



Integration Guide

This document will provide you guidance on how to run one-time payments within the Fortispay-PayDC integration.

Processing a One-Time Payment

→ Step 1: Select the 'Provider' > Then under payment method, select 'Credit Card-Key/Swipe' for both the 'Method' and 'Account' options for Fortis Payments.

PayDC (STAGING2) -- Fortis Staging2

File View Forms Help

Home Appointments Patient Account Find Patient Billing

Add New Patient Payment [Alugula, Krish - 1/1/1980]

Details

Patient Name:** Alugula, Krish Post Date:** 6/4/2020 15

Batch No.: Provider: Alugula, Krishna

Payment Information

Method:** Credit Card -Key/Swipe Self-Pay

Account:** Check CoPay (\$): 0.00 Date of Service: 6/4/2020 15

Electronic

Cash Deductible (\$): 0.00

Credit Card Coinsurance/Other (\$): 0.00

Credit Card -Key/Swipe Total Amount (\$): 0.00

Credit Card on File

Summary		Balance Details		Primary Insurance	
Total Amount (\$):	0.00	Patient Due (\$):	-660.60	Primary Insurance Carrier:	Medicare PART A
Unapplied Amount (\$):	0.00	Primary Due (\$):	0.00	Co-pay (\$):	0.00
Applied Amount(\$):	0.00	Secondary Due(\$):	0.00	Co-Insurance (%):	0.00
Refund Amount (\$):	0.00				

Notes:

→ Step 2: Select the 'Credit Card-Key/Swipe' or 'Card on File' option > then associated Fortis Merchant Account options will be displayed.

PayDC (STAGING2) -- Fortis Staging2

File View Forms Help

Home Appointments Patient Account Find Patient Billing

Add New Patient Payment [Alugula, Krish - 1/1/1980]

Details


Patient Name: Alugula, Krish Post Date: 6/4/2020
Batch No.: Provider: Alugula, Krishna

Payment Information

Method: Credit Card -Key/Swipe Self-Pay
Account: test fortis CoPay (\$): 0.00 Date of Service: 6/4/2020
test fortis Deductible (\$): 0.00
Krishna New Fortis Account Coinsurance/Other (\$): 0.00
Himaja Fortis Total Amount (\$): 0.00
QA NEW AC BY KA
Preethi--Fortis

Summary		Balance Details		Primary Insurance	
Total Amount (\$):	0.00	Patient Due (\$):	-660.60	Primary Insurance Carrier:	Medicare PART A
Unapplied Amount (\$):	0.00	Primary Due (\$):	0.00	Co-pay (\$):	0.00
Applied Amount(\$):	0.00	Secondary Due(\$):	0.00	Co-Insurance (%):	0.00
Refund Amount (\$):	0.00				

Notes:



Add a Patient Payment Using Terminal

→ Step 1: Under 'Method' > Select the 'Credit Card - Key Swipe' option & Fortis Merchant Account

PayDC (STAGING2) -- Fortis Staging2

File View Forms Help

Home Appointments Patient Account Find Patient Billing

Add New Patient Payment [Alugula, Krish - 1/1/1980]

Details

Patient Name: Alugula, Krish Post Date: 6/4/2020
Batch No.: Provider: Alugula, Krishna

Payment Information

Method: Credit Card -Key/Swipe Self-Pay
Account: test fortis Amount (\$): 3.00

Print

Transaction Amount	\$3.00
Transaction Type	Sale
Transaction Status	Approved
Transaction Verbiage	Test 7539

Summary

Total Amount (\$):	3.00
Unapplied Amount (\$):	3.00
Applied Amount(\$):	0.00
Refund Amount (\$):	0.00

Balance Details

Patient Due (\$):	-660.60
Primary Due (\$):	0.00
Secondary Due(\$):	0.00

Primary Insurance

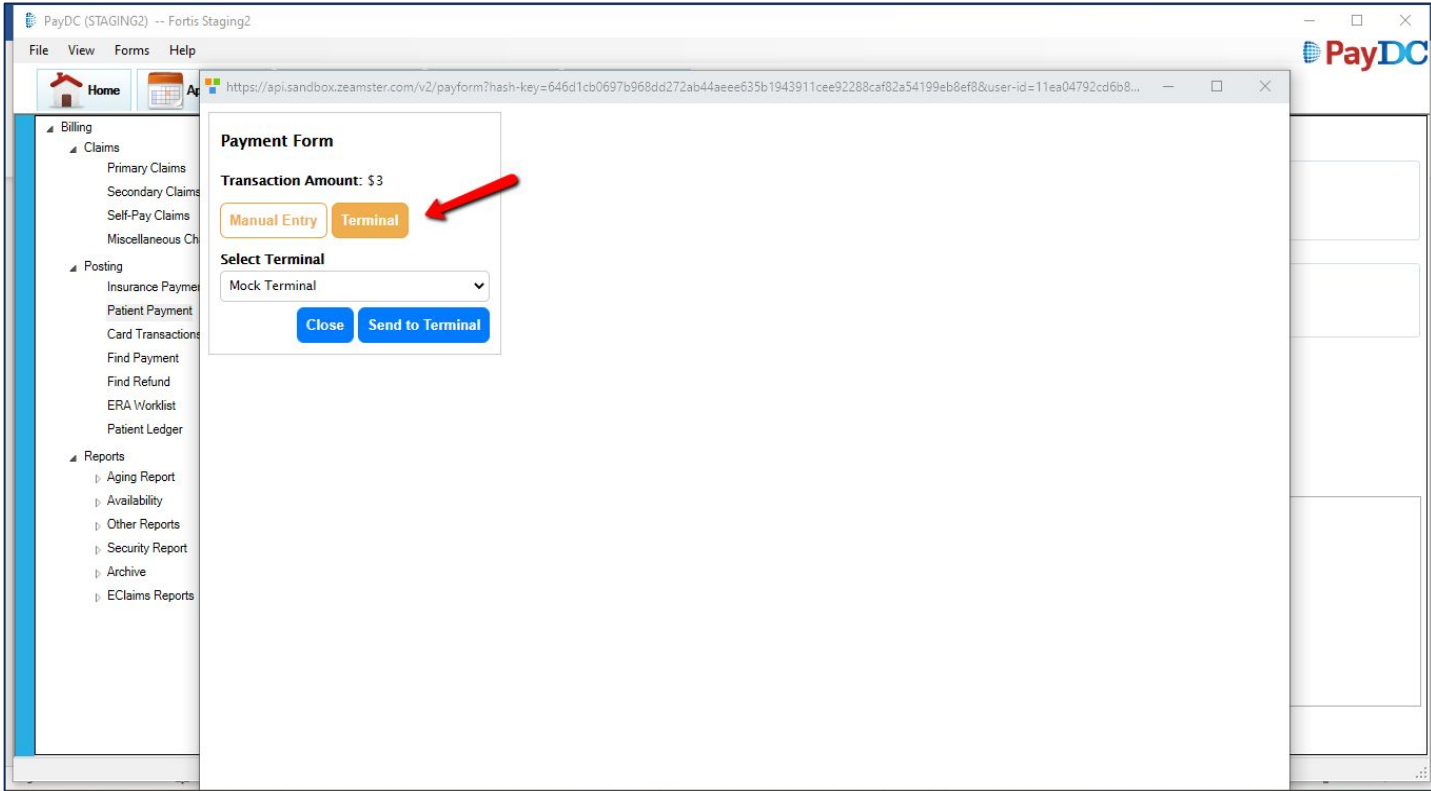
Primary Insurance Carrier:	Medicare PART A
Co-pay (\$):	0.00
Co-Insurance (%):	0.00

Notes:

Add New Edit Apply Print

Add a Patient Payment Using Terminal (continued)

- Step 2: Enter the 'Amount Value' > Click on 'Save' > A Fortis Payments form will open
> Choose the 'Terminal' option > Click on 'Send to Terminal' > Patient payment will be saved.



→ Step 3: Click on **'Print'** > Save the PDF file with details (optional)

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[Print](#)

Transaction Amount	\$3.00
Transaction Type	Sale
Transaction Status	Approved
Transaction Verbiage	Test 7539
Reason	CC-Approved
Auth Code	
Last 4	1111
Account Type	Visa
Entry Mode	Keyed
Description	
Created Date	06/04/2020 09:44:57 PM EDT
Transaction Id	11eaa6aca24d145896bf061d

Transaction History

Date	Status
06/04/2020 09:44:57 PM EDT	Approved

I agree to pay the above total according to my card issuer agreement.

Signature:

Add a Patient Payment Using Manual Entry

→ Step 1: Under Method > Select the 'Credit Card-Key/Swipe' option & Fortis Merchant Account.

PayDC (STAGING2) -- Fortis Staging2

File View Forms Help

Home Appointments Patient Account Find Patient Billing

Add New Patient Payment [Alugula, Krish - 1/1/1980]

Details

Patient Name: Alugula, Krish Post Date: 6/4/2020
Batch No.: Provider: Alugula, Krishna

Payment Information

Method: **Credit Card -Key/Swipe** Self-Pay
Account: test fortis Amount (\$): 3.00

Print

Transaction Amount	\$3.00
Transaction Type	Sale
Transaction Status	Approved
Transaction Reference	Test 9585

Summary

Total Amount (\$):	3.00
Unapplied Amount (\$):	3.00
Applied Amount(\$):	0.00
Refund Amount (\$):	0.00

Balance Details

Patient Due (\$):	-663.60
Primary Due (\$):	0.00
Secondary Due(\$):	0.00

Primary Insurance

Primary Insurance Carrier:	Medicare PART A
Co-pay (\$):	0.00
Co-Insurance (%):	0.00

Notes:

Add New Edit Apply Print

Add a Patient Payment Using Manual Entry (continued)

- Step 2: Enter the 'Amount Value' > Click on 'Save' > A Fortis Payments form will open
> Choose the 'Manual Entry' option (add required details) > Click on 'Submit' > Patient payment will be saved.

PayDC (STAGING2) -- Fortis Staging2

File View Forms Help

Home

https://api.sandbox.zeamster.com/v2/payform?hash-key=b8ccbfe34c36d021f0478ae4186891059f2b2759bde6872366c92dd924355d89&user-id=11ea04792cd6b8c...

PayDC

Payment Form

Transaction Amount: \$3

Manual Entry Terminal

Account Holder Name
himaja

Credit Card Number *
5413330089604111

Expiration Month *
12 - December

Expiration Year *
2020

CVV
201

Close Submit

Navigation menu (left):

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 - Find Refund
 - ERA Worklist
 - Patient Ledger
 - Reports
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 - Availability
 - Other Reports
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 - EClaims Reports

→ Step 3: Click on '**Print**' > Save the PDF file with details (optional).

Print

Transaction Amount	\$3.00
Transaction Type	Sale
Transaction Status	Approved
Transaction Verbiage	Test 9585
Reason	CC-Approved
Auth Code	
Last 4	4111
Account Type	Mc
Entry Mode	Keyed
Description	
Created Date	06/04/2020 09:53:43 PM EDT
Transaction Id	11eaa6addbeb2ffaeea81aa4

Transaction History

Date	Status
06/04/2020 09:53:43 PM EDT	Approved

I agree to pay the above total according to my card issuer agreement.

Signature: