## Updox Payments - Patient Experience

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1. Your patient will receive a text message alerting them to the payment request, with a link to the payment interface.



2. Clicking the link will take the patient to an identity confirmation screen, which will require the patient to enter first name, last name, and date of birth.

Please of name to informat	confirm your o view your se ion.	date of birth and ecure medical
Date of E	Birth *	
MM	DD	YYYY
Month	Day	Year
Enter firs	t name	
Last Nan	ne *	
Enter last	t name	

3. Once logged in, the patient will see the practice name and telephone number, the date of the request, the amount requested, and the billing reason.

Patients will be able to indicate the amount they want to pay.

NOTE: Though patients will be able to make a partial payment, they will only have one opportunity to pay per request. If a partial payment is made, you will have to send an additional payment request to collect the balance. 4. Patients will enter their credit card information, and click the Submit Payment button.

2021-08-18 \$1. Date requested Balance	.00 e due
Billing reason: Co-pay	
Accepted payments:	VISA
Amount *	
\$1.00	
Cardholder Name *	
Cardholder Name	
Credit Card *	
Expiration *	
mm/yy	
Security Code *	
CVV	
7in/Postal Code *	
12345	
Submit Payment	

5. The patient is then shown a verification screen. By clicking the "Download Receipt" button, the patient can download a receipt to their device for their records.

Simple Paymen Practice 614-294-9798	ts Test
Payment successful	
<b>08/18/2021</b> Date paid	<b>\$1.00</b> Amount paid
Auth code: 000042 Thank you for your payment!	
Download Receipt	