (\$)
1.	Rainbow Babies and Children Hospital Horvitz Tower 4/15/2017	200.00
2.	University Hospitals Physician Services 4/17/2017	380.00
Total:		580.00

Account Information

YOUR NAME
1234 Main Street
Anytown, OH 00000

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

⑆014072324⑆
ROUTING
NUMBER

⑆000123456789⑆
ACCOUNT
NUMBER

⑆123⑆
CHECK
NUMBER

Payment Amount \$ * Amount to be paid

Routing Number * See above

Account Number * See above

Confirm Account Number Please type account number again

Name on Account * As it appears on check

Address Information

Telephone

Address

City

State * Zip *

Payment Terms Agreement

I agree to provide Training - UHHS - Master with my Bank and Account information and hereby authorize Training - UHHS - Master to debit my bank account for this transaction. I understand that when I authorize a payment to be made through this website, I am requesting an electronic transfer from my bank account. When making such a pre-authorized payment, Training - UHHS - Master will make electronic transfers via the Automated Clearing House (ACH) system from my bank account in the amount I specify.

Cancellation If you made an ACH Debit transaction and wish to revoke or cancel this transaction you must call us at the number listed in the [Contact Us](#) section of this website.

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

Verification Email Address

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

2. Enter your payment information in the following required fields.
 - **Addressee Name** – enter your name
 - **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
3. Optionally, click the **Read Payment Terms** link to open and review the payment terms.
4. Select the **I accept payment terms** check box.
5. Click the **Process Payment** button.

Make a Payment

* = required field

Account Details

Addressee Name *

Additional Accounts

You may enter additional account numbers and amounts if paying more than one account.

Account #	Amount (\$)
1. Rainbow Babies and Children Hospital Horvitz Tower 4/15/2017	200.00
2. University Hospitals Physician Services 4/17/2017	380.00
Total:	580.00

Account Information

YOUR NAME
1234 Main Street
Anytown, OH 00000 DATE _____ 12 3

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

⑆0000123456789⑆ ⑆123⑆

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

Payment Amount \$ * Amount to be paid

Routing Number * See above

Account Number * See above

Confirm Account Number Please type account number again

Name on Account * As it appears on check

Address Information

Telephone

Address

City

State * Zip *

Ohio 44122

Payment Terms Agreement

I agree to provide Training - UHHS - Master with my Bank and Account information and hereby authorize Training - UHHS - Master to debit my bank account for this transaction. I understand that when I authorize a payment to be made through this website, I am requesting an electronic transfer from my bank account. When making such a pre-authorized payment, Training - UHHS - Master will make electronic transfers via the Automated Clearing House (ACH) system from my bank account in the amount I specify.

Cancellation If you made an ACH Debit transaction and wish to revoke or cancel this transaction you must call us at the number listed in the [Contact Us](#) section of this website.

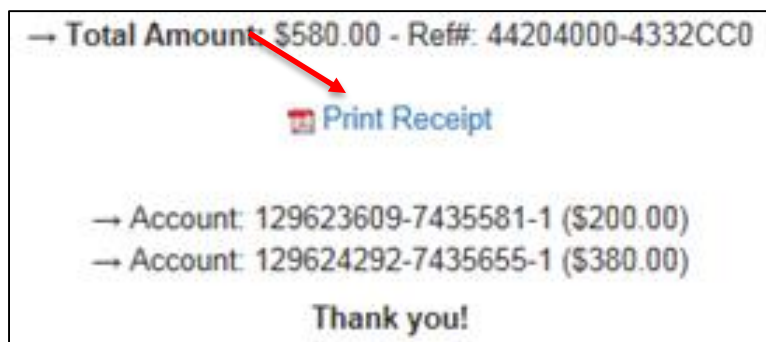
I accept payment terms * [Read Additional Payment Terms](#)

Verification Email Address

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Payment Processing

After you have made a payment by credit/debit card or check, the Payment Processing Results screen appears.




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

The PDF receipt appears in a separate window.



Note: The Account Overview screen reflects the payment(s) in the Payment History section.

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
129623609-7435581-1	\$200.00	7/26/2017 3:18:50 PM	44204000-4332CC0	
129624292-7435655-1	\$380.00	7/26/2017 3:18:50 PM	44204000-4332CC0	

Contact for 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 MyUHCare, email support@followmyhealth.com.