

How to save a new card to file

(Option 1) By Managing your Saved Cards

Log into your patient portal here: <https://acacia.insync.care/>

Enter the amount to pay under Account Summary. Enter “.01” as a placeholder.

Account Summary

Current Due: \$50.00 Credit Balance: \$0.00

Net Due: **\$50.00**

Most Recent Patient Statements	
Date	Amount
06/03/2021 11:58 AM	50.00

\$ 0.01 ePay Now View Statement Payment History

Click pay now under account summary

Santa Cruz Enter amount to Pay: \$ 0.00 ePay Now Test, Giovanni 06/08/2021 02:29 PM | Log Out

Home / Dashboard Messages Refill a Medication Education Material

You don't have any upcoming appointments.

24 Upcoming Appointments Account Summary

You don't have any upcoming appointments. To book an appointment, please contact your Practice.

Current Due: \$50.00 Credit Balance: \$0.00

Net Due: **\$50.00**

Total No. of Appointments: 0 View More \$ 0.00 ePay Now View Statement Payment History

Click Manage Saved Cards.

ePayment ✕

Name: **Test, Giovanni**

Payment Amount (\$): **0.01**

Select Already Saved Card:*

Save this card for future payments: Yes No

Click Add New Card

Manage Saved Cards ✕

In this section, you can view all your saved cards. You can select the desired card to make the payment. If you have not yet saved any card, you can click on the "Add New Card" button to make the payment.

You don't have any saved cards.

Select I agree

Card on file (Could be used for future payments) ✕

I, the undersigned agree to all terms and conditions set forth in this credit card authorization.

Signature of the card holder: test Signature Date:

Enter your card number, Expiration date, and CVV. Then click submit

ePayment

PAYMENT INFORMATION

Patient MRN #:	0000000038
Patient First Name:	Giovanni
Patient Last Name:	Test
Address 1:	740 Front St
Address 2:	
City:	Santa Cruz
State:	CALIFORNIA <input type="button" value="v"/>
Card Holder First Name:	Giovanni <input type="button" value="i"/>
Card Holder Last Name:	Test
Billing Zip:	95060
Card Number:	<input type="text"/> <input type="text"/>
Expiration Date:	<input type="text"/> _/_ (MM/YY) <input type="text"/> CVV/CVD: <input type="text"/>
Amount:	\$0.00
Email:	

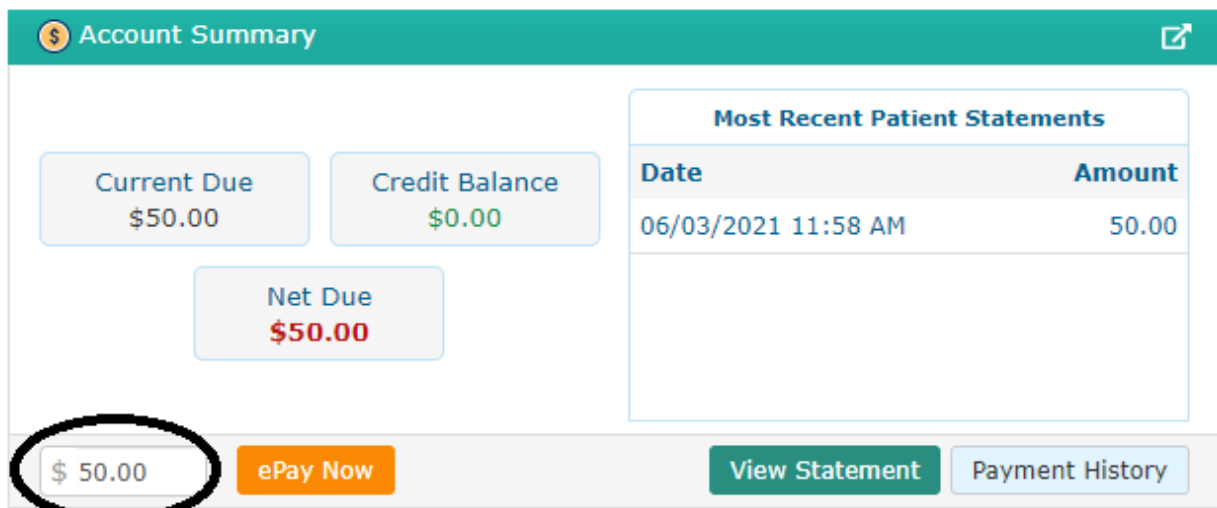
Cancel

SUBMIT

(Option 2) Pay by paying your balance and saving your card for future payments.

Log into your patient portal here: <https://acacia.insync.care/>

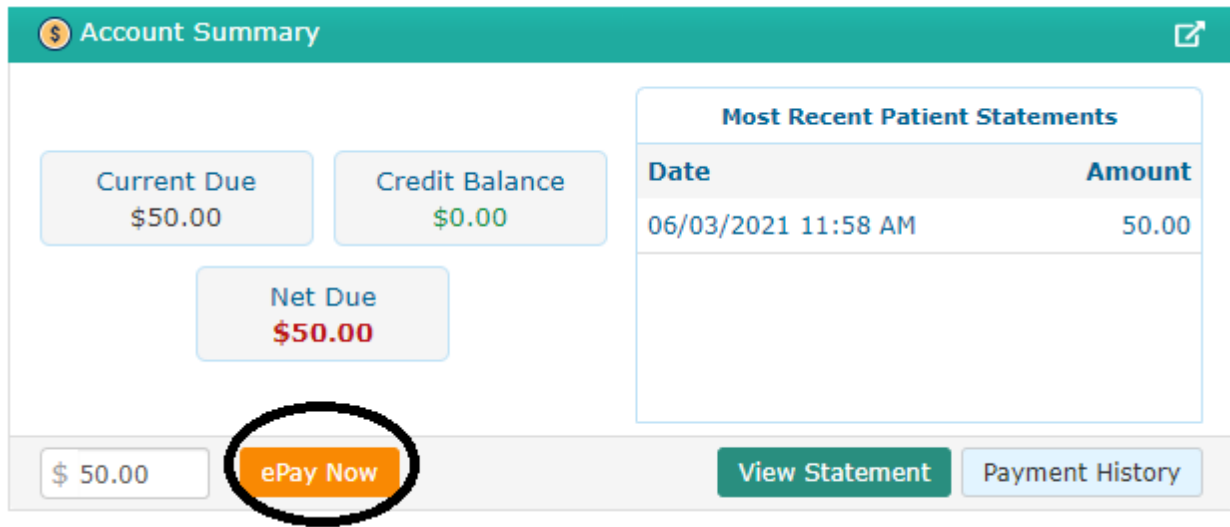
Enter the amount to pay under Account Summary.



The screenshot shows the 'Account Summary' page. It features a teal header with a dollar sign icon and the text 'Account Summary'. Below the header, there are three boxes: 'Current Due \$50.00', 'Credit Balance \$0.00', and 'Net Due \$50.00'. To the right, there is a table titled 'Most Recent Patient Statements' with columns 'Date' and 'Amount'. The table contains one entry: '06/03/2021 11:58 AM' and '50.00'. At the bottom, there is a payment amount field containing '\$ 50.00', an orange 'ePay Now' button, a green 'View Statement' button, and a light blue 'Payment History' button. The '\$ 50.00' field is circled in black.

Most Recent Patient Statements	
Date	Amount
06/03/2021 11:58 AM	50.00

Click ePay Now under account summary



This screenshot is identical to the previous one, showing the 'Account Summary' page. The layout, including the 'Current Due', 'Credit Balance', 'Net Due', and 'Most Recent Patient Statements' table, is the same. However, in this version, the orange 'ePay Now' button at the bottom is circled in black.

Make sure save this card for future payments has "Yes" selected

contact your Practice.

ePayment

Name: **Test, Giovanni**

Payment Amount (\$): **50.00**

Select Already Saved Card:*

Save this card for future payments: Yes No

Click pay now

contact your Practice.

ePayment

Name: **Test, Giovanni**

Payment Amount (\$): **50.00**

Select Already Saved Card:*

Save this card for future payments: Yes No

Select I agree

Card on file (Could be used for future payments)

I, the undersigned agree to all terms and conditions set forth in this credit card authorization.

Signature of the card holder: *test* Signature Date:

Enter your card number, Expiration date, and CVV. Then click submit.

ePayment

PAYMENT INFORMATION

Patient MRN #:	0000000038
Patient First Name:	Giovanni
Patient Last Name:	Test
Address 1:	740 Front St
Address 2:	
City:	Santa Cruz
State:	CALIFORNIA <input type="button" value="v"/>
Card Holder First Name:	Giovanni <input type="button" value="i"/>
Card Holder Last Name:	Test
Billing Zip:	95060
Card Number:	<input type="text"/> <input type="text"/>
Expiration Date:	<input type="text"/> _/_ (MM/YY) <input type="text"/> CVV/CVD: <input type="text"/>
Amount:	\$0.00
Email:	

Cancel

SUBMIT