

Community Mental Health Services | Wayne Hall, 8th Floor 125 W. Rosedale Avenue | West Chester, PA 19383 | 610-436-2510 |cmhs@wcupa.edu

## **CMHS Payment Instructions**

We accept cash, check or credit card payments.

Fees for service are due at the time service is rendered. We may delay scheduling your next appointment for unpaid balances.

Credit Card Payments are accepted through the CMHS Patient Portal.

Please save this link in your browser for easy access or use the QR Code:

https://cmhs.wcupa.edu



1. Clicking the link will take you to the Login Page. Choose "Client" or "Parent or Guardian"

 $\leftrightarrow$   $\rightarrow$  C ( mhs.wcupa.edu/login\_dualauthentication.aspx

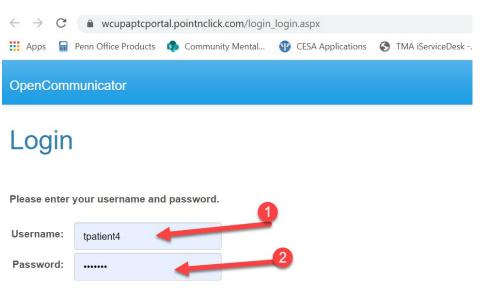
OpenCommunicato

Specify whether you are a Student or a Non-Student.



## 2. Enter:

- a. 1. Username
- b. 2. Password (you will be asked to create a new password after your first login)
- c. 3. Proceed

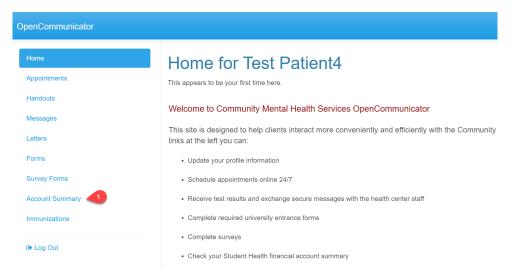


Proceed Cancel

Please login using your university-assigned username and password.

Powered by Point and Click Solutions © 2020

3. The page below will open and you will select the "Account Summary" option:



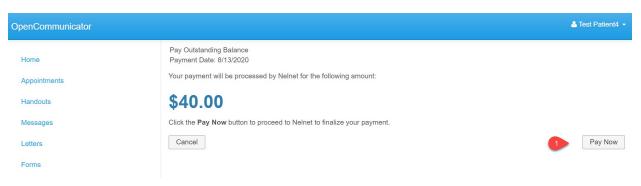
4. From the Account Summary page, you will click on the "Pay Balance" button:

| Home         | Accour                                 | Account Summary for Test Patient4  |                      |         |                      |                    |            |
|--------------|--|------------------------------------|----------------------|---------|----------------------|--------------------|------------|
| Appointments |  |                                    |                      |         |                      |                    |            |
| Handouts     | Total Patient Ba<br>To view or print a | statement, click on View           | 3alance<br>w/Print f |         | ired statem          | ent.               |            |
| Messages     | Statements for t                       | Statements for the last 36 months: |                      |         |                      |                    |            |
| Letters      | Date of Service                        | Provider                           | Stmt #               | Charges | Insurance<br>Balance | Patient<br>Balance |            |
| Forms        | 8/13/2020                              | POLE, MICHELE PHD                  | 5124                 | \$40.00 | \$0.00               | \$40.00            | View/Print |
| Survey Forms |  |                                    |                      |         |                      |                    |            |

5. Select "Full Amount" for your payment and then select "Continue"

| OpenCommunicator |  | Å Test Patient4 👻 |
|------------------|--|-------------------|
| Home             | Pay Outstanding Balance<br>Payment Date: 8/13/2020 |                   |
| Appointments     | Select Payment Amount                              |                   |
| Handouts (1)     | Full Amount: \$40.00 Other Amount                  |                   |
| Messages         | Amount: \$ 40                                      |                   |
| Letters          | Cancel   | Continue          |
| Forms            |  |                   |
| Survey Forms     |  |                   |
| Account Summary  |  |                   |
| Immunizations    |  |                   |

6. The next screen shows your balance. Select "Pay Now"



7. The NelNet payment page will open. You will select "Continue"

| Enter Payment Amount                       |  |
|--|--|
| Required fields are marked with an *       |  |
| Payment Amount                             |  |
| Account:                                   | WCU Community Health Service                                       |
| Payment Amount*:                           | 40.00  |
| Total Amount:                              | 40.00  |
| Payment Method*:                           | Credit Card ~  |
|  |  |
| 1  | Continue Cancel  |
| Card transactions for West Chester Univers | sity of Pennsylvania are processed by Nelnet Campus Commerce, USA. |

8. Enter the information requested in 1 through 10:

| Credit Card Information     |   |
|-----------------------------|---|
|                             |   |
| Cardholder's Name*:         |   |
| 2 Card Type*:               | VISA ~                                  |
| 3 Credit Card Number*:      | Virtual Keypad                          |
| 4 Expiration Date*:         | mm/yyyy                                 |
|                             |   |
| Billing Address Information | l i i i i i i i i i i i i i i i i i i i |
|                             |   |
| 5 Address 1*:               |   |
| (optional) Address 2:       |   |
| 6 City*:                    |   |

| For U.S. Address<br>7 State*:<br>Zip*: | Select One V                               |  |
|--|--|--|
| Contact Information                    |  |  |
| 8 Daytime Phone*:                      | e.g. (555) 555-1212x123 OR +31 42 123 4567 |  |
| 9 Email Address*:                      |  |  |
| 10                                     | Continue                                   |  |

9. Select "Continue" to finalize your payment.