

## VERY IMPORTANT NOTE REGARDING PATIENT BILLING:

Due to the increasing challenges of collecting patient payments for our pathology services; effective immediately, we will require patient's who will be self-paying to pre-pay for their biopsy pathology service prior to us accessioning and processing their specimen. **The biopsy will not be processed until the self-pay patient's payment is posted.**

The patient has the option to either:

- 1) Provide your office with a check for our biopsy fee in the amount of \$160, which you can then include along with the specimen and requisition form that you send to us. The check should be made out to "Oral Pathology Services".
- 2) The patient may pay by credit card by calling our billing department at 713-486-4405. This payment should be made before sending the biopsy to us.
- 3) The patient may go to the online pay website and pay the processing fee online **prior to you sending the specimen to us.** (Detailed instructions for online pay are included.) Website for online pay is on the requisition form. ([go.uth.edu/paybill](http://go.uth.edu/paybill)) In the Patient Acct # box, enter OPATH.
- 4) If this 4<sup>th</sup> option is chosen, please indicate on the requisition form to bill "Referring/Ordering Doctor".
  - The patient may pay **YOU** the \$160 processing fee, and then you can either send us a check, from you, along with the specimen or you may pay online (if you pay on behalf of the patient, please ensure to enter **patient information on the first page**, then enter **your payment information under the "Payer Information"** so that payment can be applied to correct patient) OR
  - You can opt for us to send you an invoice for payment

**Please inform your patient that if additional testing is required, they will receive an invoice for any amount over the \$160 that has already been collected.**

**Also, we are unable to bill Medicare insurance after-the-fact due to Medicare ABN requirements (patient cannot change billing option after billing has posted charges). Please ensure that an ABN accompanies the specimen for all patients electing to bill their Medicare insurance.**

# ON-LINE PAYMENT INSTRUCTIONS

1. Go to **go.uth.edu/paybill**
2. Fill in **PATIENT NAME** and patient information appropriately as shown below:

The screenshot shows the 'Make A Payment' page for UT Dentists. The page header includes the UT Dentists logo, 'A Part of UTHHealth', and the ACI Payments, Inc. logo. A navigation bar contains links for 'Back to The University of Texas Health Science Center At Houston', 'Make A Payment', 'Fee Calculator', 'Payment Verification', 'Help', and 'En Español'. The main heading is 'Make A Payment' followed by 'The University of Texas Health Science Center At Houston' and the account identifier 'SOD\_UT\_DENTISTS PATIENT\_PYMTS'. A instruction reads: 'Enter your Payment Amount, including any penalties or interest, select Payment Option, then click "Continue" to proceed with the payment process.' The form fields are: First Name (lma), Last Name (Example), Email Address (example@texas.com), Phone Number (123-456-7890), Patient Account Number (OPATH), and Payment Amount (\$160.00). Under 'Payment Options', there are radio buttons for 'Debit Card' and 'Credit Card'. Payment logos for VISA, Discover, and Mastercard are displayed. At the bottom are 'Cancel' and 'Continue' buttons. Red arrows from external text boxes point to the First Name field, the Patient Account Number field, the Payment Amount field, and the 'Continue' button.

UT★Dentists  
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Back to The University of Texas Health Science Center At Houston | Make A Payment | Fee Calculator | Payment Verification | Help | En Español

### Make A Payment

The University of Texas Health Science Center At Houston

SOD\_UT\_DENTISTS PATIENT\_PYMTS

Enter your Payment Amount, including any penalties or interest, select Payment Option, then click "Continue" to proceed with the payment process.

\* First Name: lma

\* Last Name: Example

\* Email Address: example@texas.com

\* Phone Number: 123-456-7890

\* Patient Account Number: OPATH

\* Payment Amount \$ 160 .00

Payment Options:

Debit Card

Debit Card

Credit Card

VISA

DISCOVER

CARD

Cancel

Continue

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TRUSTe Verified Privacy Powered by TrustArc

IRS

Patient name and information

Enter OPATH for patient account number

Patient must pay \$160

Choose payment method and click "Continue"

### 3. Accept terms of service:

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Back to The University of Texas Health Science Center At Houston | Make A Payment | Fee Calculator | Payment Verification | Help | En Español

## Make A Payment

The University of Texas Health Science Center At Houston

SOD\_UT\_DENTISTS PATIENT\_PYMTS

This payment service is offered by ACI Payments, Inc. as authorized by the entity to which you are making a payment. Please confirm your payment amount, convenience fee and total (if applicable). Review the Terms and Conditions below and click "Accept" to proceed with your payment. Click "Back" button to change any of the information fields. Click "Decline" button to return to the beginning of the payment process.

- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

Payment Type: SOD\_UT\_DENTISTS PATIENT\_PYMTS  
Payment Amount: \$160.00

ACI Payments, Inc. Terms and Conditions:

THIS PAYMENT SERVICE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS

Do not use or access this Website or Service if You do not agree to be bound by these Terms and Conditions

These Terms and Conditions ("Terms and Conditions") are in effect for all transactions processed through this payments website ("Website") on or after May 9, 2019, and apply to and govern Your access to and use of this Website, the Service and all Alternative Channels. This payment processing service is offered to You on behalf of your Biller ("Service").

It is important to carefully review all Terms and Conditions below, including the provision concerning REFUNDS. These Terms and Conditions may be amended at any time. All amended terms shall be effective immediately after they are posted to the Website. By using this Website after such modifications are posted, You are agreeing to accept and comply with the Terms and Conditions as

Printer Friendly

Back Decline **Accept**

"Accept" terms of service

### 4. Fill in appropriate billing information, click "I'm not a robot", then click "continue" to complete:

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Back to The University of Texas Health Science Center At Houston | Make A Payment | Fee Calculator | Payment Verification | Help | En Español

## Make A Payment

The University of Texas Health Science Center At Houston

SOD\_UT\_DENTISTS PATIENT\_PYMTS

To continue this payment, please fill out the form below.

- Note that the [ \* ] fields are required.
- All information is kept confidential.
- You will receive a printable digital receipt with a confirmation number and an email confirmation once your payment is authorized.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

**Payer Information**  
(Please enter the card or bank account holder information.)

\*Country: United States

\*First Name:

Middle Name:

\*Last Name:

Suffix: (jr, Sr, etc.)

\*Street Address:

\*Town/City:

\*State: --

\*Zip Code:

(Use this field for APO, FPO, AA, AE or AP codes.)

\*Daytime Phone: ( ) -

\*E-mail Address:

(Required for an e-mail confirmation and online verification.)

\*Re-enter E-mail Address:

First Name: Ima  
Last Name: Example  
Email Address: example@lexas.com  
Phone Number: 123-456-7890  
Patient Account Number: OPATH

**Payment Option**  
(May differ from the person owing the tax, bill, or fee.)

\*Card Type: - Select - VISA Discover Mastercard

\*Card Number:

\*Expiration Date: / (mm/yy)

\*Card Verification Number:

(To determine the location of your Card Verification Number, click here.)

**Payment Information**

Payment Type: SOD\_UT\_DENTISTS PATIENT\_PYMTS  
Payment Amount: \$160.00

I'm not a robot

Back Cancel **Continue**

Click the "I'm not a robot" box, then click "continue" to complete payment

This page supports 128-bit SSL encryption as verified by DigiCert.

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