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) Log into your NextMD Patient Portal Account. If you do not have an account, please visit the 'Patient Tools → Patient Portal' 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.

Log into Patient Portal

Username

Username
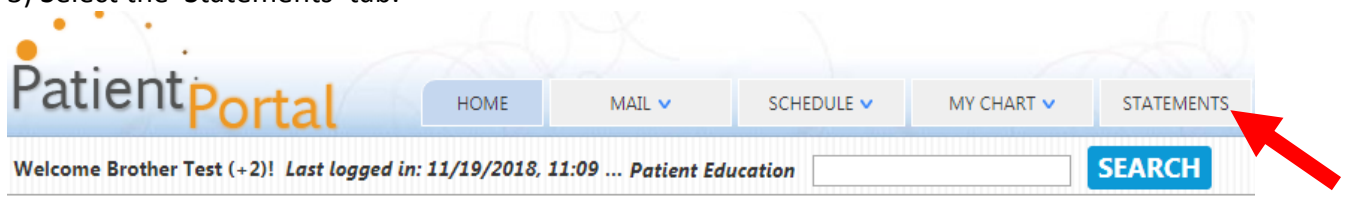
Forgot username?

Password

Password

Forgot password?

LOG IN

I have my password reset token

—— I am new here ——
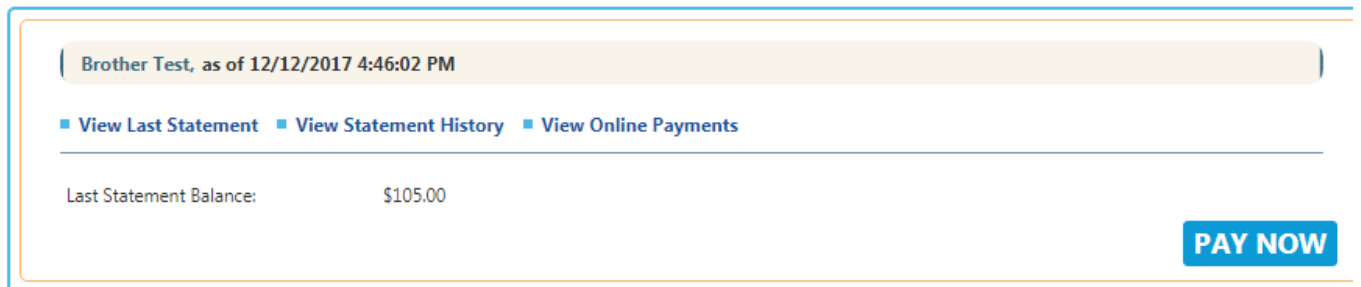
CREATE ACCOUNT

3) Select the 'Statements' tab.

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

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 refunds.

ADDRESSEE:	REMIT TO:
Test, Brother	**Pediatric Alliance PC**
1100 Washington Ave	1100 Washington Ave.
Pittsburgh, PA 15236	Carnegie, PA 15106-3616

Amount due:	Statement Date: 12/12/2017
$105.00	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 billing address for the payment method selected. Your credit card information is not saved or stored by NextGen Patient Portal. Asterisk (*) denotes required field.

*Payment amount: ⦿ Pay Total Due: USD $105.00
　　　　　　　　　 ○ Pay Other Amount: USD $ [   ]
All amounts in U.S. Dollars.

We accept the following payment methods:

VISA　MasterCard　DISCOVER　eCHECK

*Payment Type: [Select payment type ▾]

*Cardholder's first name: [Brother]

*Cardholder's last name: [Test]

Select a billing address: [1100 Washington Ave, Pittsburgh, PA 15236 ▾]

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.