

Entering Electronic Checks in Amplifon Lite

Enhancements have been made in myamplifonusa.com to allow electronic check (E-check) entry and processing. Locations that use the E-check functionality are no longer required to mail the patient's physical check to Amplifon Hearing Health Care. E-checks automatically transmit to Amplifon Hearing Health Care for processing.

E-check Entry Process in www.myamplifonusa.com

1. After the Customer Referral has been processed in the online portal (Audiological Findings and product entry are complete), Step 3: Confirm & Pay appears.
2. Click the **add payment** button located toward the bottom of the page.
3. In the Payment Type drop-down, select **E-Check**.

The Bank Routing and Account Number section will appear.

Enter all required information as follows:

- Amount
- Check Number
- Routing Number (must be entered twice and must match exactly)
- Account Number (must be entered twice and must match exactly)

Please note: Cashiers Checks, Money order, Credit Card Checks or Third Party Checks cannot be processed through E-Check. Please mail those types of checks, with completed Receipt of Delivery form, to us at 5000 Cheshire Parkway N, Plymouth, MN 55446.

4. Click the **save** button.

1 Audiological Findings
 2 Hearing Aid/ Service Detail
 3 Confirm & Pay
 4 Print & Fax

Confirm Patient

Patient: Frank Sinatra	Category: Discounted
Patient ID: 229274	Plan Name: AETNA DISCOUNT
Address: 44 Hem Way Anytown, TX 55555	PO Number: AM00054129
Phone:	Staff: John Watson

Confirm Sale

Qty	Item	Description	Amount	Date of Service
1	Hearing Aid	GN RESOUND ENZO 2 7 EN798-DW BTE BTE Standard Digital Battery Type: 675	\$1995.00	10/23/2017
1	Hearing Aid	GN RESOUND ENZO 2 7 EN798-DW BTE BTE Standard Digital Battery Type: 675	\$1995.00	10/23/2017

For Hearing Aid Purchases: [Warranty Information](#)

Insurance Pays: \$0.00
Patient Pays: \$3990.00
Total Due: \$3990.00

Add Payment

For **Check or Credit Card** Payments, please click the add payment button. If there are multiple payments, click the add payment button for each transaction. Please note, all payment detail entered will result in an immediate processing of this patients payment.

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For **Care Credit** payments, please fax the completed payment form to 888-371-5961.

* When you click the continue button, you are confirming the sale, payment, and you are submitting the information to Amplifon Hearing Health Care.

Add Payment

Payment Type: E-Check total amt

Amount: \$ 1398

Description:

Date: 10/09/2017

Check #: 1234

Check Date: 10 / 09 / 2017

Enter Bank Routing Number and Checking Account Number below
(this information can be located at the bottom of the check)

Routing Number:

Confirm Routing:

Account Number:

Confirm Account:

Error messages will appear in the following scenarios:

- Required information is not entered
- Routing and/or account numbers entered do not match
- Amount entered is greater than the balance owed by the patient

You will be required to fix the error before saving the E-Check entry.

When all required information is accurately entered and the **save** button is clicked, the Confirm & Pay screen will display the E-Check payment detail.

Continue the online process (Print, Sign and Fax the Receipt of Delivery).

The customers E-Check payment is automatically visible to Amplifon Hearing Health Care.

Stamp the physical check as 'COPY' and retain a copy of the check for audit purposes.

Bank Account Number does not match


Check number must be entered

Amount cannot exceed the amount owed by patient.

Add Payment

For **Check or Credit Card** Payments, please click the add payment button. If there are multiple payments, click the add payment button for each transaction. Please note, all payment detail entered will result in an immediate processing of this patients payment.

Payments:

E-Check 10/9/2017 (\$1,000.00) 

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