

One Time Payment Guide

1. Login to [your account](#) (if you're locked out of your account, you can use our web chat service to unlock it)
2. Go to the **I Would Like to...** section of your dashboard and select **"Make a payment"**

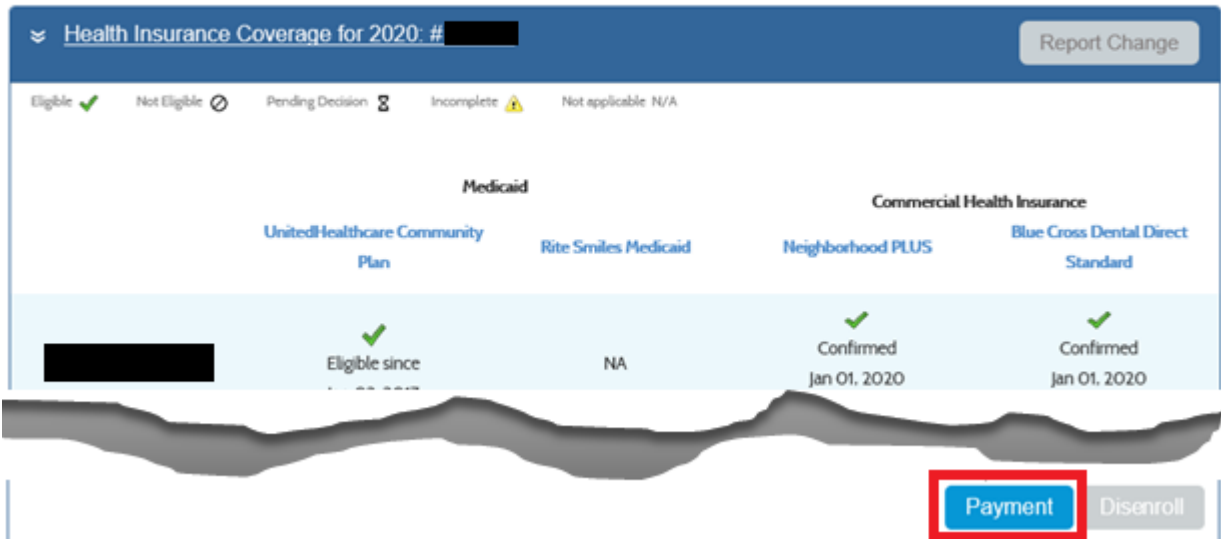
I Would Like To...

 [Make a payment](#) 

OR go to the **My Plans & Programs** section and click the **Payment** button to access your payment screen.

My Plans & Programs

[Expand all boxes to see all programs.](#)



Health Insurance Coverage for 2020: # [REDACTED] [Report Change](#)

Eligible Not Eligible Pending Decision Incomplete Not applicable N/A

Medicaid		Commercial Health Insurance	
UnitedHealthcare Community Plan	Rite Smiles Medicaid	Neighborhood PLUS	Blue Cross Dental Direct Standard
[REDACTED]	NA	Confirmed Jan 01, 2020	Confirmed Jan 01, 2020
		Payment	Disenroll

3. Within the **Payments** category, you will be able to view your payment history and see your current amount due. This dollar amount will automatically be entered

when you begin making a payment, however, you can choose to pay a different amount.

4. Select **Make a One-Time Payment**.

Payments

Below is your latest payment information.


Last Payment: **\$356.75**

Last Payment Date: **04/06/2020**

[View Full Payment History](#)

Current Amount Due: \$24.39


Current Due Date: 04/23/2020



5. Select **Electronic Funds Transfer**.


Make a One-Time Payment Close ✕

Please use this page to make a one-time payment by Electronic Funds Transfer or check.

 **Note**
This information will not be saved for future use. This is only a one-time payment.

Choose a Payment Option

Payment Method *

Electronic Funds Transfer 

Pay By Check

6. Complete **Electronic Funds Transfer Details**. You can *only* use a **Checking Account** (not Savings) for this payment.
 - a. Confirm or Change the Payment Amount.
 - b. Enter the Account Holder's Name.
 - c. Enter Routing Number and Account Number.
 - d. Verify the Account Number.

Electronic Funds Transfer Details

Payment Amount *

24.39

Please note, to establish coverage, you must pay the full amount owed by the payment due date.

Account Holder Information

First Name *	Middle Name	Last Name *
<div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; width: 150px; display: inline-block;">Victoria</div>	<div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; width: 150px; display: inline-block;">Gillian</div>	<div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px; width: 150px; display: inline-block;">Smith</div>

Routing Number *

123456789

Account Number *

01323456789

Verify Account Number *

01323456789

Sample Check

Here is an example of a check where you can find your bank routing and account numbers. These numbers must be filled in to set up a payment.

JOHN DOE

123 MAIN STREET PH. (000)000-0000
ANYTOWN, USA 12345

597
76-4/1049

DATE _____

PAY TO THE ORDER OF _____ \$ _____

Anybank USA
Anytown, USA

MEMO _____

:123456789 123456 0597

Bank Routing Number Account Number Check Number

7. Read the **Terms & Conditions** and **select the checkbox** if you agree. **Submit Payment.**

Terms & Conditions


I hereby authorize HealthSource Rhode Island to initiate debit entries to my account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.




This authorization is to remain in full force and effect until HealthSource Rhode Island has received written notification from me of its termination in such time and in such manner as to afford HealthSource Rhode Island a reasonable opportunity to act on it.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, HealthSource Rhode Island to collect a returned item fee up to the amount required to process the return item by electronic debit from my account identified above.

I understand and authorize all of the above as evidenced by my signature below.

Terms & Conditions Agreement

 Yes, I have read and agree to the terms and conditions of the RI UHIP Exchange payment services

 CANCEL  SUBMIT PAYMENT 

8. You will receive the below message confirming your payment is complete.

Thank You!

Your ACH payments request has been received. **Payment Transaction #: 114298**