# Online Bill Pay and Timeline

Payment process for Groups

# WAYS FOR GROUPS TO MAKE A PAYMENT

- Mail (Dallas address)
- Online thru the website
- Online at their bank
- Bring into Temple office

# **MAILED PAYMENTS**

- All payments need to be made out to: SCOTT AND WHITE HEALTH PLAN
- Mailed to: P.O. BOX 840206, DALLAS, TX 75284-0206
- Directions on the bottom of the bill explain where to mail the bill and other ways to make payments.
- The most efficient way to pay is online.

PLEASE REMIT PAYMENTS ON OR BEFORE THE IST DAY OF THE NONTH OF THE COVERAGE PERIOD TO: SCOTT & WHITE HEALTH PLAN PO BOX 840206 DALLAS, TX 75284-0206

THIS BILL REFLECTS PAYMENTS RECEIVED THRU THE 12TH DAY OF THE MONTH. PAYMENTS RECEIVED AFTER THE 12TH WILL BE REFLECTED ON YOUR NEXT BILL. TO ENSURE PROPER CREDITING, PLEASE RETURN THE REMITTANCE SUMMARY WITH YOUR PAYMENT.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE AT 254-298-3000 OR TOLL FREE AT 1-800-321-7947.

YOU MAY ALSO PAY ELECTRONICALLY VIA CREDIT CARD (AND/OR) BY DEBITING YOUR CHECKING ACCOUNT. OUR WEBSITE ADDRESS IS WWW.SWHP.ORG THANK YOU.

FOR ADDS, TERMS OR CHANGES, PLEASE COMPLETE AND FAX AN ENROLLMENT APPLICATION TO 254-298-3199 OR SEND TO SWHPGROUPENROLLMENTOSW. OFG



Click Employers and then go to Menu.



- After clicking on Menu, choose Make an HMO Payment or Make A PPO Payment, depending on your plan.
- > Select Continue on the pop-up box to open the Payment Portal.
- If you have both HMO and PPO divisions, you will have to make two payments.

# **LOGGING IN**

Welcome to the Scott & White Health Plan Online Payment System.

If you have registered before, please enter your USER NAME and PASSWORD and click LOGIN to continue. Otherwise, click REGISTER below and enter the requested information to continue.

Sign In:	Register by creating a user name and password or Pay as a Guest (no user name and password required)
Password	
Sign In	Welcome to the Scott & White Health Plan Online Payment System. Please enter the following information to continue.
Forgot your Password? Not registered yet? Register Now	Sign In as a Guest
Pay as a Guest     No registration needed (you can pay as a guest even if you're registered):	Corp Number *
	Zip Code *

Setting up an Account

Sign In as a Registered User

#### Using Pay as a Guest

- Enter the Corp number (Four-digit number assigned by the health plan)
- Enter the physical ZIP code listed on file (not the billing ZIP code)

# PAY ALL INVOICES OR PAY INDIVIDUAL INVOICES

Scott & White HEALTH PLAN Perfer Boylen Scott & Whate Health		Sign-Out 🕞		
Pay Corp Number: 6813 Zip Code: 76550 Enter Payment » Review & Pay » Receipt Pay All Invoices Pay Individual Invoices Select invoices 3 Invoices totaling \$0.00 View Invoices Send Confirmation To Email Address		Scott&White HEALTH PLAN Der Weite Scott & Whee Health Pay	Choose to pay all invoices at once or pay each invoice individually.	Sign-Out C
Total Payment Details		Corp Number: 6813 Zip Code: 76550 Enter Payment » Review & Pay » Receipt	, 	
Pay \$0.00 Total Amount	On 7/11/2017 First Available Date	Pay All Invoices Pay Individual Invoices	Sort by Bill due d	late 💌
		Invoice: 0123850001	<b>\$0.00 Due on 7/1/2017</b> Full Balance \$449.72 as of 7/11/2017 View Details	
		Invoice: 0123860001	\$0.00 Due on 7/1/2017 Full Balance \$443.18 as of 7/11/2017 View Details	
		Invoice: 1316150001	\$0.00 Due on 7/1/2017 Full Balance \$42.20 as of 7/11/2017 View Details	

# PAYING ALL INVOICES

Select invoices

3 Invoices totaling \$0.00 View Invoices View inv

View invoices.

Email Address

Send Confirmation To ...

Submit an email f	or confirmation.
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otal Payment Details			View payn	nent information	(click nt
Pay \$0.00 Total Amount	On 7/11/2017 First Available Date	Using Checking Account Enter New Checking Account	method).		
Check Type Last Name on Check Personal  Account Number Confirm Account Nur	First Name on Check	Routing Number	•		
Nhen payment	information is	complete, click	3 Invoices totaling \$0.00 View Invoices Send Confirmation To Email Address Total Payment Details \$0.00 Payment		
Continue to fin	ish the transac	tion.	Pay \$0.00 Total Amount	On 7/11/2017 First Available Date	Using Checking Account
			Check Type Last Name on Ch Personal 🗹 Account Number Confirm Account	Number	Checking Account Re Enter New Checking Account Savings Account Enter New Savings Account



# PAY A DIFFERENT AMOUNT

Pay All Invoices Shown			Sort by Bill due date
Invoice: 0123850001			<b>\$0.00 Due on 8/1/2017</b> Full Balance \$449.72 as of 7/17/2017 View Details
Pay \$ 0.00 Minimum Due	↑		
0.00 Minimum Due			
449.72 Full Amount		449.72	
Different Amount Enter a Different Amount			

Choose the amount you would like to pay from the drop-down box.

Click Continue to finish the transaction.

# **Processing of Payment Files**



Scott & White HEALTH PLAN

\* Termination is retroactive to the end of the last month paid in full.