



**SIMPLEPAY**  
HEALTH

# 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 [healthvalet@simplepayhealth.com](mailto:healthvalet@simplepayhealth.com) or 1-xxx-xxx-xxxx 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

10/31/1990

Date format - MM/DD/YYYY

Primary Insured Email

johnsampleton@gmail.com

Primary Insured Last 4 of SSN

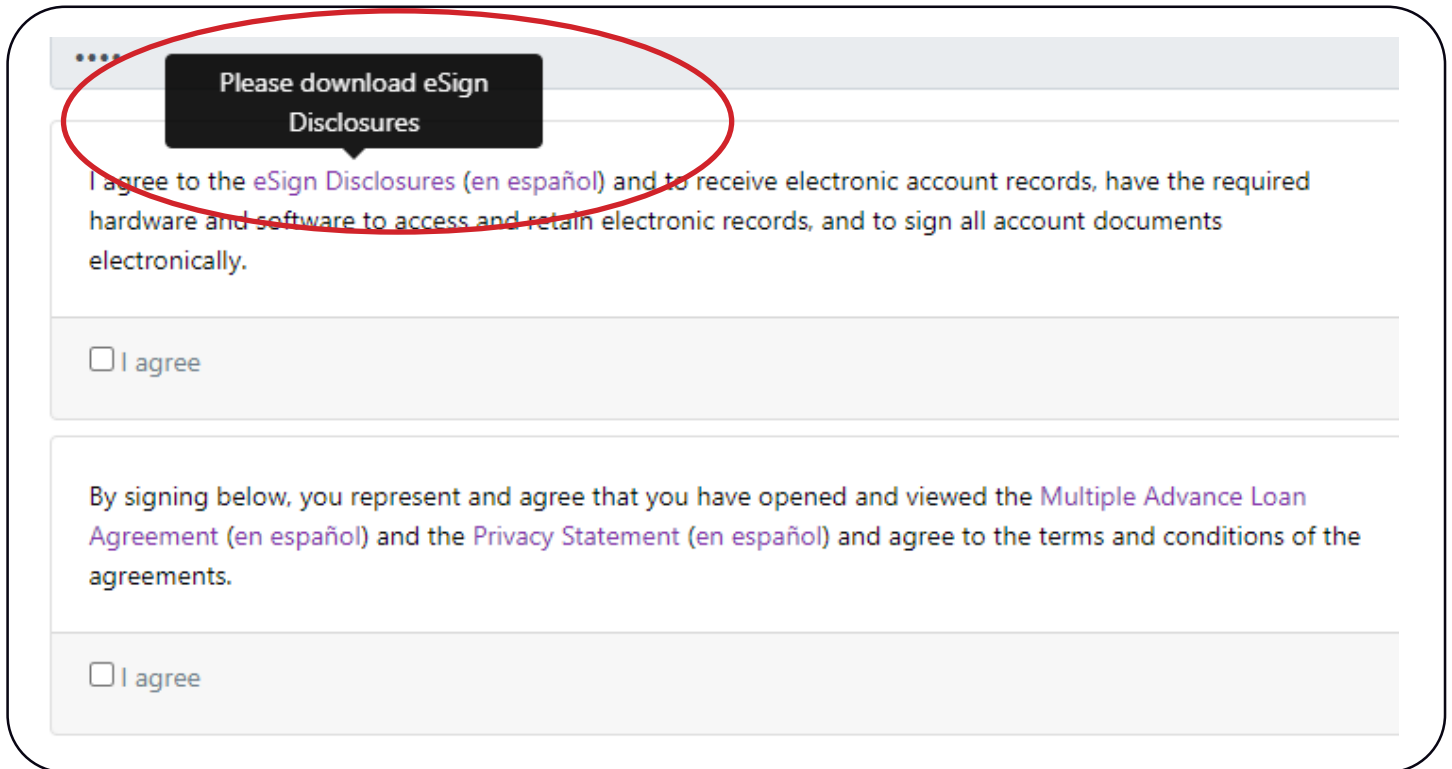
....

Next

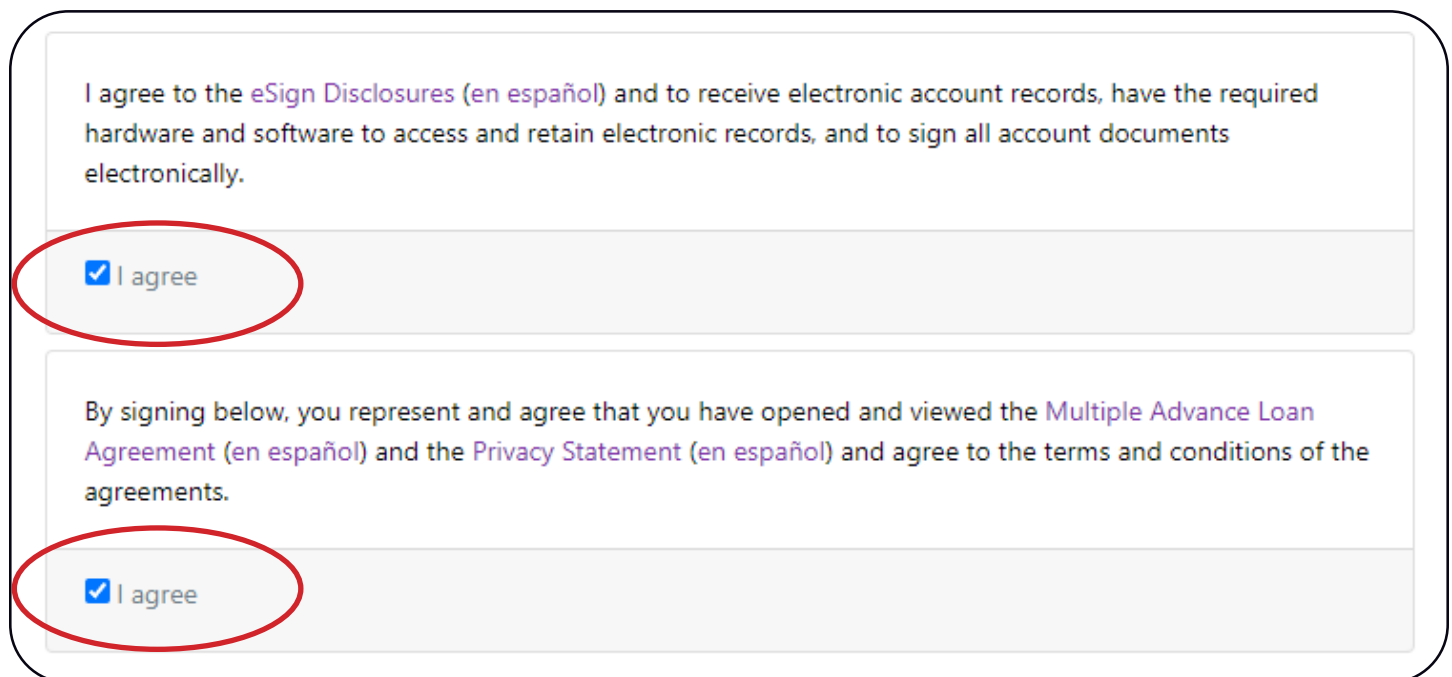
When you are done completing this section, click 'Next'.

# Step 2

Click on the “eSign Disclosures” form and look over the disclosure forms. When finished, check “I agree” on both forms.



A screenshot of a web browser displaying the "eSign Disclosures" form. A red oval highlights a black callout box at the top left that says "Please download eSign Disclosures". Below the callout, the text reads: "I agree to the [eSign Disclosures \(en español\)](#) and to receive electronic account records, have the required hardware and software to access and retain electronic records, and to sign all account documents electronically." Below this text is a checkbox labeled "I agree" which is currently unchecked. Further down, the text reads: "By signing below, you represent and agree that you have opened and viewed the [Multiple Advance Loan Agreement \(en español\)](#) and the [Privacy Statement \(en español\)](#) and agree to the terms and conditions of the agreements." Below this text is another checkbox labeled "I agree" which is also unchecked.







A screenshot of the same web browser displaying the "eSign Disclosures" form. In this version, the "I agree" checkboxes are checked. A red oval highlights the first "I agree" checkbox, and another red oval highlights the second "I agree" checkbox. The text and callout box from the previous screenshot are still present but not highlighted.

# Step 3

Enter your preferred payment method and then click 'I agree'. Remember, you can change these preferences at any time.

Thank you for signing the financial agreements! Next, add a payment account to your payment profile.

Paytient's banking lenders require each plan member have an account on file to pay at least the minimum monthly financing payment on a monthly basis. Once you add an account, you can use it to set up an automatic payment plan to eliminate the worry of having to remember a monthly payment. Adding an account to your payment profile is necessary to enroll and be eligible for the health plan.

 Bank Account	 Debit/Credit Card	 Payroll Deduction	 HSA/FSA
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By selecting the "Bank Account" option, you agree:

1. That this payment method may be automatically charged your selected cost-sharing amount each month.
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 Health 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

Please choose your preferred payment amount and timing:

<b>AUTO-PAY MINIMUM DUE WITH ACCOUNT ON FILE</b>	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.



Thank you for completing the agreements and providing your payment method selections! You should receive PDF copies of your signed agreements in a separate email from HelloSign shortly.

#### Summary of Your Selections

When you have a balance due...

Primary payment method authorized: Debit Card ending in \*\*\*\*6680

Back-up payment method authorized (if primary method fails): NA

How much would you like to pay: Your minimum due each month

When would you like to pay: You want to log into the portal to make a payment or send a check each month on the date of your choosing. (If your minimum is not paid by the due date, your payment account will be charged the minimum the following business day.)

If you ever want to change your selection, please come back to this form at [sample](#).

If you have any questions, please reach out to your Health Valet at 1-xxx-xxx-xxxx or [healthvalet@simplepayhealth.com](mailto:healthvalet@simplepayhealth.com)

After you select 'I Agree', you will see a summary of your selections and receive a confirmation email, confirming you have completed the financial onboarding process.

If you do not receive a confirmation email, please email [HealthValet@simplepayhealth.com](mailto:HealthValet@simplepayhealth.com) or call 1-800-606-3564.

[SimplePayHealth.com](https://SimplePayHealth.com)

