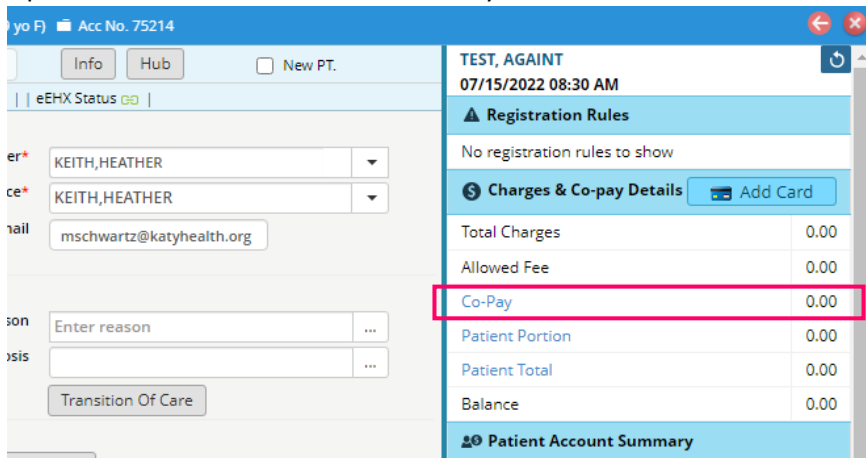


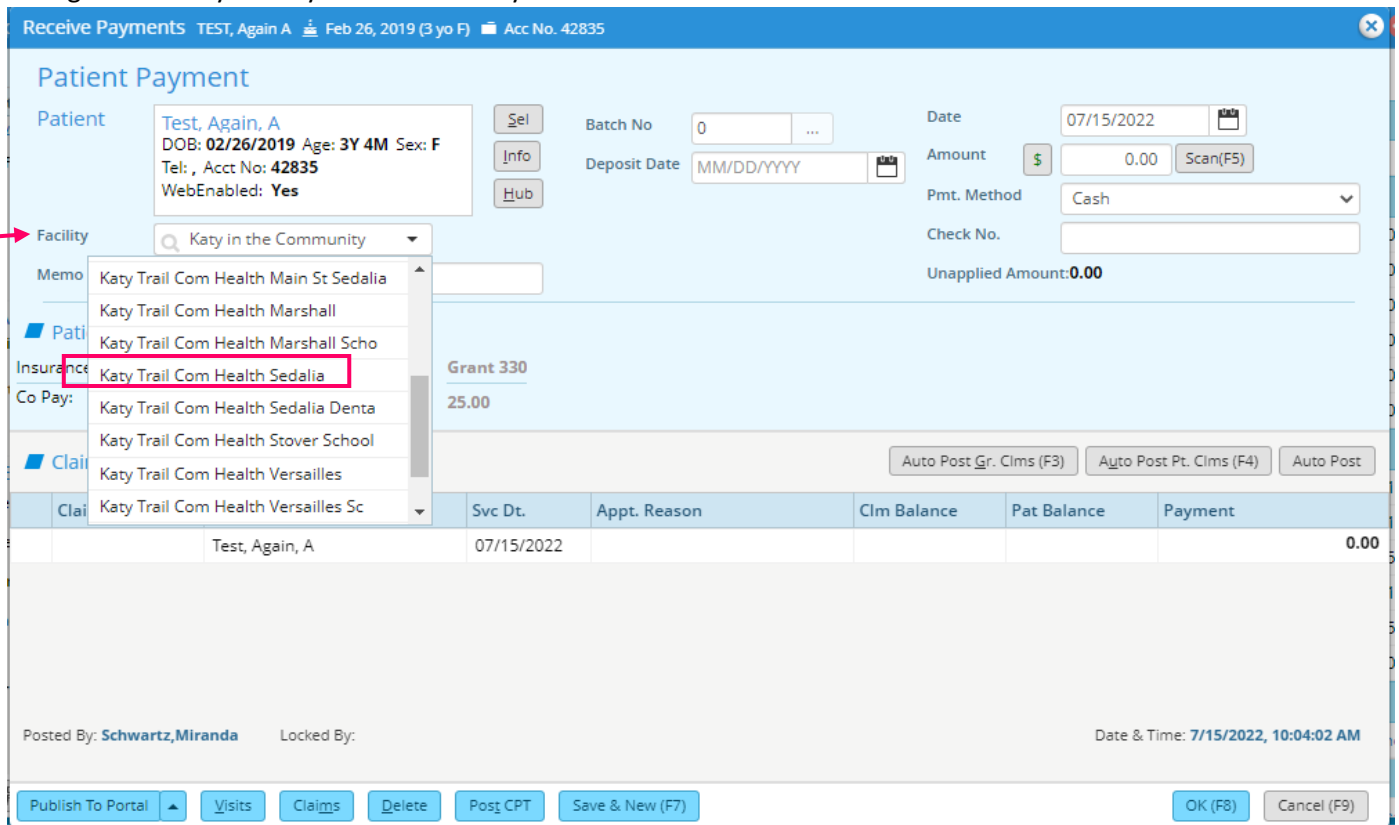
Take a Credit Card Payment for Katy in the Community

1) Open the encounter and click on "Co-Pay":



| Charges & Co-pay Details | |
|--------------------------|-------------|
| Total Charges | 0.00 |
| Allowed Fee | 0.00 |
| Co-Pay | 0.00 |
| Patient Portion | 0.00 |
| Patient Total | 0.00 |
| Balance | 0.00 |

2) Change the facility to Katy Trail Community Health Sedalia:



Receive Payments TEST, Again A Feb 26, 2019 (3 yo F) Acc No. 42835

Patient Payment

Patient: Test, Again, A
 DOB: 02/26/2019 Age: 3Y 4M Sex: F
 Tel: , Acct No: 42835
 WebEnabled: Yes

Batch No: 0
 Deposit Date: MM/DD/YYYY
 Date: 07/15/2022
 Amount: \$ 0.00
 Pmt. Method: Cash
 Check No.:
 Unapplied Amount: 0.00

Facility: **Katy Trail Com Health Sedalia**

Grant 330
 25.00

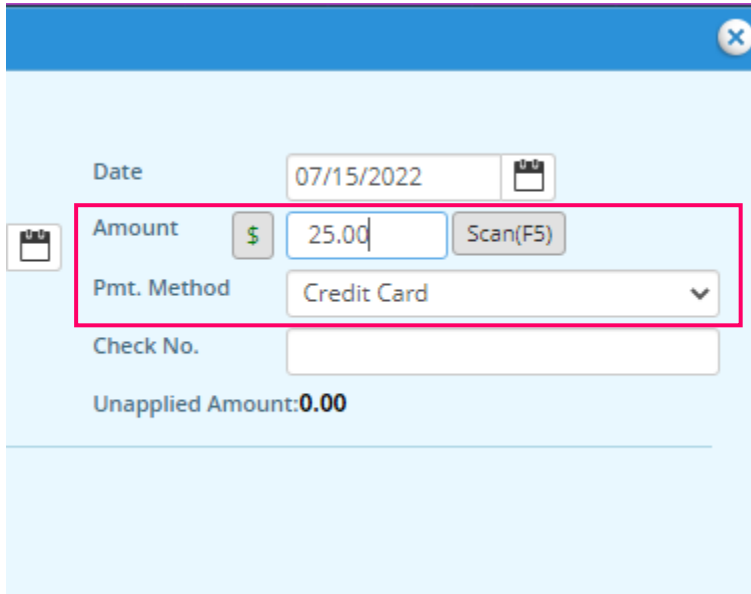
| Clai | Svc Dt. | Appt. Reason | Clim Balance | Pat Balance | Payment |
|------|------------|--------------|--------------|-------------|---------|
| | 07/15/2022 | | | | 0.00 |

Posted By: Schwartz, Miranda Locked By: Date & Time: 7/15/2022, 10:04:02 AM

Buttons: Publish To Portal, Visits, Claims, Delete, Post CPT, Save & New (F7), OK (F8), Cancel (F9)

Take a Credit Card Payment for Katy in the Community

3) Change the payment method to credit card and enter the co-pay amount, then click the \$:

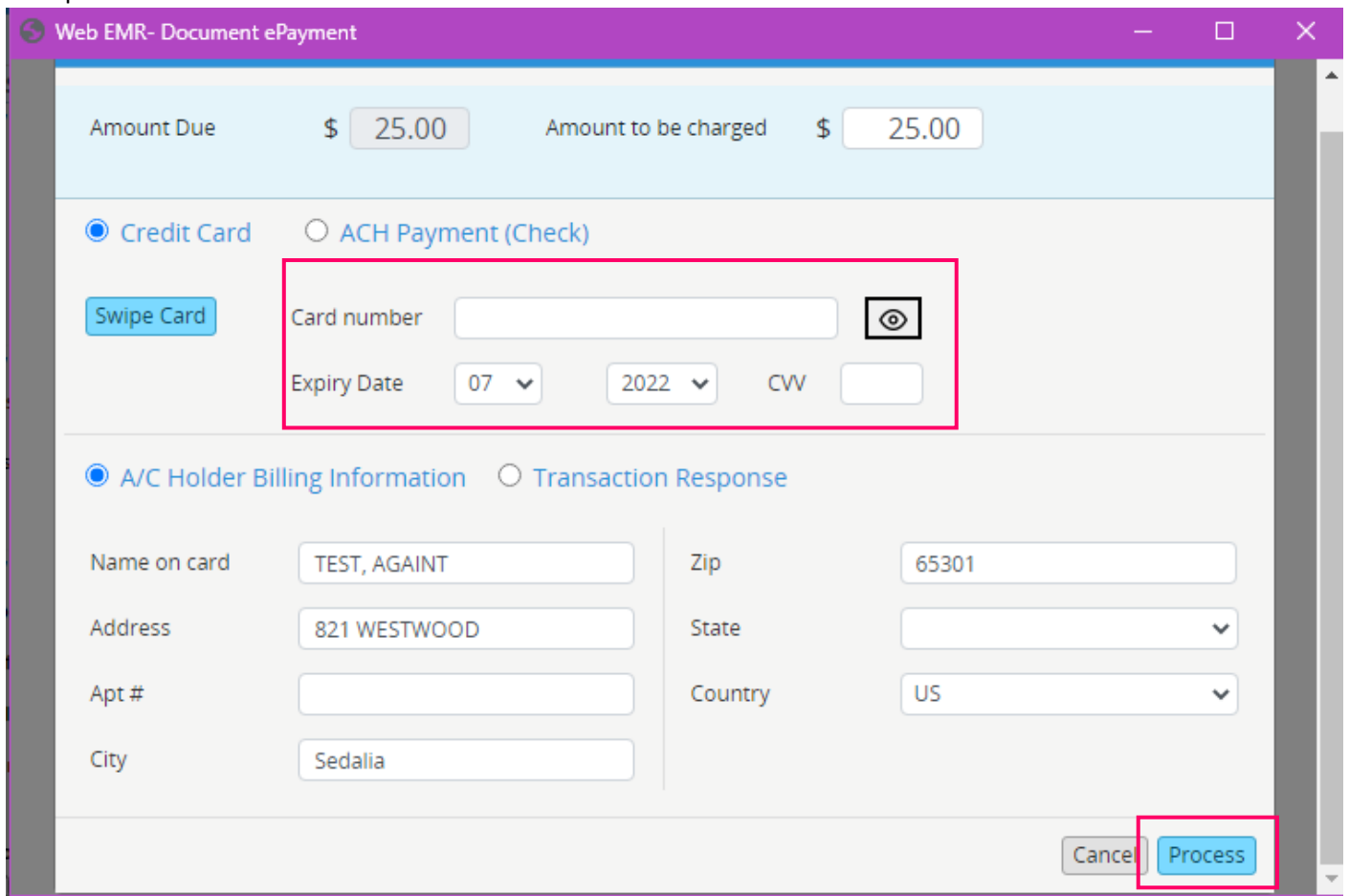


The screenshot shows a payment form with the following fields:

- Date: 07/15/2022
- Amount: \$ 25.00 (with a Scan(F5) button)
- Pmt. Method: Credit Card (dropdown menu)
- Check No. (empty field)
- Unapplied Amount: 0.00

A red rectangular box highlights the Amount and Pmt. Method fields.

4) Enter in the credit card number, exp date, CVV. Confirm the information listed in the billing information section. Click process:



The screenshot shows a credit card payment form with the following fields and sections:

- Amount Due: \$ 25.00
- Amount to be charged: \$ 25.00
- Payment Method: Credit Card, ACH Payment (Check)
- Swipe Card button
- Card number (input field with eye icon)
- Expiry Date: 07 / 2022
- CVV (input field)
- Payment Type: A/C Holder Billing Information, Transaction Response
- Name on card: TEST, AGAINT
- Address: 821 WESTWOOD
- Apt #: (empty field)
- City: Sedalia
- Zip: 65301
- State: (dropdown menu)
- Country: US (dropdown menu)
- Buttons: Cancel, Process (highlighted with a red box)

A red rectangular box highlights the Card number, Expiry Date, and CVV fields. Another red rectangular box highlights the Process button.



Take a Credit Card Payment for Katy in the Community