



## Online Payments & Electronic Patient Statements November 13, 2015

### Get Paid Faster

WRS Health is proud to offer the new services of Online Patient Payments and Electronic Patient Statements. These new functions will allow your patients to use your WRS Patient Portal Website to quickly and easily check balances and make payments, 24 hours a day.

- Ease of Accessibly - Fully integrated with your WRS Patient Portal Website
- Convenient & Secure - Payments can be made 24 hours a day through a secure, PCI-Compliant system
- Immediate Access - Payments are instantly posted to the patient account
- Receive Payment Faster — estimates show that 32% of online payments are made the same day as the invoice is received
- Setup Recurring Payments—patient can choose to store payment info for future payment convenience

*Note* - In order to utilize the online payment service, your practice must be enrolled with TransFirst as your credit card processing vendor. For practices that are not currently enrolled with TransFirst please [click here](#).

### Sign Up Today

Electronic Statements Only - \$.25 per statement

Online Payments Only - \$.25 per payment processed

Package Savings -Sign up for both, Electronic Statement & Online Payment and save! – Package pricing of \$.18 per Statement or payment processed each

### Questions

If you have any questions please contact Drew Jensen, Account Manager  
[djensen@wrshealth.com](mailto:djensen@wrshealth.com) or 866-977-4367 Ext. 779



**WRS Electronic Statement & Online Payment Signup Form**

<b>Contact Name</b>	
<b>Practice Name</b>	
<b>Title/Role</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Address (Street, City, State, Zip)</b>	

<b>Service Enrollment</b>	<b>Select One</b>
Electronic Statements Only - \$.25 per statement	
Online Payments Only - \$.25 per payment processed	
Package Savings -Sign up for both Electronic Statement & Online Payment and Save! Package pricing of \$.18 per Statement or payment processed each	

<b>Signature (required for service enrollment and credit card authorization)</b>		
I authorize WRS Health to charge my payment method on file with the fees listed on a one-time, annual and/or monthly basis, as described above.		
<b>Signature</b>	<b>Name (print)</b>	<b>Date</b>

Your practice will receive an itemized statement of confirmation listing all charges associated with these connections from the WRS Finance Department.