

On-Line Payment Instruction Manual

Please contact Renee Gaines at 765.203.2677, Sherry Johnson at 765.203.2680 or the Facility Office Manager if you have any questions related to this process.

Disclaimer: Details referenced in these examples are for demo purposes only and are not resident specific details.



Online Payment Instruction Manual

Log into our Website <u>www.essentialseniorhealthandliving.org</u>

Select the **Make a Payment** tab located across the top of the site.

On this screen, select the facility and click Pay Now.

This will take you to the first payment screen.

On this screen, you will need to enter the **Resident Number**. This can be found on the right corner of the monthly statement. You will need to re-enter the Resident Number, check that you are not a robot and follow the steps to verify.

Click	on	Pav	Now
Chick	U		

ssential		Northview Health and Living Home Page
LOGIN PAY NOW	Welcome to	the Northview Health and Living Demo Payment Center
Resident Account Number		
Confirm Resident Account Number		
I'm not a robot		
Privacy - Terms	Pay Now	
SIMPLIFY MAKING PAYMENTS	PAYMENTS PROCESSED FASTER	TRACK PAYMENT HISTORY
Simplify your bill payment by using this online bill payment system.	Have your payments processed faster by using this online bill payment system.	Keep track of payments by using this online bill payment system.

On the next screen you need to enter the resident's name, your phone number and e-mail address. Your mailing address is optional. Your e-mail address will provide you with an e-mail confirmation of your payment.

Enter the amount of the payment.

Click on add a **Payment Method**. This will take you to the next screen.



Resident Name	Phone Mo	Payment Amount S Payment Method O Add A Payment Method V	
Country United States	City (optional)	Pay Date 3/11/2021	
Street Address (optional)	State Select State	~	
Street Address Line 2 (optional)	ZIP Code (optional)		

The next 2 screens are the method of payment and payment information.

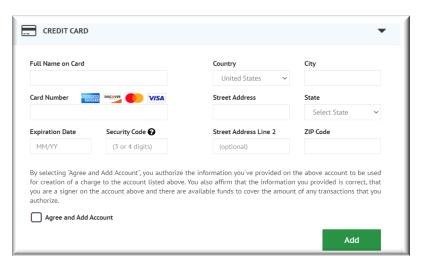
Add A Payment Method	×
Choose your preferred payment method to pay your bills.	ESSAGE:
BANK ACCOUNT	ge 2
CREDIT CARD	
City Pay Date	

If you choose Bank Account, this is the screen you will enter.

Account Type		Account #
Personal	Business	
Banking Type		Re-enter Account #
Checking Account	Savings Account	
Name on the Account		Pay to the
Routing Number		Routing Number Account Number
		Make sure to use your bank account number, not your ATM or Debit card number.



If you choose Credit Card, this is the screen you will enter.



You need to make sure you click the Agree Box and Add.

The next screen is the payment verification screen. You can change the payment date on this screen if you wish to select a payment date with a future date.

Click Make Payment.

PAYMENT SUMMARY		Payment Method	Add A Paymer	Terms and Conditions	
1 Statement	\$100.00	Visa *****8882			to provide you information on the services we provide and
		Security Code 🚱	Payment Date	vendors provide the Internet bill presentm	your using this service. PNCDemo and various third party nent and payment service. It is subject to the consumer banking ition E of the Electronic Fund Transfers Act. When you open your
			3/11/2021		acting on our behalf, you, and any person you authorize to
Payments confirmed before Thur 2021. Payments confirmed after 2021.				ch 12, 2. Transaction Limitations. Please be aware numbers of transfers or withdrawals that n	ligation or lability for the error. e that certain types of bank accounts have limits on the may be made per month. Your bank may refuse transfers which nd you check with your bank to determine what limitations are
ident Name				Email 🕢	Phone
est				Test@eshl.org	7652032680
Update Customer and Address Inf	ormation				
	e to the terms and o	onditions stated above.			
By checking this box you agree			sday March 11, 2021, I ;	m authorizing a one-time payment from my Visa	Make Payment
By clicking the Make Payment				nd Living. This payment will occur on or after Friday	
By clicking the Make Payment account ending in *****8882 in March 12, 2021.	the amount of \$10	0.00 USD to be remitted	to Northview Health a	nd Living. This payment will occur on or after Friday	Cancel
By clicking the Make Payment account ending in *****8882 in	the amount of \$10	0.00 USD to be remitted	to Northview Health a	nd Living. This payment will occur on or after Friday	
By clicking the Make Payment account ending in *****8882 in March 12, 2021.	the amount of \$10	0.00 USD to be remitted	to Northview Health a	d Living. This payment will occur on or after Friday	<u>Cancei</u> Ez
By clicking the Make Payment account ending in *****8882 in March 12, 2021. If you have any questions rega	the amount of \$10	0.00 USD to be remitted	1 to Northview Health a	nd Living. This payment will occur on or after Friday	

The last page has many options. You can print the confirmation page or you can just log out. You can also enroll to set-up an account.



Confirmation				
Thank You! Your paym	ent has been ma	ade.		
Print Confirmation Page		Payment Date		3/11/2021
		Payment Metho	od Vi	sa *****8882
test		Total Payment		\$100.00
You have been provided a confi	rmation number. Please	e save this page for	r your records.	
Payments confirmed before Thu 2021. Payments confirmed after 2021.				
If you have any further question at 765-203-2680 .	ns about payments to N	lorthview Health a	nd Living, please con	tact our office
Resident Account Number	Confirm	nation #	Paym	nent Amount
951	31003	84896		\$100.00

If you plan to use the on-line payment system to pay the monthly payment and not need to re-enter all of the information each time, this is something you may want to consider. You can additionally set-up automatic payments through this enrollment. The following screen shots will provide guidance with this process.

If you choose to enroll, this is the next screen you will see. You will need to enter and re-enter the Resident Number, check that you are not a robot and follow the steps to verify.

Click Validate to move to the next screen.

Account Setup		
To verify your identity, we need your Resident Account Number and R	eenter Resident Account Numbe	
CAPTCHA required		
Resident Account Number		
Sjohnson1		
Reenter Resident Account Numbe		
	۲	
I'm not a robot reCAPTCHJ Privacy - Terms		
	Validate	



You will verify the information on the next screen and click **Continue to Login & Password.**

ssential			Northview Health and Living Home Page
PROFILE LOGIN & PASS	SWORD TERMS OF SERVICE PAYMENT AC	COUNTS	
Name Resident Name		Contact Info Phone 7652032680	Mobile -
Billing Address		Add Another Telephone Nur Email Test@eshLorg	mber
United States Address		Add Another Email Address	
(optional) Address2 (optional)			
City	State		
(optional) ZIP Code	Select State	~	
(optional)			
			Continue to Login & Password

The next screen is where you will create your Login and Passcode. You will choose an image, name the image and set your security questions from a drop down.

Then click the green button **Continue to Terms and Services**.

Permat_					Northwey Health and Living Home Page
count Setup					
PROFILE LOGIN & PASSWORD TERMS OF SERVICE	PAYMENT ACCOUN	rs			
Create an Account	Choose a Sec	urity Image and gi	ve it a label		
Login ID	You'll see your sele	cted security image and li	bel in email notifications. W	/hen you see your image ani	1
Sjohnson1	label on a notificat	ion, you can be sure it is f	iom us.		
Customer could not be enrolled. Login ID Sjohnson1 already exists in the system for a different user Dessymption.		(No.	Test	
Passwords must have at least 8 characters and have at least 3 of the following: - 1 or more numbers		-			
1 or more uppercase characters 1 or more lowercase characters	C 1	8	579		
	100	-	an her also	1000	
Passwords can include only the special characters: *+-/#?"_[]~1@\$ Passwords cannot include:	Give your image a	abed.			
- the last & passwords - your name	orre your mage a				
- your hame - your Login ID					
Re-enter password, just to be sure					
Choose Your Security Questions					
We'll use these questions to help verify your identity if you forget your login	credentials. Make sure yo	give answers that you ca	n easity remember.		
Question 1	Answe	1			
What is your grandmother's maiden name on your father's side?	~				
Question 2	Answe	2			
What is your grandmother's maiden name on your mother's side?	~				
Question 3	Answe	3			
How many brothers and sisters did your mother have?	~				

The next screen is the Terms of Service and you can pull this up to review, then click the box and then the green button to Continue to **Payment Accounts**.

Essential	Northoless Health and Living Home Pa-
Account Setup	
✓ PROFILE ✓ LOGIN	PASSWORD TERMS OF SERVICE PAIMENT ACCOUNTS
Terms of Service	
By clicking this box, you ar	enrolling in this service and have read and agree to the <u>Terms of Service</u> for this site.
	Go Back Continue To Phyment Account



The next screen will add your payment information to your account. You will need to give your account a nickname and enter your address.

dd A Payment Method xu may select a default payment method now. After enrollment you can manage your payment methods.		
BANK ACCOUNT		•
CREDIT CARD		•
Give This Account a Nickname	Country United States	City
Full Name on Card	Street Address	State
test		Select State 🗸
Card Number VISA	Street Address Line 2 (optional)	ZIP Code
Expiration Date Expiration Date 12/21 By seticing Agree and Add Addown'', you authorize the information you've provided on the above acc provided if contact, backyou we a specific on the account above and these we weaklable finds to come o Apree and Add Account	unt to be used for creation of a charge to the account U	ised above. You also affirm that the information you

Click Agree and Add Account, then Finish Enrollment button.

Then you will activate your account from an e-mail that you will receive and once you activate your account, you can Login each time you pay your bill by using the LOGIN selection on the main screen.

ntial Dra Lissa		Northview Health and Living Home	e Page		
LOGIN PAY NOW	Welcome to t	Welcome to the Northview Health and Living Demo Payment Center			
Login ID					
Tester01					
Password					
Eargot your Lagin ID2 Password Help2	Login				
SIMPLIFY MAKING PAYMENTS	PAYMENTS PROCESSED FASTER	TRACK PAYMENT HISTORY			
Simplify your bill payment by using this online bill payment system.	Have your payments processed faster by using this online bill payment system.	Keep track of payments by using this online bill payment system.			

This will take you to the next screen. This is where you enter the amount you are paying and can select to set-up a reoccurring payment.

Essential		_	Home Payment His	tory Recurring Payment Setup	test
Home					MESSAGES Vicw
			Payment Amount	Message 2	
	Resident Accour	nt	Payment Method	O Add A Payment Method	
	Number		friend Visa *****8882 Security Code 🚱	Pay Date	S, RECURRING PAYMENT SETUP
	951	-		3/11/2021	
				Continue to Payment	1
Previous Pa	ayments				
Confirmation #	Payment Method	Payment Date	Total Amount Status		
3100384896	Card	3/11/2021	100.00 Process	sing	



If you choose to set-up a reoccurring payment, you can select the starting date and account, set-up a reminder, and can decide an end date. You can end a reoccurring payment at any time.

Essential			Home	Payment History	Recurring Payment Setup	🔅 test
Recurring Payr	nent Setup					
✓ PAYMENT INFO	✓ SCHEDULE	PAYMENT METHOD	AUTHO	RIZATIONS		
Payment Method			O Add	A Payment Method		
friend Visa *****8882 Security Code 🕑				v		
						Go Back Continue

Click the terms and conditions and the green Finish button.

YMENT INFO	✓ SCHEDULE	✓ PAYMENT METHOD	AUTHORIZATIO)NS				
ing Authorizat	ion						🕀 Print Authoriz	ation
authorize Northviev isted above.	w Health and Living to	automatically initiate entries to	my financial account	listed above in this au	uthorization, for payments to	my Northview Health and Living	g account 951 at the stated times	Î
		n to accept these debit entries as main in effect for the length of t					ment as one charge to Northview nity to act.	
osting of an invoice	e (except for specific da	nd a payment made either after a ate for a fixed amount, which doi a Recurring Payment can be proo	sn't need a new invo				e date you select is prior to the e for a Recurring Payment where	

Verify and Submit to finish your reoccurring payment. Again, you can edit this election or end it at any time.

