

## Patient Portal New User

### New User Patient Portal Invitation

An email invitation will be sent to patients/guarantors to become a New User. The Patient Portal address will be included in the email. You will need to follow the link and the directions in order to create a User.

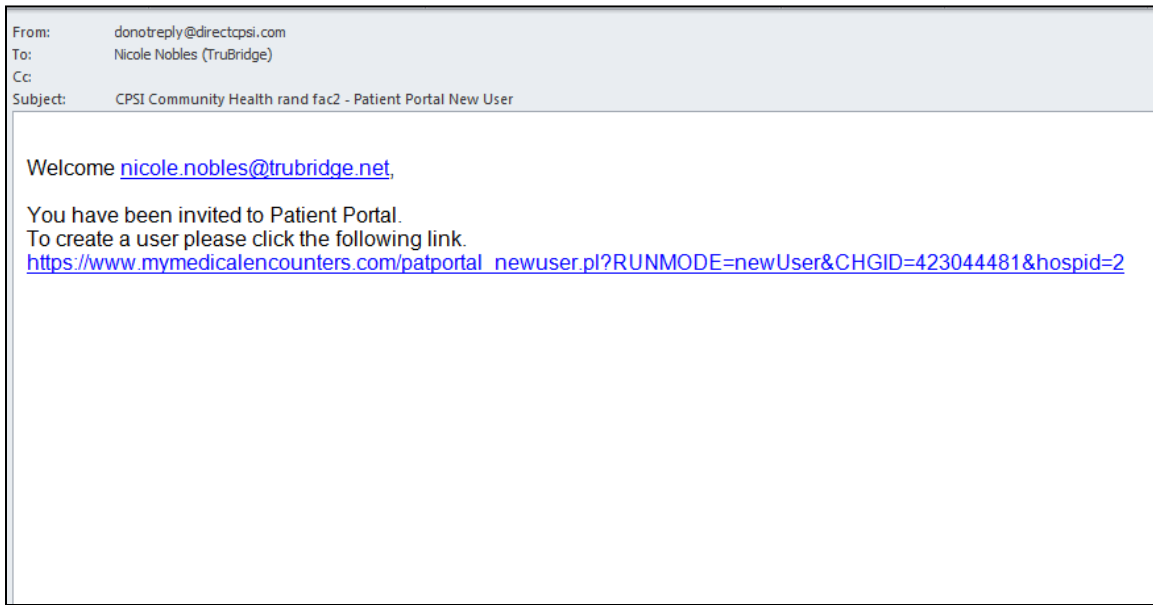


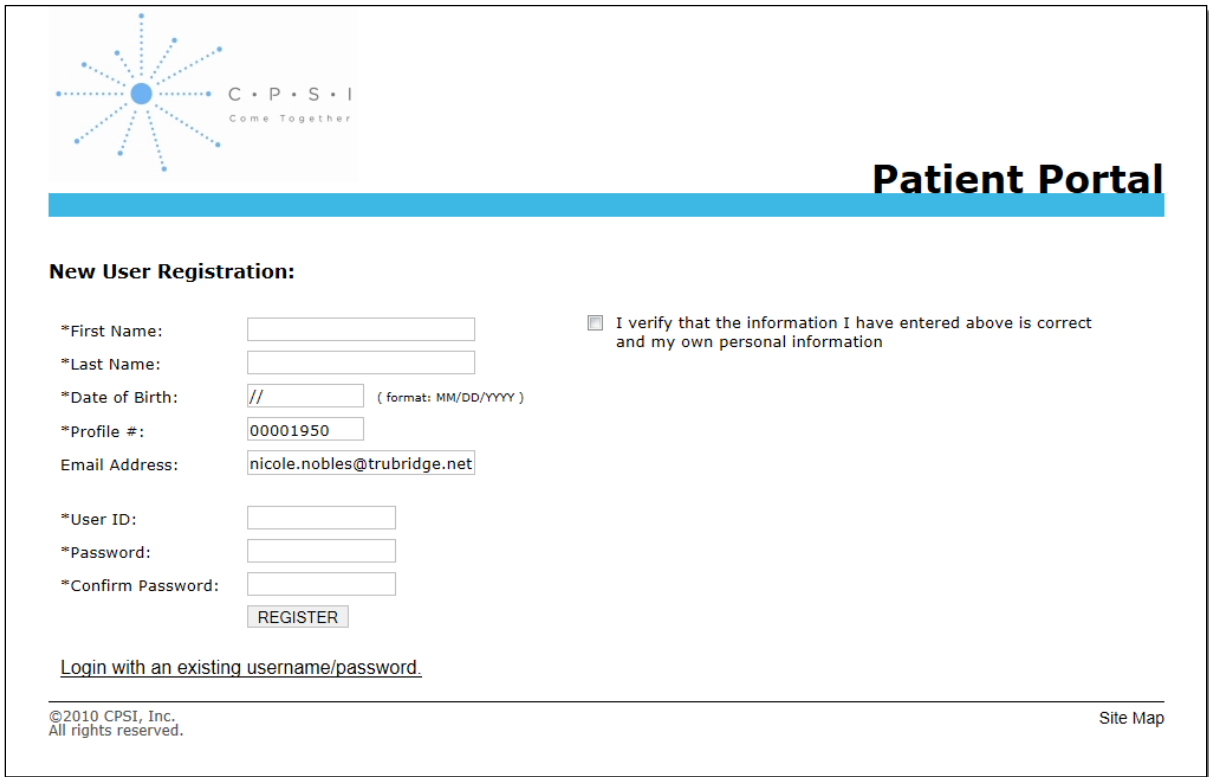
Figure 1: Patient Portal New User Invitation


### New User Registration

The link within the email will lead you to a New User Registration screen. From there, you will need to enter the following information:

- **First Name:** Patient information
- **Last Name:** Patient information
- **Date of Birth:** Patient information
- **Profile #:** This will already be filled in when you use the link within the email.
- **Email Address:** User's email address where the invitation and receipt are going to

Once the above information is filled in, you will then need to enter a **User ID** of your choice as well as a **Password** of your choice. Once the password is chosen, re-enter the same password in the **Confirm** field. In order to complete this process, you will also need to check the box verifying the information is correct, otherwise an error will occur. After this information has been entered, select **Register**.



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## Patient Portal

**New User Registration:**

\*First Name:

\*Last Name:

\*Date of Birth: //  (format: MM/DD/YYYY)

\*Profile #:

Email Address:

\*User ID:

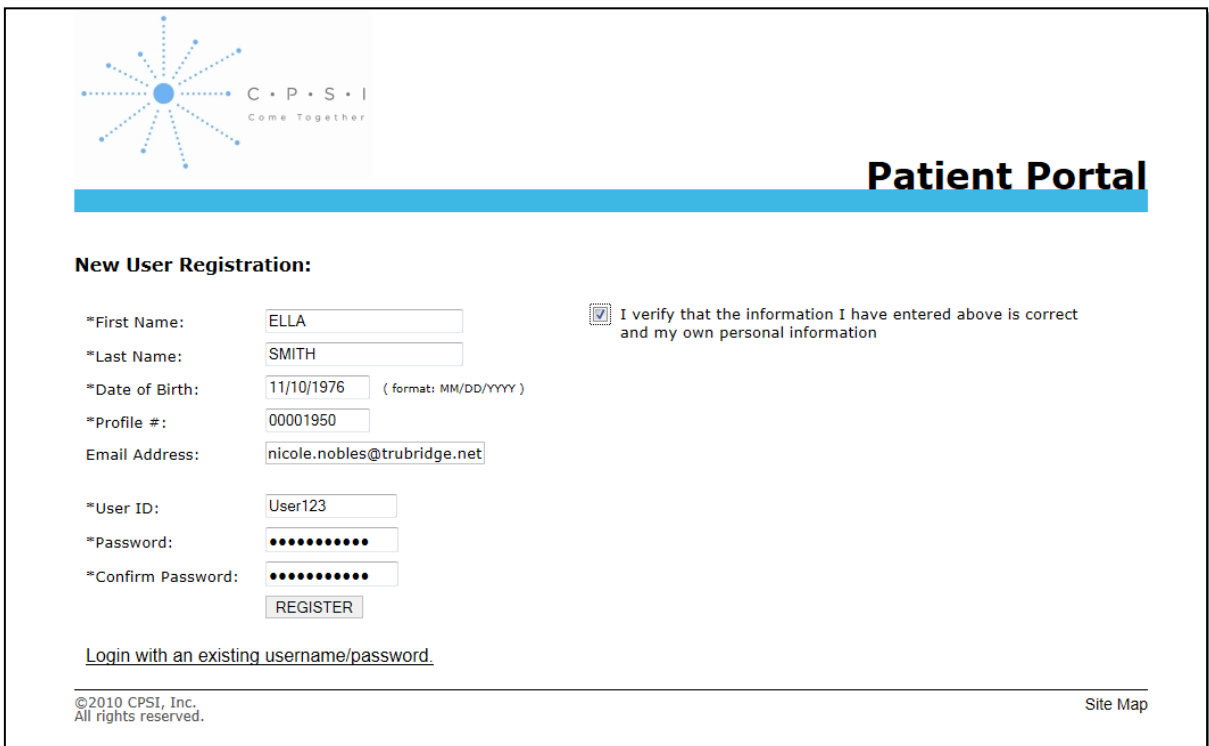
\*Password:


\*Confirm Password:

I verify that the information I have entered above is correct and my own personal information

[Login with an existing username/password.](#)

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**Figure 2: New User Registration Screen Blank**

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## Patient Portal

**New User Registration:**

\*First Name:

\*Last Name:

\*Date of Birth:  (format: MM/DD/YYYY)

\*Profile #:

Email Address:

\*User ID:

\*Password:

\*Confirm Password:

I verify that the information I have entered above is correct and my own personal information

[Login with an existing username/password.](#)

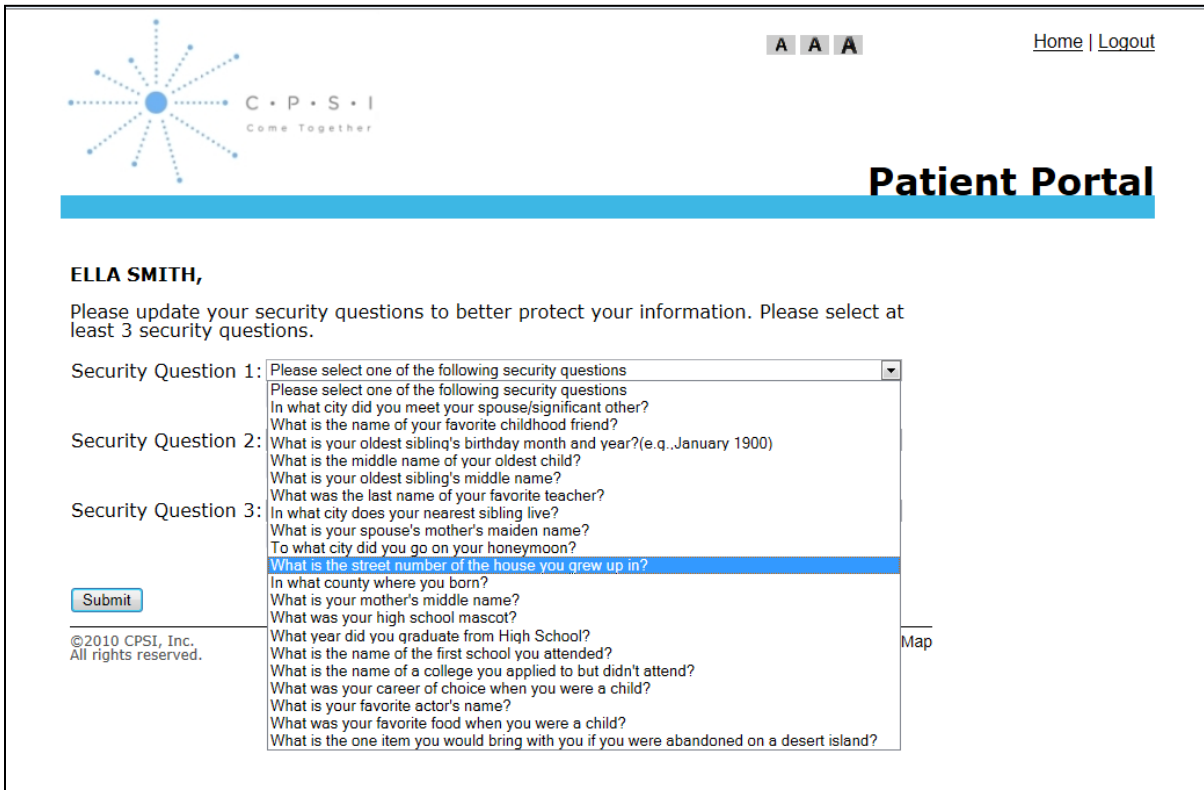
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**Figure 3: New User Registration Screen Complete**

## New User Security Questions

After getting logged into your account, you will be asked to set up security questions in order to be able to verify information in case the User Name or Password is forgotten.

There are three questions that need to be setup for this process. Choose each question and enter an answer of your choice. This is meant to be personal to each user and should be easy to answer if prompted in the future.



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A A A [Home](#) | [Logout](#)

## Patient Portal

**ELLA SMITH,**

Please update your security questions to better protect your information. Please select at least 3 security questions.

Security Question 1:

Security Question 2:

Security Question 3:

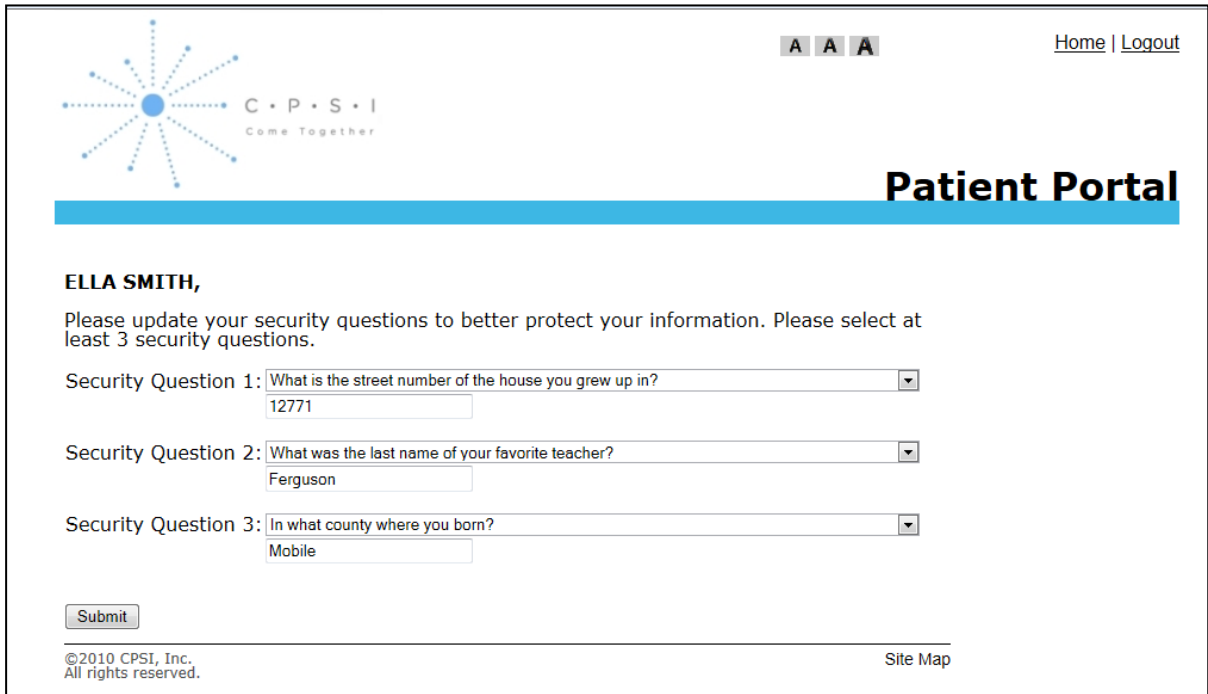
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Map

- Please select one of the following security questions
- In what city did you meet your spouse/significant other?
- What is the name of your favorite childhood friend?
- What is your oldest sibling's birthday month and year?(e.g.,January 1900)
- What is the middle name of your oldest child?
- What is your oldest sibling's middle name?
- What was the last name of your favorite teacher?
- In what city does your nearest sibling live?
- What is your spouse's mother's maiden name?
- To what city did you go on your honeymoon?
- What is the street number of the house you grew up in?**
- In what county where you born?
- What is your mother's middle name?
- What was your high school mascot?
- What year did you graduate from High School?
- What is the name of the first school you attended?
- What is the name of a college you applied to but didn't attend?
- What was your career of choice when you were a child?
- What is your favorite actor's name?
- What was your favorite food when you were a child?
- What is the one item you would bring with you if you were abandoned on a desert island?

**Figure 4: Security Question Drop-down Choices**

An area for the each answer is located just below each question. Answer each question in the box that corresponds to the question. This process will need to be repeated for all three questions. They all must be different questions and answers.



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## Patient Portal

**ELLA SMITH,**

Please update your security questions to better protect your information. Please select at least 3 security questions.

Security Question 1:

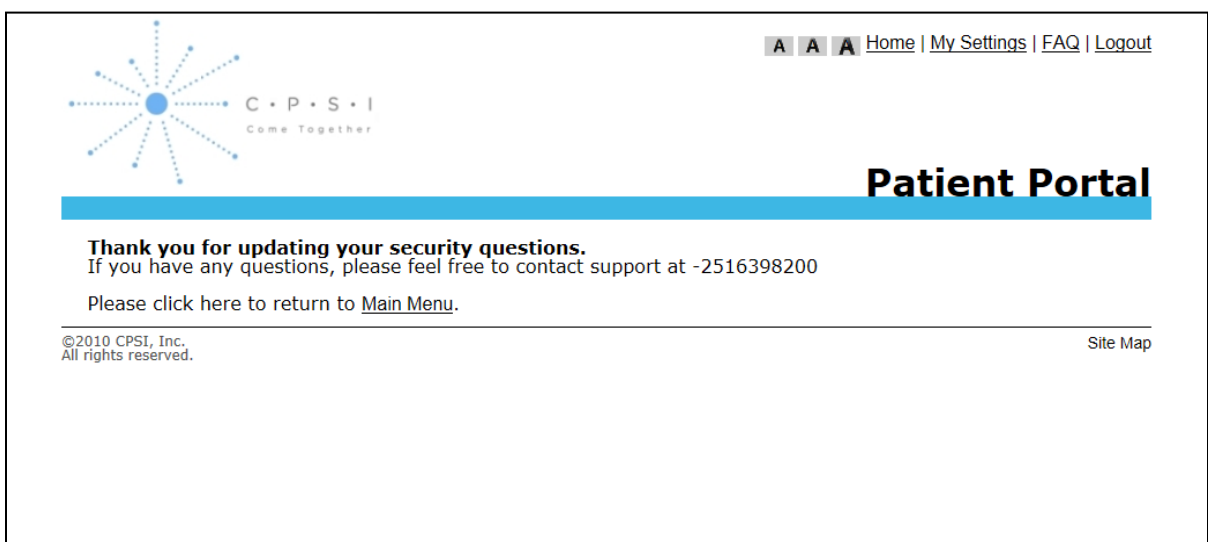
Security Question 2:


Security Question 3:

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Figure 5: Security Question with Answers

A screen will appear showing that the security portion of New User registration is completed. In order to move into the user's account, select **Main Menu**.



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[Home](#) | [My Settings](#) | [FAQ](#) | [Logout](#)

## Patient Portal

**Thank you for updating your security questions.**  
If you have any questions, please feel free to contact support at -2516398200

Please click here to return to [Main Menu](#).

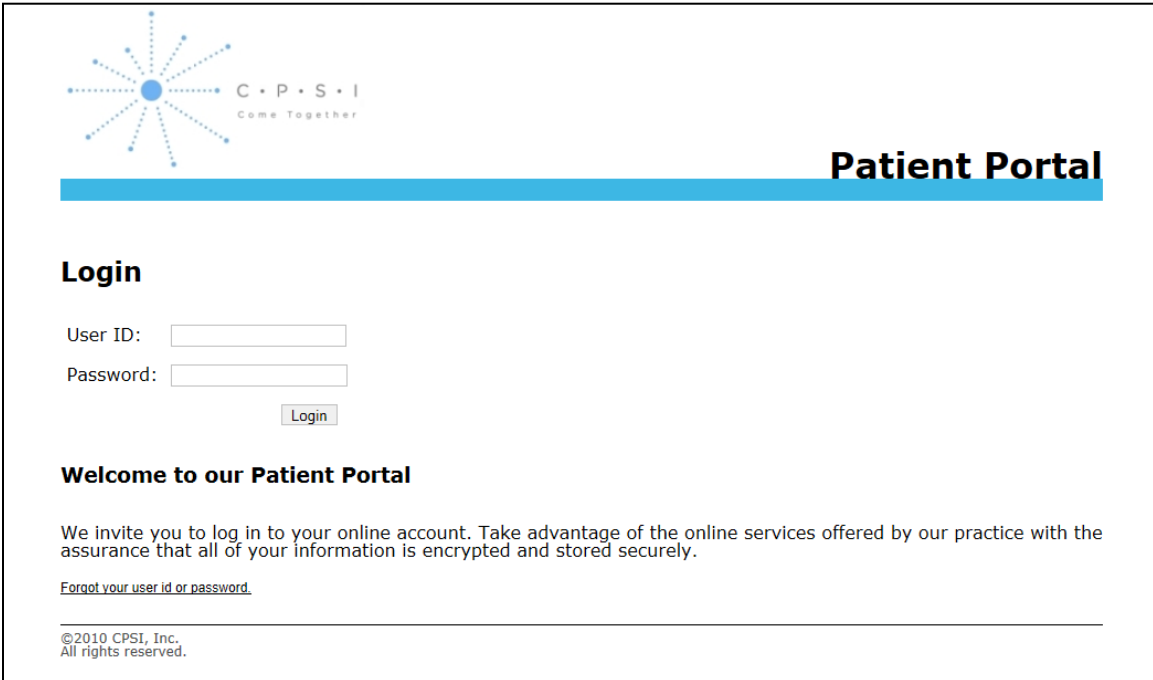
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Figure 6: Completed Security Questions

## Using Patient Portal

### Current User Login

If you are a returning user, the login screen will only require the **User Id** and **Password**. If you have forgotten either the **User Id** or **Password**, they can be retrieved by answering the Security Questions that were setup for the New User.



**Patient Portal**

**Login**

User ID:

Password:

**Welcome to our Patient Portal**

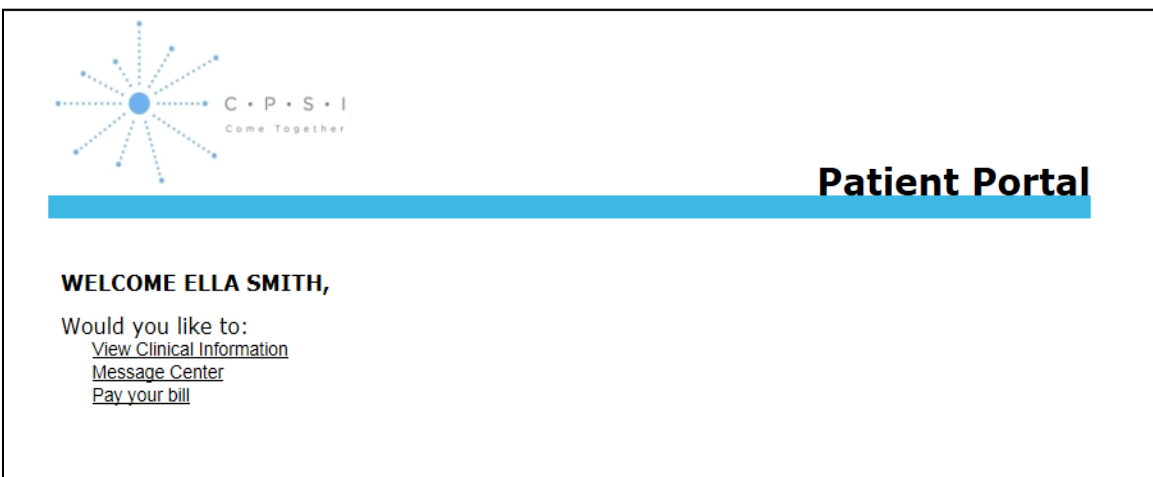
We invite you to log in to your online account. Take advantage of the online services offered by our practice with the assurance that all of your information is encrypted and stored securely.

[Forgot your user id or password.](#)

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Figure 7: Current User Login Screen

Once logged into the account, find the **Pay Your Bill** option.



**Patient Portal**

**WELCOME ELLA SMITH,**

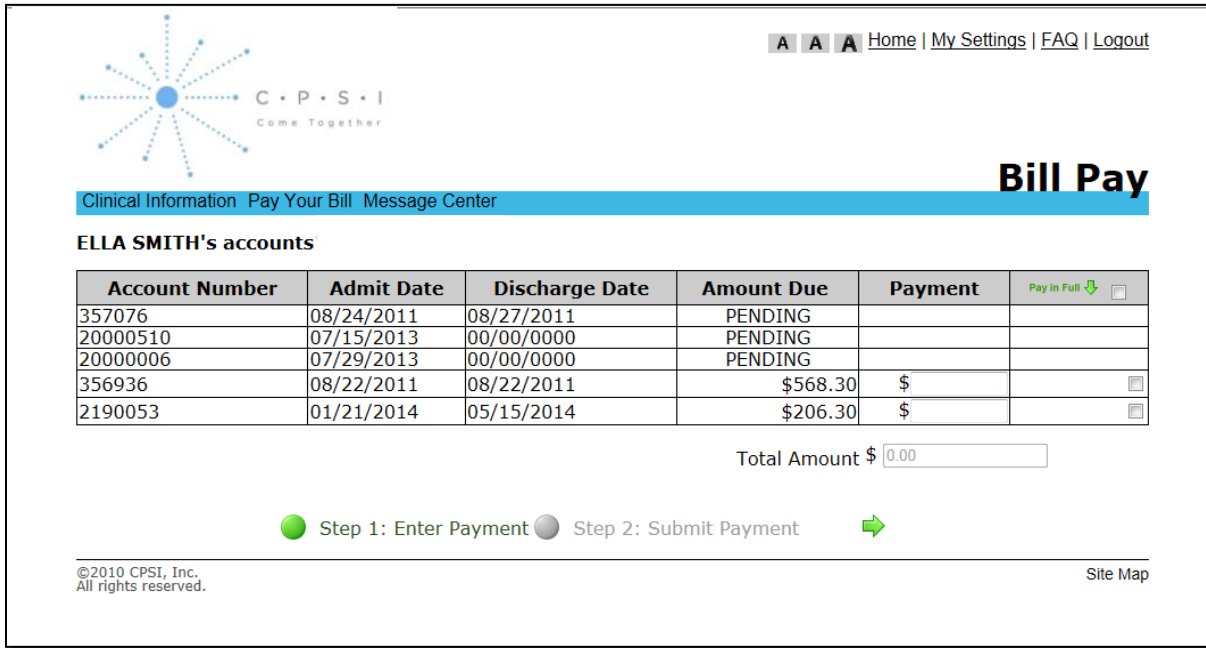
Would you like to:

- [View Clinical Information](#)
- [Message Center](#)
- [Pay your bill](#)

Figure 8: Viewing Options

## Reviewing Accounts

Once you select **Pay Your Bill**, a screen will show the open account numbers and total amount due for each account.



The screenshot shows a web interface for 'Bill Pay'. At the top left is the CPSI logo with the tagline 'Come Together'. At the top right are navigation links: Home | My Settings | FAQ | Logout. Below the logo is a blue navigation bar with 'Clinical Information Pay Your Bill Message Center'. The main heading is 'Bill Pay'. Below this, it says 'ELLA SMITH's accounts'. A table lists five accounts with columns for Account Number, Admit Date, Discharge Date, Amount Due, Payment, and a 'Pay in Full' checkbox. The total amount due is shown as \$0.00. At the bottom, there are two steps: 'Step 1: Enter Payment' (active) and 'Step 2: Submit Payment'. Copyright information and a 'Site Map' link are at the very bottom.

Account Number	Admit Date	Discharge Date	Amount Due	Payment	Pay in Full <input type="checkbox"/>
357076	08/24/2011	08/27/2011	PENDING		<input type="checkbox"/>
20000510	07/15/2013	00/00/0000	PENDING		<input type="checkbox"/>
20000006	07/29/2013	00/00/0000	PENDING		<input type="checkbox"/>
356936	08/22/2011	08/22/2011	\$568.30	\$	<input type="checkbox"/>
2190053	01/21/2014	05/15/2014	\$206.30	\$	<input type="checkbox"/>

Total Amount \$

● Step 1: Enter Payment   ● Step 2: Submit Payment   ➔

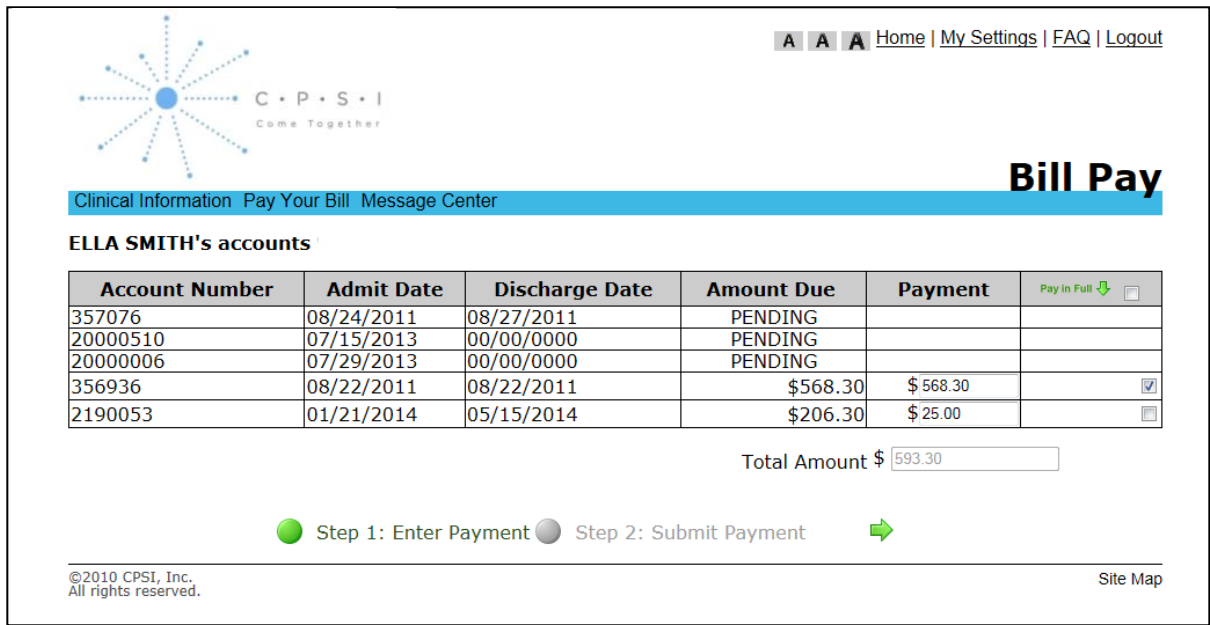
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**Figure 9: View of Open Accounts**


## Step 1: Enter Payment

From this screen, one or more accounts can have partial payments or full payments created. If you would like to pay an account in full, you do not need to enter the payment amount, simply check **Pay in Full**. If you choose to make a partial payment, enter the amount to pay on that particular account.

Once the amounts are entered for the account(s) for payment, move to Step 2 by selecting the green arrow pointing to the right.




A A A Home | My Settings | FAQ | Logout


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**Bill Pay**

Clinical Information Pay Your Bill Message Center

**ELLA SMITH's accounts**

Account Number	Admit Date	Discharge Date	Amount Due	Payment	Pay in Full 
357076	08/24/2011	08/27/2011	PENDING		<input type="checkbox"/>
20000510	07/15/2013	00/00/0000	PENDING		<input type="checkbox"/>
20000006	07/29/2013	00/00/0000	PENDING		<input type="checkbox"/>
356936	08/22/2011	08/22/2011	\$568.30	\$568.30	<input checked="" type="checkbox"/>
2190053	01/21/2014	05/15/2014	\$206.30	\$25.00	<input type="checkbox"/>

Total Amount \$

● Step 1: Enter Payment 
 ● Step 2: Submit Payment 
 ➔

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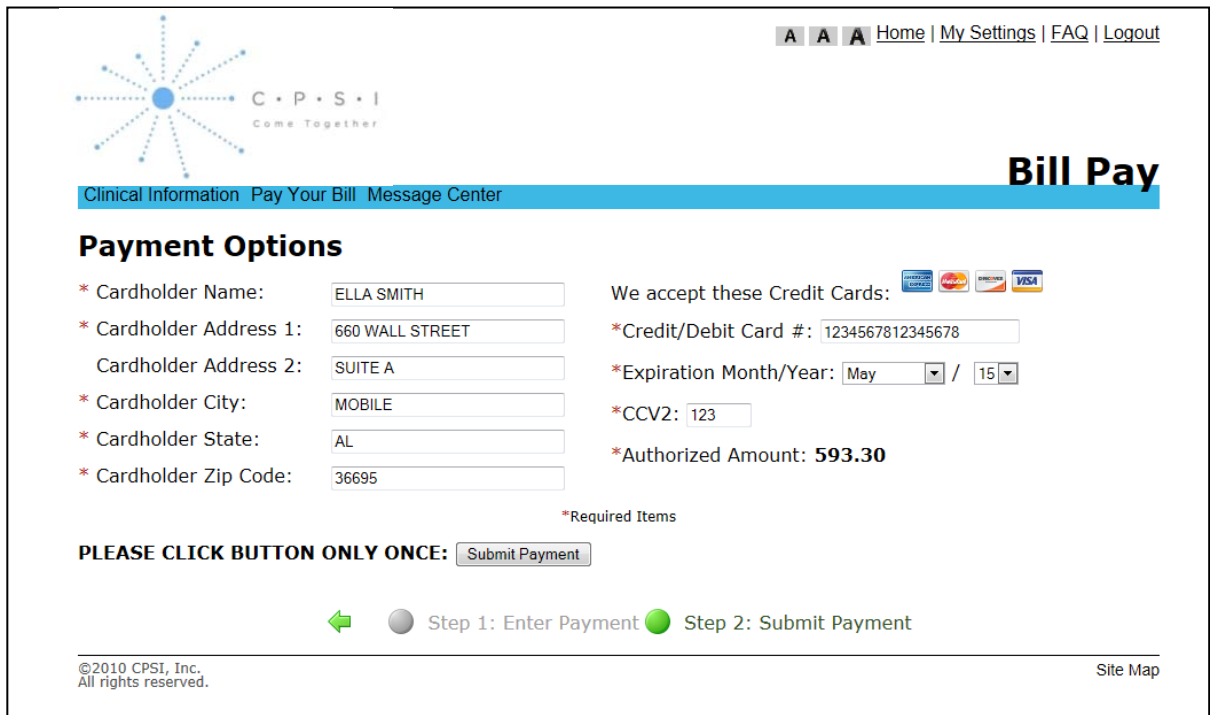
Figure 10: Enter Payment Amount

## Step 2: Choose Payment Options and Submit Payment

In this screen, the user will enter the following information:

- **Cardholder Name**
  - This is the credit/debit card holder's name, not the patient's name.
- **Cardholder Address 1**
  - This is the credit/debit card holder's address, not the patient's address.
- **Cardholder Address 2 (optional)**
  - This line is used so that if the address is too long for the first address line.
- **Cardholder City**
  - This is the credit/debit card holder's city, not the patient's city.
- **Cardholder State**
  - This is the credit/debit card holder's state, not the patient's state.

- **Cardholder Zip Code**
  - This is the credit/debit card holder's zip code, not the patient's zip code.
- **Credit/Debit Card Number**
  - The system will recognize the credit card company according to the number entered.
- **Expiration Date**
  - The drop-downs will allow for the date to be in the correct format.
- **CCV2**
  - This number is the three digit code on the back of MasterCard, Visa and Discover. It is not the pin number or part of the credit card number on the front of the card.
  - For American Express, this is a four digit code on the front of the card that is not part of the credit card number.
- **Authorized Amount**
  - This amount will be populated according to the amount entered on Step 1.



The screenshot shows a web interface for "Bill Pay". At the top right, there are links for "Home", "My Settings", "FAQ", and "Logout". The main header includes "Clinical Information", "Pay Your Bill", and "Message Center". The "Bill Pay" title is prominently displayed on the right. Below the header, the "Payment Options" section lists required fields: Cardholder Name (ELLA SMITH), Cardholder Address 1 (660 WALL STREET), Cardholder Address 2 (SUITE A), Cardholder City (MOBILE), Cardholder State (AL), and Cardholder Zip Code (36695). To the right, it states "We accept these Credit Cards" with logos for American Express, Discover, MasterCard, and Visa. Other fields include Credit/Debit Card # (1234567812345678), Expiration Month/Year (May / 15), and CCV2 (123). The Authorized Amount is shown as 593.30. A "Submit Payment" button is present, along with a green arrow to go back. At the bottom, there are navigation indicators for Step 1 (Enter Payment) and Step 2 (Submit Payment), with Step 2 being the active step. Copyright information for CPSI, Inc. and a Site Map link are also visible.

**Figure 11: Enter Payment Type and Information**

If you not ready to submit this payment or would like to make changes in Step 1, select the green arrow to the left to go back.

Once the information has been entered in all of the fields required to authorize the payment, **Submit Payment** must be selected. If this is not, the payment will not process.

## Receipt

Once the payment has processed, a confirmation will be emailed to your email address. This will include the **Confirmation Number** and the amount charged to the credit card.