



## ETCH Patient Portal Integrated On-Line Bill Pay

Please make sure that you are going to the following address: <https://patientportal.etch.com>

**Please Note: Do not use the browser back and forward page buttons; you must utilize the patient portal action buttons to navigate.**

From the action buttons at the top of the screen, select the Billing button:



You will be taken to the following screen:

Note: Click-on an account number to view an itemized list for the account.  
Please Note: There may be additional charges that are not listed or present in the section below. If you would like to pay your balance or set up payment arrangements on your balance please contact your customer service Representative at 865-544-8908 or toll free at 1-888-296-8112. They can be reached Monday thru Friday from 8:00 a.m. - 4:30 p.m.

If you have questions regarding insurance billed or status of a billed claim please contact the Business Office staff Monday thru Friday from 8:00 a.m. - 4:30 p.m. at 865-541-8187.

Thank you for choosing East Tennessee Children's Hospital for your child's medical needs.

We accept:

- American Express
- Discover
- Master Card
- Visa
- eCheck

[Learn More](#)

**EAST TENNESSEE CHILDREN'S HOSPITAL**

[Show All Accounts](#)

Account Number	Date of Service	Total Balance	Your Responsibility
E087654321	Mar 28, 2015	\$545.56	\$545.56
<b>Total Amount You Owe</b>			<b>\$545.56</b>

means that Online Bill Pay is available for this location



## ETCH Patient Portal Integrated On-Line Bill Pay

If there is/are accounts that can be paid, there will be a "Make Payment" icon to the right of the screen.

### Maggie's Billing

Note: Click-on an account number to view an itemized list for the account.  
Please Note: There may be additional charges that are not listed or present in the section below. If you would like to pay your balance or set up payment arrangements on your balance please contact your customer service Representative at 865-544-8908 or toll free at 1-888-296-8112. They can be reached Monday thru Friday from 8:00 a.m. - 4:30 p.m.

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**EAST TENNESSEE CHILDREN'S HOSPITAL** [Show All Accounts](#)

Account Number	Date of Service	Total Balance	Your Responsibility
E087654321	Aug 18, 2016	\$1674.00	\$150.00
<b>Total Amount You Owe</b>			<b>\$150.00</b>

means that Online Bill Pay is available for this location

**Make Payment**

**Print**

Now you will enter the payment amount and click-on the Continue button.

### Maggie's Billing

#### Make a Payment

Enter the amount you wish to pay and the method of payment. Select submit to process your payment. A receipt will be sent to your email address upon authorization of your payment.

1 2

#### Step 1: Enter Your Payment Information

EAST TENNESSEE CHILDREN'S HOSPITAL Pay Total Amount Due

Account Number	Date of Service	Total Balance	Your Responsibility	Your Payment
E087654321	Aug 18, 2016	\$1674.00	\$150.00	<input type="text" value="\$ 0.00"/>


**Continue**

**Do Not Submit. Return to List of Billing Accounts**



## ETCH Patient Portal Integrated On-Line Bill Pay

Now you will enter the payment method and verify/enter payment information:



### Maggie's Billing

**Make a Payment**

Enter the amount you wish to pay and the method of payment. Select submit to process your payment. A receipt will be sent to your email address upon authorization of your payment.

1 ————— 2

**Step 2: Enter Your Billing Information**

**Amount of Transaction: \$100.00**

Payment Method

First Name

Last Name

Address

City

State

Zip Code

Country

Email Address

Confirm Email Address

**Credit Card Information**

Card Number

Card Expiration Month

Card Expiration Year

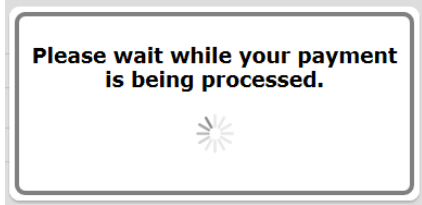
Card Security Code

What is a security code?




## ETCH Patient Portal Integrated On-Line Bill Pay

Once you enter the information and click-on the Submit button, you should see your payment being processed:



Once the payment has been processed, you will get a confirmation screen:

 **Maggie's Billing**

**Patient Receipt**  
Thank you for your payment. A receipt of this transaction will be sent to your email.

Date of Payment:	Feb 11, 2016
Transaction Number:	0
Account Number & Payment Amount:	E000001511 \$25.00
Account Number & Payment Amount:	E000002360 \$25.00
Total Payment Amount:	\$50.00
Payment Method:	Visa XXXX8888
Billing Information:	<YourName> 123 Main Street Powell TN 37849

The patient will also receive an e-mail with payment confirmation:

From: patientportal@etch.com  
To: Simpson, C. Rick  
Cc:  
Subject:

Dear Mr. <YourName>

Date of Payment: Feb 04, 2016

Transaction Number: 0

Total Payment Amount: \$25.00

Payment Method: Visa XXXX0027

Billing Info:  
<YourName>  
123 Main Street  
Powell TN 37849