

## How to Submit an E-Payment

1. On the **Payment Information** page of your application, please click on **Pay now** button at the bottom of the screen.

**Payments**

**Payment Information**

<b>Total Application Fee</b> \$1,500.00	<b>Inspection Fee</b> \$1,500.00	<b>Total Beds Fee</b> \$1,800.00
<b>Total Fee</b> \$4,800.00	<b>Total Due</b> \$4,800.00	<b>Total Paid</b> \$0.00
<b>Balance Due</b> \$4,800.00	<b>Total Pending Payment</b> \$0.00	<b>Pending Balance Due</b> \$4,800.00

**Pending Payments** ADD

Type of Payment	Amount	Date ↓	Reference Number	Status Reason
There are no records to display.				

**Posted Payments**

Pay Type	Amount Received	Received Date ↓	Reference Number	Status Reason
There are no records to display.				

1 → **Pay now** Previous Save Preview Cancel

\*To save the changes, please make sure to click on the "SAVE" button before going to the next page.\*

Clicking **Pay now** will pop up a message to verify the amount. Click on **Pay now** again to be redirected to the E-Pay website.

### Pending Balance Due

\$4,800.00

Close

**Pay now**

- 2. After clicking on **Pay now** you will be redirected to the Department of Health E-Payment page.
  - 2.1 Please verify that the facility type and the application type are correct.
  - 2.2 Please fill out the form with appropriate information.
  - 2.3 Select the desired payment type and verify the payment amount is correct. Please enter the security message as shown on your screen.
  - 2.4 Click on **CONTINUE** if you want to make the payment or click on **RESET** to clear the page and start over.

**Please note any field with an *asterisk\** is required for a final submission of the application.**



**Payer Application**

Application Name: **Ambulatory Care Facility - Renewal** → 2.1

**Individual Or Business Entity Information**

\*Trade or Individual Name(If applicable):  
John Applesseed Inc.

\*Physical Address(Trade or Home):  
123 Main Avenue

Physical Address Line 2:

\*City: Trenton      \*State: NEW JERSEY      \*Zip: 08608

\*Phone Number: 123 - 456 - 7890      Fax:      \*Email Address: John.Doe@test.com

**Responsible Party Information**

\*Last Name: Doe      \*First Name: John → 2.2

**Application Type Information**

\* License/Permit/Certificate  
License/Permit/Certificate  
 New Registration     Renewal

**Pertinent Number (may be required for some applications)**

Number: 123456      Expiration Date:(mm/dd/yyyy)

**Add Row**

**Payment Information**

\* Select the type of service     Electronic Check Payment     Credit Card Payment

\* Amount: 10000.00 → 2.3



Security Message: **bv5km1d1** Refresh  
Not Case Sensitive

\* Enter Security Message: bv5km1d1

**CONTINUE**    **RESET** → 2.4

**If Electronic Check Payment:**

- Once you click **CONTINUE**, the system will display a preview page. Please verify that the information displayed is correct. If correct, click on **CONFIRM**. If the information is incorrect, click on **EDIT** to make the corrections.

**Payer Application**

Application Name: **Ambulatory Care Facility - Renewal**

**Individual Or Business Entity Info**

\*Trade or Individual Name:  
**John Appleseed Inc.**

\*Physical Address Line 1: **123 Main Avenue** Physical Address Line 2:

\*City: **Trenton** \*State: **NJ** \*Zip: **08608**

\*Phone Number: **123 - 456 - 7890** Fax: \*Email Address:  
**John.Doe@test.com**

**Responsible Party Information**

\*Last Name: **Doe** \*First Name: **John**

**Application Type Information**

Application Description: **License/Permit/Certificate**

Application Type: **Renewal**

**Registration Number(If applicable)**

\*Number: **123456** Expiration Date:

**Payment Information**

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

\*Amount: **\$10000.00**

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

**CONFIRM** **EDIT** → **3**

4. Clicking **CONFIRM** will take you the payment information page. On this page, please answer the question.
  - 4.1 Please select your account type, either **“Checking”** or **“Savings”**. Then proceed to enter your bank information and click on **SUBMIT** to proceed with the payment process or click on **RESET** to clear the page and start over.

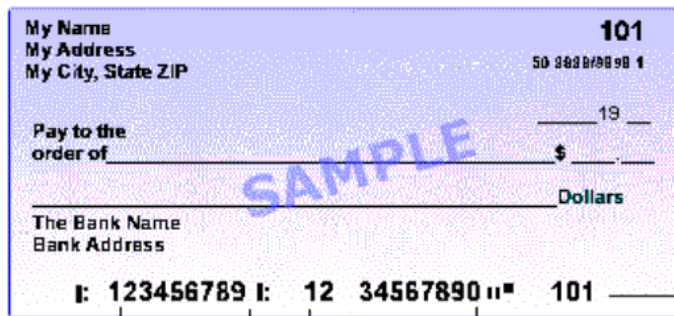


**Payment Information**

**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:  Yes  No

→ 4



**Bank Routing Number** (Routing number is 9 digits between the @ symbols)  
**Your Account Number** (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:   
 \*Bank Account Number:   
 \*Account Type:   
 \*Amount:

**SUBMIT** **RESET**

→ 4.1

- 5. After clicking on **SUBMIT**, you will be asked to verify the information and to agree to allow the State of New Jersey to debit the amount you see on the page. If the information is correct, click on **SUBMIT ECHECK** to submit the payment. You can also click on **RETURN** to cancel the payment process.

 STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH

 NJ Health  
New Jersey Department of Health

**Check Confirmation**

**Payer Information**

Last Name: Doe First Name: John

**Please Verify** all of the information below for accuracy. If all the information is correct, please press the "Process ECheck" button and your payment will be debited from your account on the settlement date.

Payer Contact Information

**Electronic Check Payment**

**E-Check Debit Information**

* Bank Routing Number:	123456789
* Bank Account Number:	1234567890
* Account Type:	Checking
* Amount:	\$10000.00

A return and/or payment accepted and confirmed for processing on or before 11:59 PMnn the due date, or legally extended due dtae , will be deemed timely filed and paid even though the actual Settlement Date assigned by the ACH Banking System may be after the due date or legally extended due date. If the due date falls on a weekend or a legal holiday,the due date is legally extended to the following business day.

**Important EFT Filer Information:** You have designed a bank account that differs from the bank account information currently on file with the New Jersey Division of Revenue EFT Unit.This information must be updated using an account revision request form and submitted to the EFT Unit for future EFT payments to be credited to your account.Any questions about updating your EFT banking information call the EFT Unit @(609) 292-9292

\* I authorize the State of New Jersey to debit the bank account listed above for the amount of \$10000.00?  Yes  No



**SUBMIT ECHECK** **RETURN** → 5

**If Credit Card Payment:**

**NOTE:** There is a service charge/convenience fee for facilities that choose the credit card payment option.

Customer credit card information is not retained by State of New Jersey (Department of Health).

- 6. Once you click **CONTINUE**, the system will display a preview page. Please verify that the information displayed is correct. If correct, click on **CONFIRM**. If the information is incorrect, click on **EDIT** to make the corrections.

**Payer Application**

Application Name: **Ambulatory Care Facility - Renewal**

**Individual Or Business Entity Info**

\* Trade or Individual Name:  
**John Appleseed Inc**

\* Physical Address Line 1: **123 Main Avenue**      Physical Address Line 2:

\* City: **Trenton**      \* State: **NJ**      \* Zip: **08608**

\* Phone Number: **123 - 456 -7890**      Fax:      \* Email Address: **John.Doe@test.com**

**Responsible Party Information**

\* Last Name: **Doe**      \* First Name: **John**

**Application Type Information**

Application Description: **License/Permit/Certificate**

Application Type: **Renewal**

**Registration Number(If applicable)**

\* Number: **123456**      Expiration Date:

**Payment Information**

\* Select the type of service **Credit Card Payment**

\* Amount: **\$10000.00**

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



7. Please verify the details on the screen. If everything looks good, click on **I Agree to The Terms** to proceed with the payment process.



**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: John.Doe@test.com

**Payment Information**

\*Amount: \$10000.00

**I Agree to The Terms**



- 8. After agreeing to the credit card disclaimer, you will be directed to the Payment Management Services page. The page should be auto filled with your Billing Information. If it is not, then please fill out the requested information.

**Please note any field with an *asterisk\** is required for a final submission of the application.**

**NOTE:** There is a service charge/convenience fee for facilities that choose the credit card payment option. Customer credit card information is not retained by State of New Jersey (Department of Health).

STATE OF NEW JERSEY  
PAYMENT MANAGEMENT SERVICES

Card Information.

Description	Amount
Health and Senior Services Test Service	\$10,000.00
Pay now with New Jersey Government Services	\$10,221.00

**Customer Billing Information**

Name \*  
Doe, John

Company Name  
John Appleseed Inc

Billing Address \*  
123 Main Avenue

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.  
John.Doe@test.com

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- Once the customer billing information is filled/updated please scroll down the page to add the credit card information. Click on **Continue** to move forward with the payment or you can click **Cancel Payment** to cancel the payment process.

### Credit Card Information

Credit Card Type \*  
[ Visa ]

Credit Card Number \*  
[ 1234567812341111 ]

Expiration Date \*  
[ 03 - March ] [ 2022 ]

Name on Credit Card \*  
exactly as it appears on the card  
[ John Doe ]

Verification Code \* <sup>1</sup>  
[ 123 ]

**Continue**   **Cancel Payment**

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printed on back of most credit cards 1 printed on front of American Express

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

10. After clicking on **Continue**, you will be guided to a preview/verification page. Please make sure all the information shown on screen is correct. If anything is not accurate, you can click on **Edit** to update the information and then click on **Make Payment** to process the payment or you can click **Cancel Payment** to cancel the payment procedure.

### Transaction Summary

Description	Description	Amount
Health and Senior Services Test Service		\$10,000.00
	Pay now with New Jersey Government Services	\$10,221.00

### Customer Billing Information

Customer Name  
Doe, John

Company Name  
John Appleseed Inc

Billing Address  
123 Main Avenue

Billing Address 2  
Billing City  
Trenton

Country  
US

State  
NJ

ZIP/Postal Code  
08608

Phone Number  
123-456-7890

Fax Number  
Email Address  
John.Doe@test.com

### Payment Method

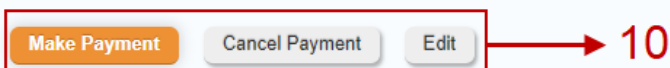
Credit Card Type  
VISA

Credit Card Number  
\*\*\*\*\*1111

Expiration Date  
03 2022

Name on Credit Card  
John Doe

Verification Code  
\*\*\*



11. When clicked on **Make Payment**, the system might take some time to process the payment. Once the payment is processed the system will redirect you back to the Portal to final submit the application.