

Wellness Partners Hawaii, Inc.

Billing

info@wellnesspartnerashawaii.com
 TEL | TEXT: 808.379.6656
 FAX: 808.379.3750
 www.wellnesspartnershawaii.com



PATIENT STATEMENTS

Email

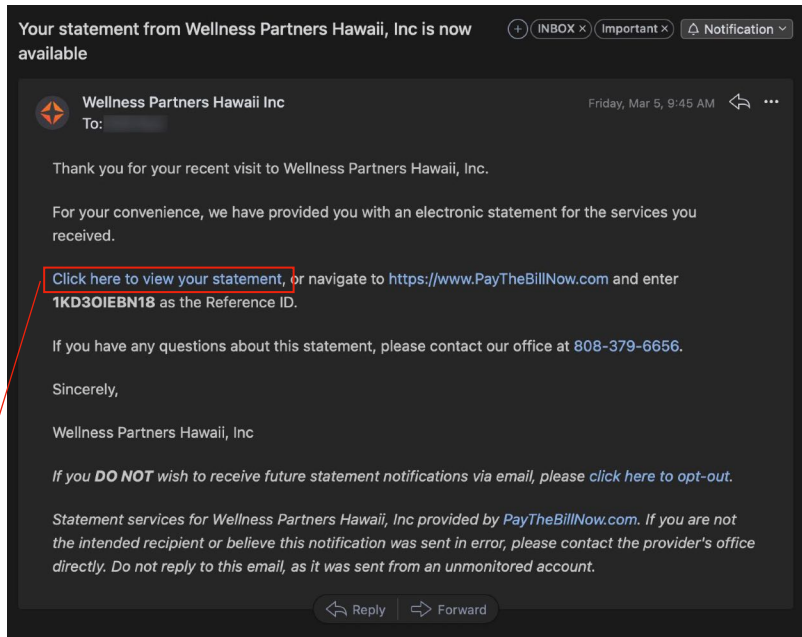
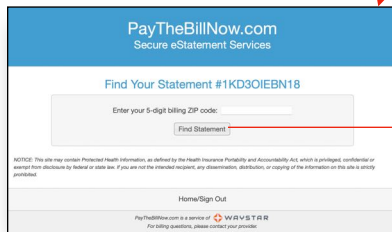
Official patient statement notifications will be emailed at the beginning of each month to the email address on file.

Originating email will be coming from no-reply@paythebillnow.com. Please double check your spam/junk folder.

Click **Click here to view your statement**, enter your **zip code**, and click **Find Statement**.

Online

Your patient statement will always be available to view, download and print online via your patient portal: <http://wphintouch.insynchcs.com/> under Billing. The online patient statement will display all itemized charges, past, present and outstanding.



Wellness Partners Hawaii, Inc.

Secure eStatement Services on PayTheBillNow.com

Statement #1KD3OIEBN18

Wellness Partners Hawaii, Inc
 850 West Hind Drive Suite 210
 Honolulu, HI 96821

For Billing Questions Please Call:
808-379-6656

CARD HOLDER NAME (PLEASE PRINT NAME)	ZIP CODE	SECURITY CODE
CARD NUMBER	AMOUNT	
SIGNATURE	EXP DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
03/05/2021	210.00	0000000174

Your provider does not currently allow online payments. Please pay by phone, or by mail with a printed copy of this bill.

ADDRESSEE: _____ **MAKE CHECKS PAYABLE/REMIT TO:** _____
 Wellness Partners Hawaii, Inc
 850 West Hind Drive Suite 210
 Honolulu, HI 96821

DATE	PROVIDER	PATIENT	DESCRIPTION	FEE	BALANCE
01/26/2021	Bradley Kuo		PSYCHIATRIC DIAGNOSTIC EVALUATION	200.00	200.00
01/26/2021	Bradley Kuo		tax*	10.00	10.00

Statement Date	Account #	Current	30 Days	60 Days	90 Days	Billing Questions
03/05/2021	0000000174	10.00	200.00	0.00	0.00	808-379-6656

Total Balance	210.00
*Insurance Pending	
AMOUNT NOW DUE	210.00

If you DO NOT wish to receive future statement notifications via email, please click here to opt-out.

Mail

Statements that are past due over 60 days and/or undeliverable via email will be mailed to the physical address on file.

ONLINE BILL PAY

Recommended browser, Google Chrome.

Please enable cookies in your browser security settings in order for online bill pay to work properly.

Please log into your patient portal <http://wphintouch.insynchcs.com/>. **Click/tap on Billing.** You will be able to see your statement and itemized amounts, past and present.

On the right top corner, **click/tap ePayNow.** A ePayment window will appear. Leave the Card# drop down menu at Select and **click/tap Pay.** You will be directed to a second ePayment screen to enter your credit card information. **Fill out** the required **information:** Card Number (Account number), Exp. Date, CCV and Email. **Click/tap Submit.** You will receive a receipt in your email inbox.

If you wish to make a payment over the phone, or have any billing related inquiries, please contact 808.379.6656.

Wellness Partners Hawaii reserves the right to use your credit card on file, consented by you on the Recurring Credit Card Payment Pre-Authorization Form, for any fees and balances over 31 days old associated with the care provided by your provider.

The screenshot displays the patient portal interface. On the left is a navigation menu with 'Billing' highlighted. The main content area shows a 'My Bills' section with a 'My Statement' tab selected. A '210.00 ePayNow' button is visible in the top right. Below this is a statement for 'Wellness Partners Hawaii, Inc.' with a table of charges and payments. Two 'ePayment' windows are overlaid on the right. The top window shows a 'Pay' button and a 'Card#' dropdown menu. The bottom window is titled 'ePayment' and contains a 'Payment Information' form with fields for Patient MRN, Name, Address, City, State, Cardholder Name, Billing Zip, Card Number, Exp Date, Amount (\$210.00), and Email. A 'Submit' button is highlighted with a red box.

Wellness Partners Hawaii, Inc.
852 West Wind Drive Suite 210
Honolulu, HI 96821
Phone: 808-379-6656 Fax: 808-379-3750

Account # (ENH)	Statement Date	Amount Due (\$)
000009174	03/05/2021	210.00

---MAKE CHECKS PAYABLE: REMIT TO---
Wellness Partners Hawaii, Inc.
PO Box 26062
Honolulu, HI 96825

For all billing questions, call: 808-379-6656

Date	Provider	Service Code	Description	Charge (\$)	Payment (\$)	Balance (\$)
07/11/2019						
07/16/2019						0.00
07/23/2019						0.00
10/08/2019						0.00
07/23/2019						0.00
10/08/2019						0.00
07/23/2019						0.00
10/08/2019						0.00
01/26/2021						200.00
01/26/2021						10.00

Current (\$)	31 to 60 Days (\$)	61 to 90 Days (\$)	91 to 120 Days (\$)	121+ Days (\$)	Unapplied Credit (\$)	Total (\$)
0.00	210.00	0.00	0.00	0.00	0.00	210.00

Amount Due (\$): 210.00

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Payment Information

Patient MRN #: 000000174

Patient FirstName: [Redacted]

Patient LastName: [Redacted]

Address 1: [Redacted]

Address 2: [Redacted]

City: [Redacted]

State: [Redacted]

CardHolder FirstName: [Redacted]

CardHolder LastName: [Redacted]

Billing Zip: [Redacted]

Card Number: [Redacted]

Exp Date: [Redacted] (MM/YY) CVV/CVD: [Redacted]

Amount: \$210.00

Email: [Redacted]

Submit

Cancel