

# VIRTUAL CARD

HealthEquity's convenient provider payment process



## BENEFITS

### Faster payment

By streamlining the payment process, HealthEquity's virtual card provides faster payment delivery and funds availability through improved accuracy and timing.



### Enhanced security

Virtual card payments are much more secure than mailing checks and are only able to be used for medical purchases.



### Cost savings

Virtual card eliminates the costs for printing, mailing, lost checks, wrong addresses, etc.

## HOW IT WORKS

When paying a provider through HealthEquity's online member portal, providers receive a virtual card payment from HealthEquity through fax or mail (see included sample). The payment will include:

- Virtual card number
- Authorized amount
- Patient's name
- Claim number
- Other pertinent information

Payments are sent via fax if the provider's fax number is available. If not, the payment will be mailed to the provider.

Once received, the provider may enter the card number listed on the page into their merchant terminal and apply the payment to the member's bill.

Funds are withdrawn from the member's account, and the payment will reflect on the member portal indicating a payment was made via our virtual card process and settlement status. Proactive follow-ups to the provider will occur for unprocessed transactions. If a virtual card payment has not been processed after 45 days, a paper check will be issued.

**HealthEquity**<sup>®</sup>  
Building Health Savings™



15 W. Scenic Pointe Drive, Ste. 100  
Draper, UT 84020 | [www.HealthEquity.com](http://www.HealthEquity.com)

StoneEagle Services, Inc.  
on behalf of HealthEquity  
111 W. Spring Valley Rd.  
Richardson, TX 75081



ABC HOSPITAL  
123 Smith Dr  
Suite 100  
Smithfield, NY 01234-1234

### PAYMENT FROM PATIENT

PATIENT PAYMENT INFORMATION PROVIDED BELOW:	
	
CARD NUMBER 0000 0001 2345 6789	
AMOUNT 50.00	
CVC CODE 123	EXP. DATE 07/13

**Amount Authorized: \$50.00**

**Date: 05/19/2014**

**Sent payment to:**

ABC HOSPITAL  
123 Smith Dr  
Suite 100  
Smithfield, NY 01234-1234

Patient Name: Doe, John S.	Account/Claim Number: FA14123456789
Amount: 50.00	Account Holder (Payer): Doe, Jane M.
Date of Service: 2014-01-01	Type of Service: Medical
Provider Name: ABC HOSPITAL	Alt Claim ID: 123456-0000

**To process this payment from your patient:**

1. Type the 16-digit number into your merchant terminal.
2. Enter the amount when prompted by the terminal.
3. Enter the CVC code, if required.
4. No PIN is required.
5. If the terminal prompts for address and ZIP code, enter the return address above in the upper left hand corner under StoneEagle.
6. If there are any questions regarding specific claim or patient information only, HealthEquity can be contacted at 877.713.7710. For all other questions or if you have questions regarding processing your payment, please call our Customer Service Center at **866.919.0537**. Please have your SE Transaction ID (located below) available for reference.

Client Payment #: 12345678

SE Transaction ID: 1234567890

**NOTE:** In accordance with your MasterCard agreement, a virtual card is a legal and recognized form of payment for claims. Rejection of the virtual card could be a violation of your merchant agreement and result in a non-payment.

Payment technology protected by one or more patents, see <http://www.stoneeagle.com/patents/>. Additional patents pending.