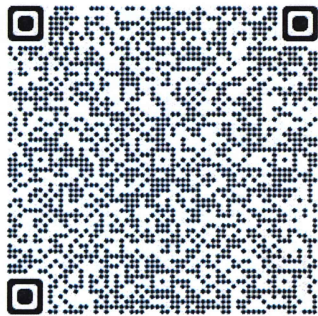


HOW TO PAY ONLINE

1 GO TO OUR WEBSITE:
ACCESSTOHEALTHCARE.ORG

OR

SCAN QR CODE



2 CLICK ON PAY MEMBERSHIP FEE

PAY MEMBERSHIP FEE 



3 CLICK PAY MEMBERSHIP FEE AGAIN TO
PROCEED TO PAYMENT PORTAL

To pay your Access Medical

PAY MEMBERSHIP FEE




4 ENTER AMOUNT OWED FOR ENTIRE HOUSEHOLD

Please enter your ACCOUNT NUMBER in the Customer ID field. For Donations please use "DONATE" for Customer ID.

Order Information		* Required Fields
Item	Description	Amount
PAYMENT	PAY MEMBERSHIP FEE	00.00
Total:		US \$0.00

[Authorize.Net Verified Merchant](#)

5 ENTER YOUR CARD AND ACCOUNT INFORMATION



Card Number: (enter number without spaces or dashes)

Expiration Date:

Card Code: * What's this?

Billing Information

Customer ID: *

First Name: * Last Name: *

Address: *


City:

State/Province: Zip/Postal Code:

Email:


Phone: *

Security Code



Please enter the security code above.

[I cannot read the code, please provide a new one.](#)



Customer ID:
YOUR CUSTOMER ID IS ON
THE BACK OF YOUR
MEMBERSHIP CARD OR ON
YOUR INVOICE

**FLIP PAGE FOR
AN EXAMPLE**



MEMBERSHIP CARD EXAMPLE

Primary Care Fees

Initial Visit: \$70

Follow-Up: \$50

In-Office Procedures: 50% of Medicare

Specialty Care Fees

Initial Visit: \$150

Follow-Up: \$75

In-Office Procedures: 50% of Medicare

Urgent Care Fee

Visit: \$85

Hospital Fees

In-Patient: \$500 Per

Day/\$5,000 Max

ER: \$400 Per Visit

AHN Membership Billing Account # **0123456**

Renown South Meadows and Northern Nevada Medical Center are NOT contracted providers.

MEMBERSHIP INVOICE EXAMPLE

Access to Healthcare Network Invoice

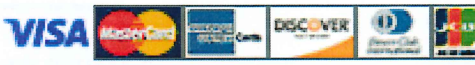
ACCOUNT# [REDACTED]
INVOICE DATE 05/01/2024

DESCRIPTION	QUANTITY	UNIT PRICE
Access Medical Tier 1 MONTHLY Adult	1	\$40.00
Please Note: This invoice does not reflect pre-payments and/or credits.	Total Due	\$40.00

is due on the first of the month with a grace period of 15 days after the first. If you do not pay your membership by the 15th, your account will be in arrears and you will be subject to a reactivation fee in addition to your membership fee. The reactivation fee is: \$15.00 per adult and \$5.00 per child.

se debe pagar el primero de cada mes con un plazo de 15 días para hacer su pago. Si no paga su membresía antes del día 15, su cuenta quedará en su cuenta, estará sujeta a una tarifa de reactivación más su tarifa de membresía. La tarifa de reactivación es: \$15.00 por adulto y \$5.00 por menor.


¡Atención! Usted es elegible para recibir un \$15 de crédito por cada familia que refiera y se inscriba al programa. La persona que usted refiera tiene que ser de cuenta.



Card Number: * (enter number without spaces or dashes)

Expiration Date: * (mmyy)

Card Code: * [What's this?](#)



Billing Information

Customer ID: *

First Name: * Last Name: *

Address: *


City:

State/Province: Zip/Postal Code:

Email:

Phone: *

Security Code



Please enter the security code above.

[I cannot read the code, please provide a new one.](#)