

HOW TO MAKE AN ONLINE PAYMENT - FOR REGISTERED USERS





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Click the **Patient Login** button on the mondovidental.com/billpay website under the Patient Login section.

		HOME	PAYMENT	FAQ	PROFILE	LOGOUT			
Mondovi 🛛	Dental Welcome Joseph Apex (Last login 5/7/2016)								
Contact us:	The amount column reflects the amount due from your last statement and may not be your current balance.								
Find Your Dental Location	Date	Name	Patient Number	Туре	Online Payments	Amount			
Email: publication/vice/#mondov/dental.com Webbite: mondov/dental.com Phone: Bis2-209-5590	+ . May 01 2016 VEW SAVE FAV	JOSEPH D. APEX	565456	Mondovi Dental	\$0.00	\$15.00			
	+ 🗇 May 01 2016 🐨 🕬 🕅	JOSEPH D. APEX	565456	Mondovi Dental	\$0.00	\$15.00			
	\bigcirc								
'ollow us on: f	Pay Selected								
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After logging in, select the statement you wish to pay on and click the **Pay Selected** button located at the bottom of your screen.



Enter your email address to receive a receipt of the payment. Fill in the remaining phone number and patient number fields and select method of payment (Credit Card or eCheck) and click **Continue.**





Enter your username and password and click the **Login** button

		HOME	PAYMENT	FAQ	PROFILE	LOGOUT
	Dental	Welcome Joseph Ape	x (Last login 5/7/20:	16)		
iontact us: Iondovi Dental Ind Your Dental Location	Make a Payment F	fields marked with an asterisk (*) are requir	ed.			
Enalli patientoensices@enondovidental.com Website: mendovidental.com Phone: 803-309-5550	Patient Number 645654 Statement Date: May 01 2016 - Pay last statement balance: Pay a different amount:	Mondovi Dental - <u>View Statement</u> \$15.00 , Due				
	Total Due: \$15.00					
	Continue					
ollow us on:						
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Select to pay the last statement balance or pay a different amount and click **Continue.**

	Dental		Welcome Jo	seph-Apex (Last logi	5/7/20161		
Contact us: Mondovi Dental I'nd Your Dental Location Email: patientievicedencedovidental.com	Statement Date May 01, 2016		Due Date	Amount Due \$15.00 Tota	l Payment	Amou	nt to Pay \$15.00 \$15.00
webbik meduridarital.com Phone 053-263-5550		Card Number	MasterCard Expiration	DISCOVER	Security Code		
		Cardholder Name Cardholder Address City, State	1234 Main Street Littleton	JOSEPH APE	<		
		Zip Code	87401-1867 Continue	Cancel			
Follow us on:							



Enter your payment information and click **Continue** to process your payment. You will receive a receipt to your email confirming payment. All payments will be processed within 3-5 business days.