

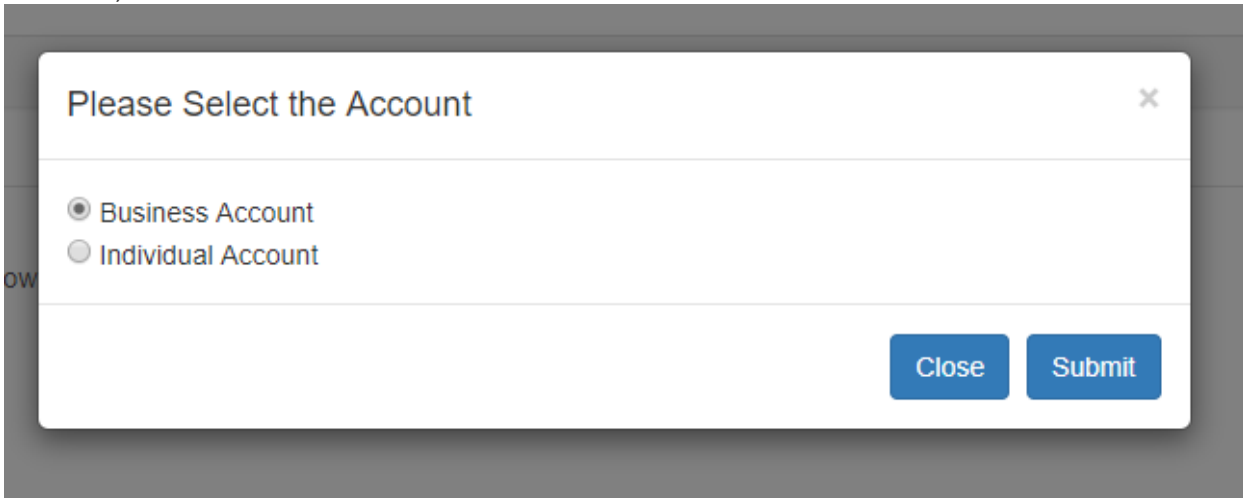
How to pay online? (E-pay Services)

On the **HFEL-5 Payments** page, please enter the amount you want to pay and click on **Pay now**.



The screenshot shows a web form for online payments. On the left, there is a label "Payment:" followed by a text input field containing the number "1000". On the right side of the form, there is a blue button labeled "Pay now".

A pop-up appears to select the type of account you want to pay from. (If "Business Account" or "Individual Account").



The screenshot shows a modal dialog box titled "Please Select the Account" with a close button (X) in the top right corner. Inside the dialog, there are two radio button options: "Business Account" (which is selected) and "Individual Account". At the bottom right of the dialog, there are two blue buttons: "Close" and "Submit".

Once you select the type of account, please click on **Submit**. If you are not sure about the type of account, please click on **Close** and try again later. The page redirects to E-payment.



Payer Application

Application Name: **ACF Assessment (Business Entity)**

1

Individual Or Business Entity Information

*Trade or Individual Name(If applicable):

*Physical Address(Trade or Home):

Physical Address Line 2:

*City:

*State:

NEW JERSEY

*Zip:

*Phone Number:

Fax:

*Email Address:

Responsible Party Information

*Last Name:

*First Name:

Application Type Information

* Ambulatory Assessment

☒ Assessment

License Number

Number:

22788

Payment Information

* Select the type of service

☐ Electronic Check Payment

☐ Credit Card Payment

* Amount:

1000.00

Security Message:

vmm75xe7

Refresh

Not Case Sensitive

* Enter Security Message:

CONTINUE

RESET

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3

1. Please check the Application Name. If, **assessment payment or penalty payment**. Also, if the payment type is **individual or business** based on your preference/selection.
2. Please fill in the details as requested on the screen.
3. Please enter the following details.
 - Enter the License number (if not pre-populated).
 - Select the payment type. If, **Electronic Check payment** or **Credit Card payment**.
 - Enter the amount you want to pay (if not pre-populated).
 - Enter the security message/captcha. (It is not case sensitive)
 - Click on "**Continue**" if you want to make the payment. In case you want to change/reset, please click on "**Reset**".

If Electronic Check:

Once, you click "Continue". You will see the details filled and the system asks you check.



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH



Payer ApplicationApplication Name: **ACF Assessment (Business Entity)****Individual Or Business Entity Info**

* Trade or Individual Name:
JOHN DOE

* Physical Address Line 1: **1234, ABCD AVE** Physical Address Line 2:

* City: **TRENTON** * State: **NJ** * Zip: **08608**

* Phone Number: **123 - 456 -7890** Fax: * Email Address: **abcd@xyz.com**

Responsible Party Information

* Last Name: **DOE** * First Name: **JOHN**

Application Type Information

Application Description:

Application Type: **Assessment****License Number**

* Number:
24672

Payment Information

* Select the type of service **Electronic Check Payment**

* Amount: **\$1000.00**

Note: Please use EDIT button to edit the information. Do not click on the back button.

CONFIRM **EDIT**

If everything looks good, please click on confirm. If not, please click on edit and you can make any changes that are required.

When clicked on continue, the system will redirect you the payment information page.



Payment Information

Payer Information	
Last Name: DOE	First Name: JOHN

Electronic Check Payment	
In order to comply with new banking rules, please answer the following question:	
★ Will the funds for the payment come from an account outside of the United States: <input type="radio"/> Yes <input type="radio"/> No	

1

2

My Name 101
My Address 50 000 0000 1
My City, State ZIP 19
Pay to the order of \$
The Bank Name Dollars
Bank Address
⑆ 123456789 ⑆ 12 34567890 ⑆ 101

Bank Routing Number

Your Account Number

(Routing number is 9 digits between the ⑆ ⑆ symbols)

(Account number usually to the left of ⑆)

Please refer to the sample check above to identify your bank's routing number and your bank account number on an unused check from the bank account that the payment will be withdrawn.

Enter your Bank's Routing Number and Account Number as it appears on your check. The Routing Number is the 9-digit number at the bottom left of your check. The Account Number is to the right of the Routing Number. DO NOT enter any special characters in your account number. DO NOT enter the unused check number as part of the account number.

If you have any questions regarding these numbers, please contact your bank.

Electronic Check Information	
★ Bank Routing Number:	<input type="text"/>
★ Bank Account Number:	<input type="text"/>
★ Account Type:	<input type="text" value="Checking"/>
★ Amount:	\$1000.00
<input type="button" value="SUBMIT"/> <input type="button" value="RESET"/> <input type="button" value="RETURN"/>	

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1. Please, check in the displayed name is correct.
2. Please, check mark the appropriate answer. (YES/NO)
3. Please enter the bank details:
 - Bank Routing #
 - Bank Account #
 - Account Type

NOTE: The amount is pre-populated whatever was included initially.

Please click on **"Submit"**, if you want to move forward and do the payment. In case you want to change/reset, please click on **"Reset"**.

And in case you want to go back to the previous page, click on **"Return"**.

If Credit Card:

NOTE: There is a service charge/convenience fee of **2% of the Payment amount plus \$0.50** for facilities that choose the credit card payment option. Customer Credit Card information is not retained by State of New Jersey (Dept of Health).

Once, you click "Continue". You will see the details filled and the system asks you check.



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH



NJ Health
New Jersey Department of Health

Individual Or Business Entity Info**Responsible Party Information****Application Type Information****License Number****Payment Information**

CONFIRM

EDIT

If everything looks good, please click on **confirm**. If not, please click on **edit** and you can make any changes that are required.

When clicked on continue, the system will redirect you the payment information page.



Payment Information

Payer Information

Last Name: DOE

First Name: JOHN

Credit Card Payment

Credit Card Disclaimer

Should you decide to proceed with this transaction, please note that New Jersey Information Division of NICUSA, Inc. (NICUSA-NJ), an electronic government partner with the State, will process your payment through an upgraded and secure payment gateway. NICUSA-NJ will remit to the State of New Jersey all payments and amounts owed to the State.

The online charge processed through NICUSA-NJ includes funds in excess of payments owed. NICUSA-NJ uses the excess funds solely to develop, run, maintain, enhance and expand the State's electronic service offerings. NICUSA-NJ does not share any excess funds with the State of New Jersey.

Contact Information

*Telephone Phone: 123-456-7890

*Email Address: abcd@xyz.com

Payment Information

*Amount: \$1000.00

I Agree to The Terms

I Do Not Accept Terms

Please, verify the details on the screen. If everything looks okay, please click on "**I Agree to The Terms**". If you are not sure, please click on "I Do Not Accept Terms".

Transaction Summary

Description		Amount
Health and Senior Services Test Service		\$1,000.00
	Pay now with New Jersey Government Services	\$1,023.00

Customer Billing Information

Name *

DOE, JOHN

Company Name

JOHN DOE

Billing Address *

ABCD Ave

Billing Address 2

Billing City *

TRENTON

Country *

United States ▼

State *

New Jersey ▼

ZIP/Postal Code *

08608

Phone Number *

###-###-#### Or #####

123-456-7890

Fax Number

###-###-#### Or #####

Email Address *

Please enter your email address.

abcd@xyz.com

Credit Card Information

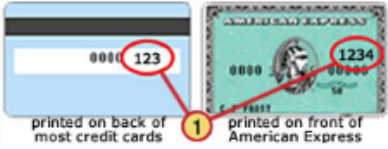
Credit Card Type *
Select a Card ▼

Credit Card Number *

Expiration Date *
Select a Month ▼ Select a Year ▼

Name on Credit Card *
exactly as it appears on the card

Verification Code * ¹



printed on back of
most credit cards

printed on front of
American Express

Complete all required fields [*]
Complete all required fields [*]

Please click on "**Continue**", once you are done adding the credit card details. If not, please click on "**Cancel Payment**".

Transaction Summary

Description	Amount
Health and Senior Services Test Service	\$1,000.00
Pay now with New Jersey Government Services	\$1,023.00

Customer Billing Information

Customer Name

DOE, JOHN

Company Name

JOHN DOE

Billing Address

ABCD Ave

Billing Address 2

Billing City

TRENTON

Country

US

State

NJ

ZIP/Postal Code

08608

Phone Number

123-456-7890

Fax Number

Email Address

abcd@xyz.com

Payment Method

Credit Card Type

VISA

Credit Card Number

*****1111

Expiration Date

03 2022

Name on Credit Card

John Doe

Verification Code

Make Payment

Cancel Payment

Edit

Please verify all the details entered. If everything looks good, please click on **"Make Payment"** or click on **"Cancel Payment"**. If you want to change anything, please click on **"Edit"**.

Payment Successfully Completed

When clicked on **"Make Payment"**, the system takes sometime to process the payment and will show you **"Payment Successfully Completed"**.