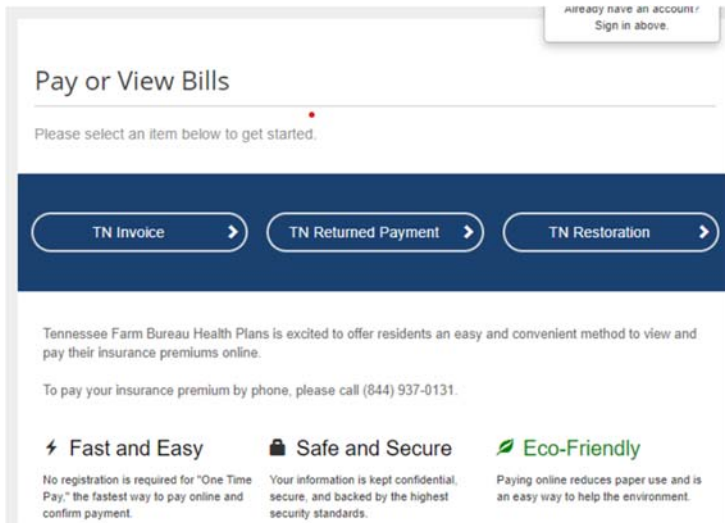


Invoice Cloud is a payment only portal. Active invoices can be viewed and paid on the Invoice Cloud portal. Members will need to contact Customer Service to update any personal or banking information related to their health plan.

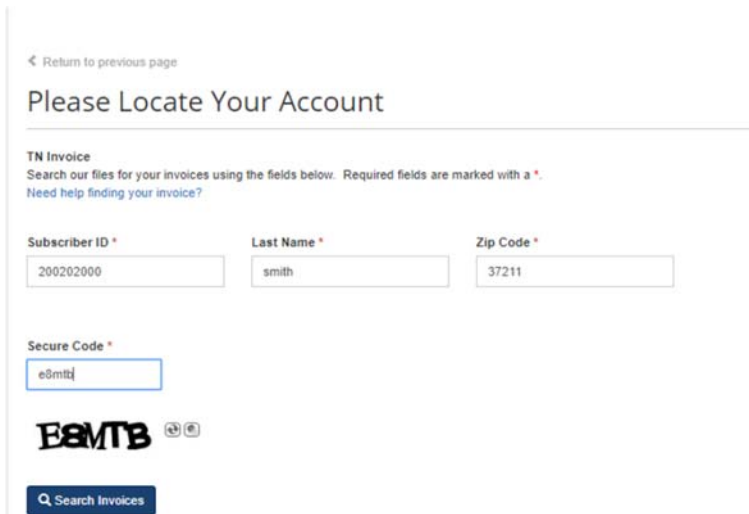
Members do not have a login for the Invoice Cloud site. All that is needed to pay an invoice is Subscriber ID, Last Name, and Zip Code.

Invoice Cloud – Steps to pay Initial Invoice

1. Access the Invoice Cloud website.
2. Choose Invoice on the main screen.



3. Enter Subscriber ID, Last Name and Zip Code to access any available invoice.
Note: The Subscriber ID is the last 9 digits on the invoice.



4. Available invoices will appear for selection. Check the box on the left to select the invoice to pay. Click on Add selected invoices to your cart.

Note: Invoices will be removed from Invoice Cloud site if not paid by the due date.

[Return to previous page](#)

Search Results

Please review your results below and select invoices to Pay. [Click here](#) if you would like to search again.

Select	Bill #	Account #	Owner	Due Date	Bill Total	Balance Due	
<input checked="" type="checkbox"/>	20056128408-20200301	200202000	WANDA JO SMITH	3/1/2020	\$125.25	\$125.25	View Invoice Related Invoices Remind Me

[+ Add selected invoices to your cart](#) | [Register Customer](#)

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5. Review the cart and click Proceed to Checkout.

Please review your cart

Please confirm your selections below. Click on Proceed to Checkout when you are ready to pay.

Type - TN Invoice

Type	Account #	Invoice #	Due Date	Balance Due	Options
TN Invoice	200202000	20056128408-20200301	3/1/2020	\$125.25	View Invoice Remove from Cart

Subtotal (1 Items) \$125.25
Not including any applicable service fees.

[Proceed to Checkout >](#)

6. Select how you would like to pay. Initial invoices can be paid with a credit card or EFT (check) using a bank account.

A. To pay via Credit Card, select credit/debit card and click on Continue to Payment Information.

Payment Options Payment Information Review Payment

How would you like to pay?

Available Payment Methods

Credit/Debit Card

How much would you like to pay?

Pay Full Invoice \$125.25

[Continue to Payment Information >](#)

Payment Summary

Invoice #	Amount
20056128408-20200301 - View	\$125.25
SUBTOTAL	\$125.25

GRAND TOTAL \$125.25

Any applicable service fees and/or discounts will be displayed before processing your payment


Enter your credit card and other required information and click on Review Payment.

Payment Options **Payment Information** Review Payment

Please enter your card information

Cardholder Name *
SMITH

Card Number * CVV * WHAT'S THIS?
4111111111111111 111



Expiration Date *
December 2021

Billing Address *
455 MAIN STREET

Country *
United States

City * State * Zip *
Nashville Tennessee 37211

Email *
jseaton@fbhealthplans.com

[Continue to Review Payment >](#) | [Go back to Payment Options](#)

Payment Summary

Invoice #	Amount
20056128408-20200301 - View	\$125.25
SUBTOTAL	\$125.25

GRAND TOTAL \$125.25

Any applicable service fees will be displayed before processing your payment

Review payment information and click on Process Payment.

Payment Options Payment Information **Review Payment**

Review your Information

Your Credit/Debit Card Edit	Billing Address
SMITH XXXXXXXXXXXX1111 12 / 2021 VISA	455 MAIN STREET Nashville, TN 37211 jseaton@bhealthplans.com

Payment Summary

Invoice #	Amount
20050128408-20200301 - View	\$125.25
SUBTOTAL	\$125.25
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$125.25

[Process Payment \\$125.25](#)

Once the payment has been processed you will see a payment confirmation screen and receive a payment confirmation email.


Thank you for your payment!

A Receipt for this transaction has been sent via email for your records.
[Click here to Print a receipt with additional details](#)

Total Payment Amount

\$125.25

Payment Message

APPROVED 553248

Payment Method

Visa
XXXXXXXXXXXX1111

- B. To pay via EFT (Check), choose EFT (Check) under available payment methods and click Continue to Payment Information.

Payment Options Payment Information Review Payment

How would you like to pay?

Available Payment Methods

EFT (Check) ▼

How much would you like to pay?

Pay Full Invoice \$30.60

[Continue to Payment Information >](#)

Payment Summary

Invoice #	Amount
20056128406-20200301 - Q View	\$30.60
SUBTOTAL	\$30.60
GRAND TOTAL	\$30.60

Any applicable service fees and/or discounts will be displayed before processing your payment

Enter the required bank account and other information then click on Continue to Review Payment.

Payment Options **Payment Information** Review Payment

Please enter your bank information

Please fill out all fields below and click Continue to Review Payment to save your information. Need help filling out this information?

Bank Account Holder's Name *
BUTLER

Account Type *
Personal - Checking ▼

Routing # *
05600849

Bank Account # * **Re-enter Bank Account # ***
12345678901234 12345678901234

Check Number (Optional)
Check #

Billing Address *
6489 BUTLER CIRCLE

Country *
United States ▼

City * **State *** **Zip ***
Spring Hill Tennessee ▼ 37174

Email *
jseaton@fbhealthplans.com

[Continue to Review Payment >](#) | [Go back to Payment Options](#)

Payment Summary

Invoice #	Amount
20056128406-20200301 - Q View	\$30.60
SUBTOTAL	\$30.60
GRAND TOTAL	\$30.60

Any applicable service fees will be displayed before processing your payment

Review the payment information and click on Process Payment

Payment Options Payment Information **Review Payment**

Review your Information


Your Bank Edit BUTLER 056008849 / XXXXXXXXXXX1234 Personal Checking View Refresh	Billing Address 6489 BUTLER CIRCLE Spring Hill, TN 37174 jseaton@fthealthplans.com
--	---

Payment Summary

Invoice #	Amount
20056128408-20200301 - View	\$30.60
SUBTOTAL	\$30.60
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$30.60

[Process Payment \\$30.60](#)

Once the payment is processed you will see the following payment confirmation screen and receive a payment confirmation email.



Thank you for your payment!

A Receipt for this transaction has been sent via email for your records.
[Click here to Print a receipt with additional details](#)

Total Payment Amount

\$30.60

Payment Message
PAYMENT PROCESSED 856384

Payment Method
EFT (Check)
XXXXXXXXXX1234