



Save time, pay online!

Westchester Medical Center Health Network has enhanced our patient online payment experience so you can easily see your accounts, make a payment and more.

Our online payment experience allows:

- Easy access to all your physician bills in one location, 24/7
- Visibility into payment history and balance(s) owed
- Digital ways to pay based on your preference — go paperless!

To make an online payment, you need your guarantor/visit number and the patient's date of birth. It's just that simple!

Step 1: Visit the online payment URL on your bill.

Step 2: Enter the guarantor/visit number and patient's date of birth.

Step 3: Click 'View My Bill.'

Step 4: Choose the payment option and method that works best for you.

**WMC Health | WMCHealth
Physicians**
PO Box 49 | ATTN: APS | Pittsburgh, PA 15230-0049
Electronic Service Requested

4448000017 PRESORT PBP5001 <S>
JON DOE
101 WOODS DRIVE
ANYTOWN NY 10673-3202

Accounts Summary	
Guarantor Number 12345678	
Statement Date	07/19/2022
Total Remaining Balance	\$0.00
Payment Plan Amount Due	\$0.00
Amount Due	\$0.00

DUE UPON RECEIPT

Payment Options		
Payment Plan \$0.00 x 6 months	OR	Pay In Full \$0.00 Due Upon Receipt
All Options: wmchealthaps.com/bill		

Amount Due Upon Receipt

\$0.00

Important Messages

Thank you for choosing WMCHealth Physicians for your health care needs. Your balance is due now. Please pay upon receipt of this notification. If you are unable to pay the full balance, you may elect a payment plan.

Visit the URL on your bill to pay online

Payment Methods

Pay online at wmchealthaps.com/bill

Pay by phone 888-305-3312

Scan this QR code for quick access with a smartphone

Customer Service

833-353-6886
Hours of operation: Mon-Fri 8:30am to 4:30pm ET

Please detach and return bottom portion with your payment.

WMC Health WMCHealth Physicians	Guarantor Number 12345678	Guarantor Name JON DOE	Due Date Upon Receipt
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To pay with a credit card visit:
wmchealthaps.com/bill

Minimum Amount Due: \$0.00

Amount Enclosed

Make a payment of \$0.00 to activate a payment plan. By paying monthly, I agree to the terms located at wmchealthaps.com/bill.

If paying by check
Please make check payable to
WMC Advanced Physician Services and
include your guarantor # on your check.

WMC ADVANCED PHYSICIAN SERVICES
CLIENT ID # 400004
PO BOX 5046
NEW BRITAIN, CT 06056-5046

