
STATEMENT PAYMENTS VIA PEDIATRIC ALLIANCE'S PATIENT PORTAL

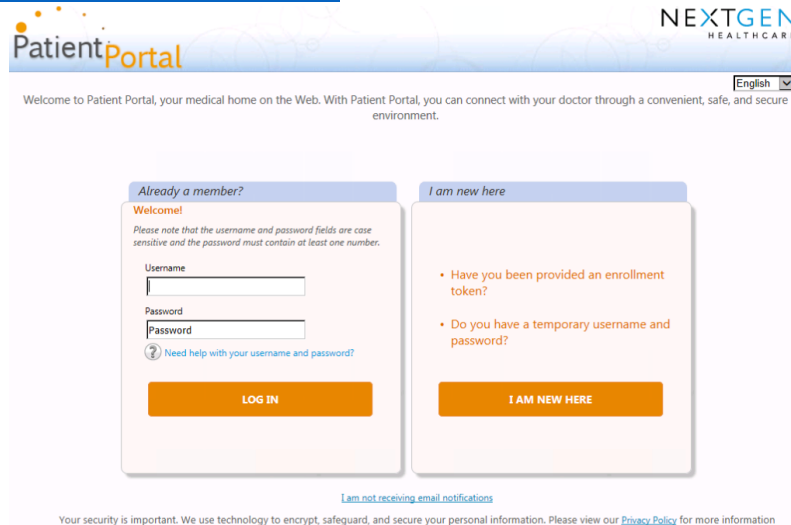
In this guide, we will show you how to view statements and make payments through Pediatric Alliance's Patient Portal.

****ONLY GUARANTORS (RESPONSIBLE PARTY) WHO HAVE AN ACTIVE PORTAL ACCOUNT WILL RECEIVE THE BILLING STATEMENTS VIA THE PORTAL**

- 1) Visit www.pediatricalliance.com and click on "Patient Portal."



- 2) Log into your NextMD Account. If you do not have an account, please visit the "Patient Tools" tab of our website to download the "Care Manager Form" and follow the instructions on the form. If you are having trouble logging in, please call 412-278-5102 or email: portal@pediatricalliance.com.



3) Click on the Statements tab.

Alleghey Clinic Pediatrics
Pediatric Alliance PC

Practice Information [View Profile Page](#)

Welcome to Pediatric Alliance's Patient Portal!

To view information under My Chart, hover over My Chart and click Request Health Record. Submit a request for a health record. Once your request has been processed, you will receive an automatic email and information will be available under My Chart. If you are the Care Manager for the patient, please make sure to select the correct patient name in the drop-down when requesting PHR.

Below you will see any upcoming appointments scheduled and you'll start to receive visit summaries for currently active meds and request appointments! Our newest feature allows you to send a non-medication request to your doctor's office! Questions are generally answered within one business day and are not to be taken as medical advice.

Inbox [Compose an Email](#)

Pediatric Alliance PC
11/16/2016 Gary Test's Statement for 11/16/2016

Pediatric Alliance PC
11/15/2016 Brother Test's Personal Health Record 11/15/2

Pediatric Alliance PC
11/15/2016 Brother Test's Personal Health Record 11/15/2

Upcoming Appointments [Schedule an Appointment](#)

For appointment information, please contact your physician's office.

Reminders

There are no reminders

4) From here, you may View Last Statement, View Statement History, or View Online Payments. To make a payment, select Pay Now.

Statements

***Disclaimer: Refunds cannot be issued from this site. Please contact your practice if you have any questions concerning refunds*

Alleghey Clinic Pediatrics
Pediatric Alliance PC

Gary Test, as of 11/16/2016 3:01:48 PM

[View Last Statement](#) [View Statement History](#) [View Online Payments](#)

Last Statement Balance: \$105.00

PAY NOW

View of Last Statement

Statements

***Disclaimer: Refunds cannot be issued from this site. Please contact your practice if you have any questions concerning refunds*

Practice Name: Pediatric Alliance PC Patient Name: Gary Test Statement Date: 11/16/2016 03:01 PM **VIEW STATEMENT**

Gary Test, as of 11/16/2016 3:01:48 PM

[Return to Balances](#) [View Online Payments](#)

Last Statement Balance: \$105.00

PAY NOW

PRINT STATEMENT

This is an electronic copy of your statement. A paper copy has also been mailed to you. If you pay this statement online, please disregard the paper copy.

STATEMENT DATE: 11/16/2016

ADDRESS: Test, Gary, 1100 Washington Ave, Carnegie, PA 15106

SEND TO: Pediatric Alliance PC, 1100 Washington Ave, Carnegie, PA 15106-3616

DATE	PATIENT	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	
11/15/16	Gary	ENCOUNTER (STREET) FOR TEST GARY WITH KETNER MD, EDWARD				
11/15/16	Gary	9213 - OFFICE/OUTPATIENT VISIT, EST	\$105.00	\$0.00	\$105.00	
ENCOUNTER TOTAL			\$105.00	\$0.00	\$105.00	
Payment in full is expected. For questions please contact the Billing Office at 412-278-3310			\$0.00	\$0.00	\$0.00	
ACCOUNT NMBR	CURRENT	30 DYS	60 DYS	90 DYS	120 DYS	TOTAL ACCOUNT BALANCE
112114	\$105.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105.00

MESSAGE: Patient statements with payment options are now available on our patient portal. If you are not enrolled, ask your office staff or email portal@pediatricalliance.com

PLEASE PAY THIS AMOUNT: \$105.00

- 5) Fill in the required fields (denoted with *) and select payment amount then click the "Submit" button at the bottom.





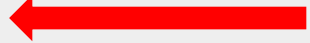
Online Statement


***Disclaimer: Refunds cannot be issued from this site. Please contact your practice if you have any questions concerning*


ADDRESSEE: Test, Gary 1100 Washington Ave Carnegie, PA 15106	REMIT TO: Pediatric Alliance PC 1100 Washington Ave. Carnegie, PA 15106-3616
Amount due: \$105.00	Statement Date: 11/16/2016 Total Account Balance: \$105.00


Make a Payment

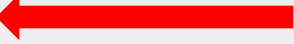
Please select a payment method and then fill in all required information. The billing address selected must match the t

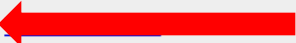
***Payment Method:**     

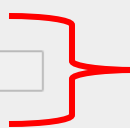
***Cardholder's first name:** 


***Cardholder's last name:** 

***Credit card number:** 

***Expiration date: (Month / Year)** / 

***CVV2:** 

***Payment amount:** Pay Total Due: USD \$105.00
 Pay Other Amount: USD \$
All amounts in U.S. Dollars.  **Select payment amount**

Select a billing address: 


Address line 1:


Address line 2:

City:

State:

Zip: -

 This is an electronic copy of your statement. A paper copy has also been mailed to you.

SUBMIT 

- 6) Print receipt on the confirmation screen for a successful transaction or return to verify your payment information.