

Patient Pre-Payment Portal Instructions

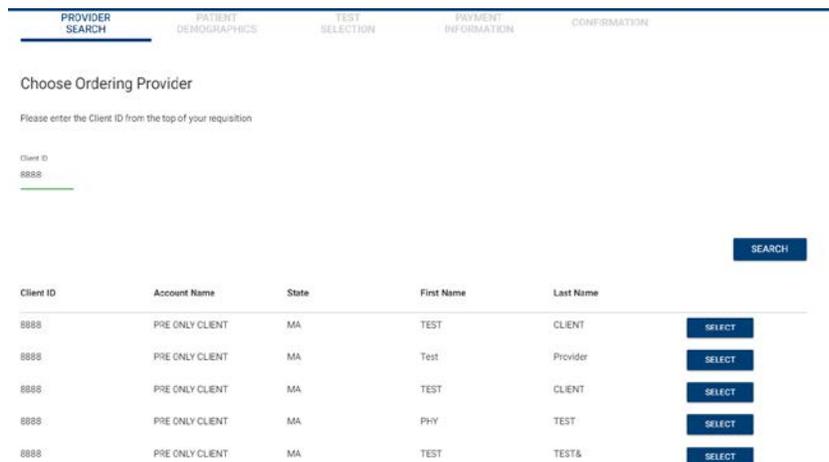
Step 1: After scanning the QR code on the requisition or navigating to <https://patientpay.mybostonheart.com/prepay> you will be brought to a landing page requesting your invoicing status.

Do you have an invoice?

If you select YES, you will be redirected to a payment portal to look up your accession and pay for your testing.



If you select NO, you will be redirected to a screen to identify your ordering provider from the client ID listed on your requisition order form (located at the top left).



Client ID	Account Name	State	First Name	Last Name	
8888	PRE ONLY CLIENT	MA	TEST	CLIENT	<input type="button" value="SELECT"/>
8888	PRE ONLY CLIENT	MA	Test	Provider	<input type="button" value="SELECT"/>
8888	PRE ONLY CLIENT	MA	TEST	CLIENT	<input type="button" value="SELECT"/>
8888	PRE ONLY CLIENT	MA	PHY	TEST	<input type="button" value="SELECT"/>
8888	PRE ONLY CLIENT	MA	TEST	TESTA	<input type="button" value="SELECT"/>

Step 2: Patient Demographics

Enter required information (first name, last name, phone, gender, date of birth, collection date). If you provide an email address in this section, a confirmation email will be sent upon payment.

PROVIDER SEARCH **PATIENT DEMOGRAPHICS** TEST SELECTION PAYMENT INFORMATION CONFIRMATION

Please complete the fields below for the patient for whom the testing is being ordered. Required fields are marked with an asterisk.

First Name*
test

MI
test

Last Name*
test

Email Address

Phone*
4014014001

Address 1 Address 2

City State
- Select - Zip Code

Gender* DOB*
M 02/02/1927

Date of Blood Draw/Specimen Collection Date*
03/02/2023

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Step 3: Test Selection

You will be provided with a full list of all the tests and panels available on your requisition form. As tests are checked off, they will be added to a list of Selected Tests at the top right of the screen to help you verify that you have selected the correct tests. **Be sure to check both the test number and the name of the test to ensure you are selecting the correct test.**

PROVIDER SEARCH PATIENT DEMOGRAPHICS **TEST SELECTION** PAYMENT INFORMATION CONFIRMATION

Select tests below. Pricing information available on the next page.

Please note: if certain tests cannot be selected below (and are grayed out in color), they may already be accounted for in a panel selected and/or be unavailable based on other tests selected information provided about the patient.

Test Search

[+ EXPAND](#) [- COLLAPSE](#)

- Boston Heart Exclusive Tests

- 420 - Prediabetes Assessment, Reflex
- 501 - Cholesterol Balance
- 509 - Cholesterol Balance (sterols only)
- 575 - Fatty Acid Balance
- 751AC - Lifestyle Panel
- 801 - HDL Map
- 809 - HDL Map (particles only)
- 835 - SLCO1B1 (Statin Response)

- Lipid Tests

- 101 - Cholesterol, Total (TC)
- 102 - Triglycerides (TG)
- 221 - HDL Cholesterol (HDL-C)

Selected Tests

- 101 - Cholesterol, Total (TC)
- 102 - Triglycerides (TG)
- 221 - HDL Cholesterol (HDL-C)
- 222 - Direct LDL Cholesterol (LDL-C)
- 816 - Factor V Leiden Genotype
- 826 - Factor II Genotype
- 840 - MTHFR

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Using the Search Function

A Test Search option is available at the top of the screen to help you find specific tests without needing to scroll through the long list of available tests. This search is responsive and updates as you type, providing a list of all tests containing the text entered. **Tip: Search for the test number to locate the appropriate test quickly and accurately.**

Test Search HDL

+ EXPAND **- COLLAPSE**

- Boston Heart Exclusive Tests

801 - HDL Map ?

809 - HDL Map (particles only) ?

- Lipid Tests

221 - HDL Cholesterol (HDL-C)

- Other Tests

98035 - NMR Panel LDL-P; HDL-P

- Other Panels

200H - Lipid Panel Comprehensive with non HDL-C and apoB/apoA-1 calculations only ?

200N - Lipid Panel Comprehensive without sdLDL-C; Non HDL; TC/HDL-C ?

Step 4: Payment Information

Enter your payment information and click **Pay**. **To prevent duplicate charges, do not click the Pay button more than once.**

PROVIDER SEARCH PATIENT DEMOGRAPHICS TEST SELECTION **PAYMENT INFORMATION** CONFIRMATION

Requisition ID: 1995393

Patient	DOB	Gender
test test	02/02/1927	M

+ ORDERED TESTS

Cardholder Authorization: *
Please acknowledge that you have read and accept the Boston Heart cardholder authorization.

Patient Authorization: *
Please acknowledge that you have read and accept the Boston Heart patient authorization.

Amount: \$125.00

Payment Options

Credit Card
 eCheck

Payment information

Card Number

Expiration Date

Card CVV

Account Holder Information

First Name

Last Name

Address

Postal Code

BACK

Step 5: Confirmation

Once payment has been processed, you will be brought to a confirmation page, where you can print a copy of your receipt.

Thank you for your payment! Your confirmation number is:

0620 3975 9261

Requisition ID: 867187 Accession: C0642428 Total Price: \$126.00

[Click here to print a receipt for this transaction.](#)

CLOSE

If you need assistance, please contact bhdbilling@bostonheart.eurofinsus.com.