

Member Financial Onboarding Form Guide



Step 1

Visit the link provided by your HR or Benefit Admin Team to complete your Member Financial Onboarding Form. And fill out the required fields.



SIMPLEPAY
HEALTH

Member Financial Onboarding Form

Welcome to a new way to pay your healthcare costs: a single monthly statement for your out-of-pocket costs with built-in, 0% interest financing... no credit check needed! Use our payment platform to make your healthcare more affordable so you can access the care you need when you need it.

Learn more about our payment model and what to have on-hand for this form at <https://www.simplepayhealth.com/payments-made-easy/>

If you have any questions or are unable to complete this form, please reach out to heathpro@simplepayhealth.com or 800-606-3564 for assistance.

Let's start by getting to know you. Please enter the Primary plan member's information below:

Primary Insured First Name

John

Primary Insured Last Name

Sampleton

Primary Insured Date of Birth

02/23/1990

Primary Insured Email

johnsampleton@gmail.com

Date format - MM/DD/YYYY

Primary Insured Last 4 of SSN

....

Next

When you are done completing these sections click 'Next'.

Step 2

Click the 'Sign the agreement' button. You will then be redirected to Dropbox Sign where you will digitally sign your financial onboarding form.

Read through the document and then click on 'Click to sign'.

Next, sign the financial agreements. You will be advanced funds to help pay for out-of-pocket costs by our financing partner, Paytient. While there is no credit check or personal financial statement review needed, Paytient's banking lenders require a signed financial agreement. Signing the financial agreement is necessary to enroll and be eligible for the health plan.

When you're done signing, click "Close" and you'll be taken to the next steps.

Sign the agreement

Dropbox Sign

Get Started

10. Any failure to pay minimum cost-sharing amounts due may result in late fees and SimplePay Health forwarding your account to collections.

11. You accept the terms of the SimplePay Health Privacy Policy available at www.simplepayhealth.com.

More information about these payment and financing terms is available by contacting SimplePay Health at 800-606-3564 or healthpro@simplepayhealth.com.

By signing below, I acknowledge and agree to the terms in this SimplePay Health Plan Participant Agreement and have made my payment selections at

Click to sign *

Signature

02 / 17 / 2023

Date

John Sampleton

Printed Name (First and Last)

1990-02-23

Date of Birth (MM/DD/YYYY)

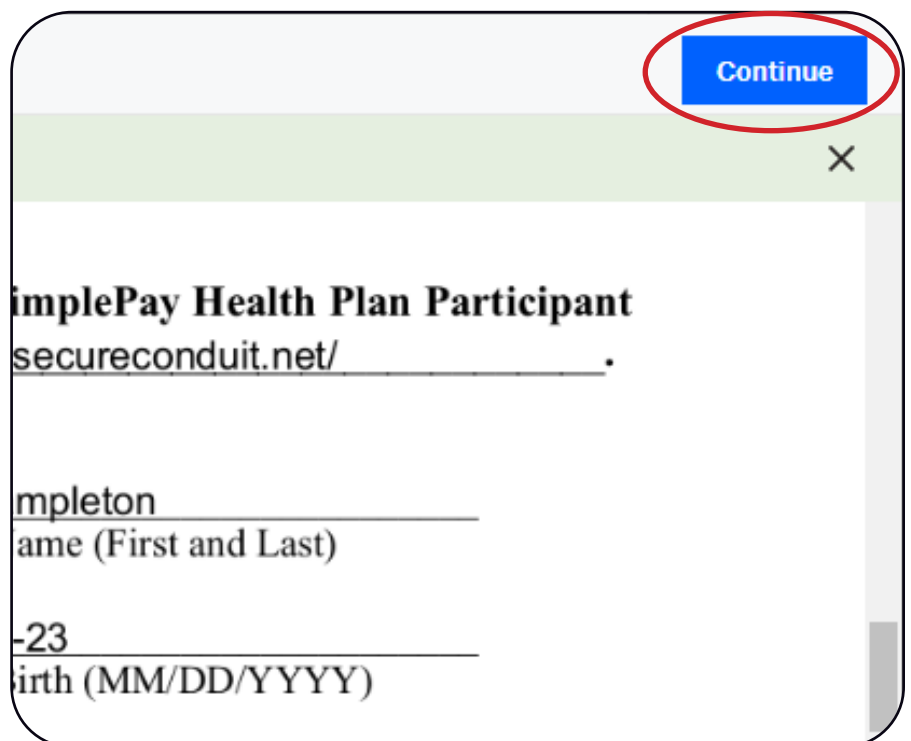
Step 3

Sign your name on the line and click the 'Insert everywhere' button.



Step 4

Once you have read through the document and signed where needed click the 'Continue' button.



Step 5

Click the 'I agree' button if you agree with the terms of service. When you are done signing, be sure to click 'Close' to continue the onboarding process to add your payment account information.

You will receive a confirmation email that you have signed the agreement at this time, please know that you are not done signing yet.

Almost done.

I agree to be legally bound by this document and the [Dropbox Sign Terms of Service](#). Click on 'I Agree' to sign this document.

Edit

I agree

Step 6

Enter your preferred payment method and amount. You can change these preferences at any time, so do not worry about this being a permanent choice. Then click 'I Agree'.

Bank Account Debit/Credit Card Payroll Deduction HSA/FSA

By selecting the "Bank Account" option, you agree:

1. That this payment method may be automatically charged your selected cost-sharing amount each month, and
2. That your health plan and Simplepay Health and its vendors are not liable for any additional fees charged to you by your banking institution, such as interest or overdraft fees.

If you are making this selection while currently in the payroll deduction method, you may still have payroll deductions taken for a period of time. SimplePay is unable to stop any payroll deductions that have already been reported to your employer or employer's payroll administrator for processing.

Failure to complete this form with accurate information and provide a form of payment will result in your payroll deduction authorization remaining in effect. Please note any unresolved failure to pay the minimum cost-sharing amounts due may result in Simplepay Health forwarding your account to collections.

Routing Number Account Number

Name on Account

Account Type
 Checkings Savings

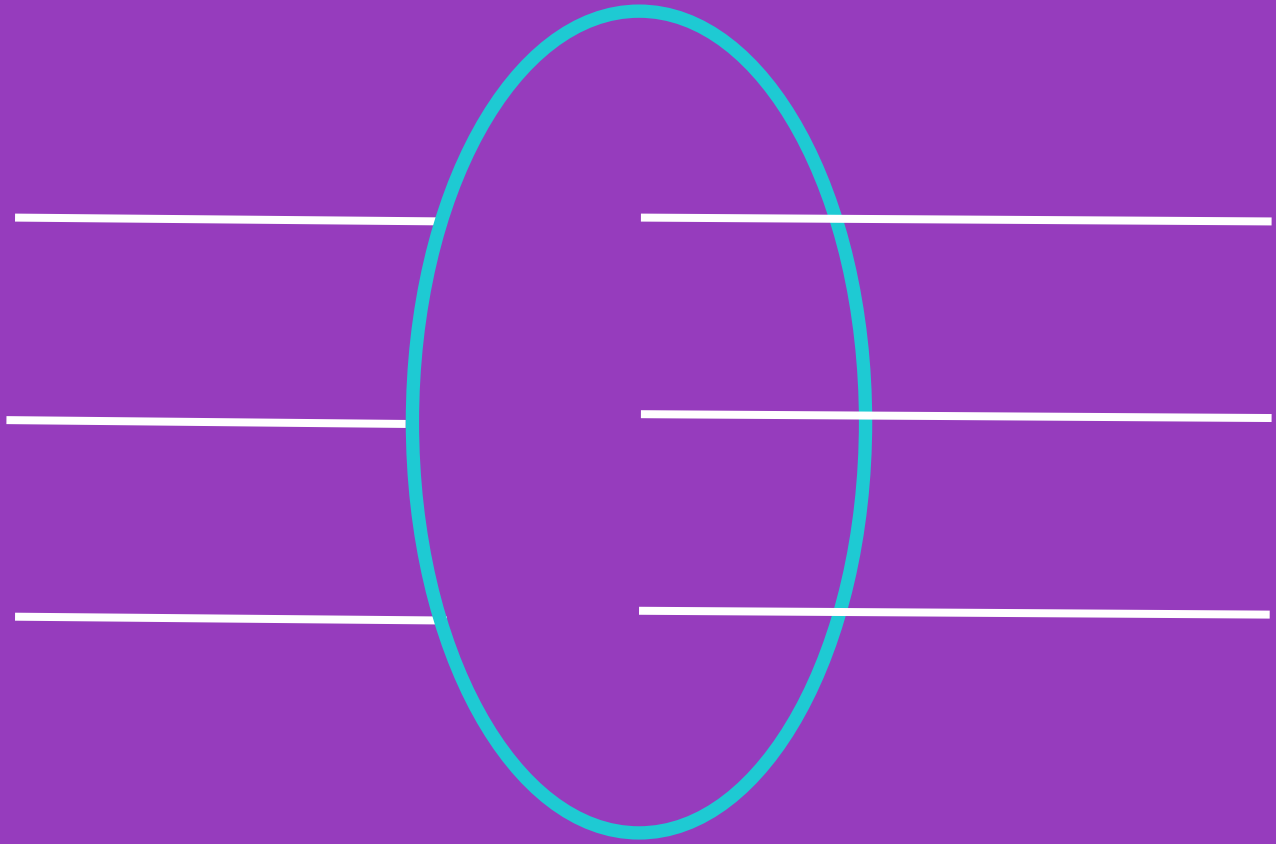
Next

Please choose your preferred payment amount and timing:

AUTO-PAY MINIMUM DUE WITH ACCOUNT ON FILE	AUTO-PAY FULL BALANCE WITH ACCOUNT ON FILE	PAY ON YOUR OWN SCHEDULE WITH YOUR PREFERRED METHOD
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*Payments are due at the end of each month. If we do not receive at least your minimum payment by the due date, we will charge your preferred payment account on file for the minimum payment due on the day following the due date. If you choose an auto-pay option, we will automatically charge your account, and you will not need to worry about managing due dates.

I Agree



After you select 'I Agree', you will receive a confirmation email. This will confirm that you have fully completed the onboarding process.

If you do not receive a confirmation email please reach out to your Health Valet at **HealthValet@simplepayhealth.com** or **1-800-606-3564**

SimplePayHealth.com

