

Joint Venture Hospital Laboratories Online Payment Manual



Version 1.0.2
June 2015

Introduction: Payment Options

Joint Venture Hospital Laboratories (JVHL) provides multiple methods for you to pay the Patient Responsibility portion of your lab service. These methods include:

- By Mail (Check or Credit Card)
 - Joint Venture Hospital Laboratories
 - PO BOX 771833
 - Detroit, MI 48277-1833
- By Phone (Credit Card)
 - 1-313-271-3591
 - Monday - Friday 8:00 am - 4:30 pm
- By Website (Credit Card)
 - o www.jvhl.org

This document provides information on how to make a credit card payment through the JVHL website.

Step 1: Invoice Lookup

The first step to pay your bill online is to enter information from the paper invoice. You will need to enter the following information from the invoice:

- Invoice Number (Red Box in graphic below)
- Amount Owed (Orange Box in graphic below)
- Statement Date (Yellow Box in graphic below)
- Date of Service (Green Box in graphic below)



999 Republic Drive, Suite 300
Allen Park, MI 48101

IF PAYING BY CREDIT, PLEASE FILL OUT BELOW:			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
DATE DUE:			
CARD NUMBER		Card Security Code	AMOUNT
SIGNATURE		EXP. DATE	
Phone:		Email:	
STATEMENT DATE	PAY THIS AMOUNT	INVOICE NO.	
PLEASE REFERENCE YOUR INVOICE NUMBER WHEN CALLING OUR OFFICE			AMOUNT PAID \$

PAYMENT OPTIONS:

Online: www.jvhl.org
 Phone: 313-271-3591
 Mail check or credit card to:
 JVHL
 PO Box 771833
 Detroit, MI 48277-1833

STATEMENT

Please detach and return top portion with your payment.
 To make a credit card payment, please complete credit card section above.
 Please use the enclosed envelope to send your check or credit card payment. Make checks payable to: JVHL

Patient Name: Date of Service: Hospital Laboratory: Referring Physician:

Questions? Call: 313-271-3591 Monday - Friday 8:30 am - 4:30 pm
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Once the information is entered, click on the "Lookup Bill for Payment Button."

Online Bill Payment Lookup / Verification	
Invoice Number:	10000001
Amount Owed:	100
Statement Date:	mm/dd/yyyy
Date of Service:	mm/dd/yyyy
<input type="button" value="Lookup Bill For Payment"/>	
Pay By Mail:	
Mail Payments To: Joint Venture Hospital Laboratories PO BOX 771833 Detroit, MI 48277-1833	
Call With a Question:	
For questions, please call: 313-271-3591 Monday - Friday 8:00 am - 4:30 pm	

Step 2: Card Holder Information Collection

If the bill is found and there is a balance due, you will be presented with the following screen:

Online Bill Payment Lookup / Verification	
Invoice Number:	10000001
Amount Owed:	100
Statement Date:	1/1/2000
Date of Service:	1/1/2000
<input type="button" value="Lookup Bill For Payment"/>	
Bill Information	
Invoice Number:	10000001
Patient Name:	LastName, FirstName
Last Payment Info:	(\$100.00) on 05/05/2015
Current Amount Owed:	\$100.00
Cardholder's First Name:	FirstName
Cardholder's Last Name:	LastName
Billing Address Line 1:	100 Main
Billing Address Line 2:	
Billing Address City:	Allen Park
Billing Address State:	Michigan
Billing Address Zip:	48101
Amount To Pay:	10.00
Email Address For Receipt (Optional):	email@email.com
Credit Card information will be collected on next screen.	
<input type="button" value="Pay Bill"/>	
Pay By Mail:	
Mail Payments To: Joint Venture Hospital Laboratories PO BOX 771833 Detroit, MI 48277-1833	
Call With a Question:	
For questions, please call: 313-271-3591 Monday - Friday 8:00 am - 4:30 pm	

Enter the information requested on the web page and click the "Pay Bill" button:

- Cardholder First Name
- Cardholder Last Name
- Billing Address
- Amount to Pay
 - o The minimum payment amount allowed is \$5.00. If the amount owed is less than \$5.00, the payment amount must be equal to the amount owed.

- Email Address For Receipt
 - o If you would like a receipt emailed to you, enter your email address.

Step 3: Credit Card Information Collection

The next screen displays a summary of information from the previous page and allows for entry of the credit card information. Enter the credit card information and click “Complete the Purchase.”

- Card Number
- Expiration Date
- CCV
 - o The CCV is a three-digit security code printed on the back of credit cards. The CCV code appears in reverse italic at the top of the signature panel. For American Express cards, it is a four digit number on the front of the card. These additional numbers provide an extra measure of security against credit card fraud.

Please confirm your details

Patient Bill Details	
Invoice Number:	10000001
Name:	LastName , FirstName
Address:	100 Main
City/State/Zip:	Allen Park , MI 48101
Amount:	\$10.00

Please Enter Your Credit Card Details Below	
Card Number:	<input type="text"/>    
Expiration Date: (MM-YYYY)	<input type="text" value="05-2014"/> ▾
CCV:	<input type="text"/>
<p>The CCV is a three-digit security code printed on the back of credit cards. The CCV code appears in reverse italic at the top of the signature panel. For American Express cards, it is a four digit number on the front of the card. These additional numbers provide an extra measure of security against credit card fraud.</p>	

Step 4: Receipt

If the payment was approved by the credit card process, the authorization number will be displayed.



The receipt features the JVHL logo in white serif font on a dark blue background. Below the logo, the text "Joint Venture Hospital Laboratories" is written in a smaller, italicized serif font. A dark blue horizontal bar contains the text "Bill Payment Receipt" in white. Below this bar, a light blue box contains the following text:

Invoice Number:	10000001
Payment Status:	This transaction has been approved.
Amount Paid:	\$20.00
Authorization Number:	M5MGWA

Thank you! We appreciate your business!

[Make Another Payment](#)

Declined Transaction:

If the transaction was not approved, information on why the transaction was declined will be displayed.

Bill Payment Error Information	
Invoice Number:	100000
Error Information:	Error With Processing Of Payment Information To Your Account. Payment Was Not Approved: The transaction has been declined because of an AVS mismatch. The address provided does not match billing address of cardholder. Please Contact the JVHL Admin Office For Assistance at 1-313-271-3591
<input type="button" value="Retry Payment Process"/>	

Change Summary

This section describes the differences between the current and previous versions of the manual.

Date	Version	Description
06/2015	1.0.2	<ul style="list-style-type: none">• Changed the phone number and mailing address
06/2014	1.0.1	<ul style="list-style-type: none">• Made some minor format changes.
05/2014	1.0.0	<ul style="list-style-type: none">• Implemented