



Patient Portal

How to view your Statements & Make Payments

Patient Portal website: www.nextmd.com

To view Statements & make a payment:

- Log in to your Patient Portal account
- Click on the "STATEMENTS" tab to view the statements or open a statement from your Inbox
- Click on the appropriate link to view the Statement

The statement will display

Click on the "Make a Payment" link to make a payment on line

Back to Home **Make a Payment** Remove Print

STATEMENT DATE: 10/10/2013

ADDRESS: Doe, John, 455 Maple Avenue, Horsham, PA 19044

REMIT TO: NextGen Medical Practice .Test, 234 Main, Atlanta, GA 30324

DATE	PATIENT	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE
10/10/13	John	ENCOUNTER 1 FOR HEALTH WITH PRELIM. EVAL	\$205.00	\$0.00	\$205.00
10/10/13	John	99213 - OFFICE/OUTPATIENT VISIT, EST	\$205.00	\$0.00	\$205.00
ENCOUNTER TOTAL			\$205.00	\$0.00	\$205.00
The balance reflected on the statement is your responsibility. Please remit payment. PRINT COPY			\$0.00	\$0.00	\$0.00

ACCOUNT NUMBER	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0004000000000001	\$205.00	\$0.00	\$0.00	\$0.00	\$0.00	\$205.00

MESSAGE: If you have any questions concerning your bill, please call our office

PLEASE PAY THIS AMOUNT: \$205.00

This is an electronic copy of your statement. A paper copy has also been mailed to you. If you pay this statement online, please disregard the paper copy.

The *Make a Payment* form displays.

Make a Payment
Please select a payment method and then fill in all required information. The billing address selected must match the billing address for the payment method selected. Your credit card information is not saved or stored by NextGen Patient Portal. Asterisk (*) denotes required field.

*Payment Method: VISA MASTERCARD AMEX DISCOVER ECHECK

*Cardholder's first name: John

*Cardholder's last name: Doe

*Credit card number: _____


*Expiration date: (Month / Year) 01 / 2014

*CVV2: _____ [What is the CVV2?](#)

*Payment amount: Pay Total Due: USD \$205.00
 Pay Other Amount: USD \$ _____
All amounts in U.S. Dollars.

Select a billing address: NextGen 795 Horsham RD, Horsham, PA 19


Address line 1: _____
Address line 2: _____
City: _____
State: _____
Zip: _____


 This is an electronic copy of your statement. A paper copy has also been mailed to you. If you pay this statement online, please disregard the paper copy.

powered by InstaMed

After successfully processing your payment, the system displays your payment receipt, places a copy of the payment in the **Sent Items** folder and sends an email to notify you that your payment was delivered to practice.

Payment Submitted

 This is an electronic copy of your statement. A paper copy has also been mailed to you. If you pay this statement online, please disregard the paper copy.

 [Print this receipt](#)

Your payment for \$310.00 has been successfully submitted.
It may take 24 to 48 hours for this transaction to be posted and appear on your statement. A copy of this payment receipt has been saved to your Sent Items.

Doe, John 456 Maple Avenue Atlanta, GA 30342	NextGen Medical Practice 234 Main Street Atlanta, GA 30324
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Payment Receipt

Payment Date/Time:	8/25/2011 10:25:00 AM
Amount:	\$115.00
Payment Method:	Visa
Card holder's name:	John Doe
Credit card number:	XXXX-XXXX-XXXX-1111
Confirmation Code:	99CF75
Transaction ID:	C5E31265B9A04E23B26D29E5D3ABDBD9

Note: It may take 24 to 48 hours for this transaction to be posted and appear on your statement.

To print your payment receipt, click the **Print this receipt** link.