USER GUIDE
OTHER PAYER PAYMENT OPTIONS

What is an Other Payer?

An Other Payer is a business entity paying the application fees for an applicant applying for licensure online

How to Get Started

Go to www.FLHealthsource.com and select 'Licensee/Provider'

Other Payer Services

Click either the "Make Payments for Other Licensee Transactions" or "Practitioner Login" links

Other Payer Login

- Select 'Other Payer' as the profession, enter your User ID and password, and click on the 'Sign in using our secure server' button

- Your user ID and password can be found in the letter sent to you by the Board office

- If you have lost this information, please contact the call center at (850) 488-0595, Monday through Friday from 8:00 a.m. to 6:00 p.m. ET

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Welcome to the Division of Medical Quality Assurance Online Services.

If you know your User ID and Password:

1. Select your profession: Other Payer

2. Enter your User ID: testin11

3. Enter your Password: ●●●●●●●●

* NOTE: User ID and Password are case-sensitive.

Sign in using our secure server ▶

Please note your User ID and Password were mailed with your **physical license**.
Look in the center section and refer to the Online Services Instructions, item #5.
Your security is important to us; therefore, this information is NOT located on postcard
renewal notices.

Select 'Other Payer' as the profession.

Enter in your UserID and Password from the letter sent to you by the Board of Pharmacy.

If you have lost this information, please contact the call center

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Other Payer Main Page

- Click on the code for which you will be paying. Some businesses may have multiple codes.

- The Pending transaction count is the total number of applications awaiting payment. Please note you will only be allowed to pay up to 999 applications at one time. If you have more than that, you will need to return to this screen to view the next invoice of 999 applicants.

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Update Login

Log Off

Welcome to the Other Payer Code page . Click on the Payer Code below to review the individuals who submitted an application with your Other Payer Code as a payment option.

If the Pending Transaction Count is greater than 999, you will have to complete more than one payment transaction. After you have completed this transaction, please check back for additional applicants.

Other Payer Code	Pending Transaction Count
224KN0001	2

Click on the code for which you will be paying. Some businesses may have multiple codes.

The Pending transaction count is the total number of applications awaiting payment. Please note you will only be allowed to pay up to 999 applications at one time. If you have more than that, you will need to return to this screen to view the next invoice of 999 applicants.

List of Applicants

- To get started, first you will need to verify the below applicants' information with your records and reject the individuals who are NOT eligible to use this Other Payer Code. After the ineligible individuals are rejected, then you may click the 'Continue' button. You will not be able to add a 'rejected' applicant back to the list.

- To avoid errors and overpayments, we recommend that you verify the information at least twice before rejecting or approving. The refund process may take longer than normal. Individuals who are rejected will be sent an automated email indicating that they are now responsible for payment, either by credit card, cashiers check or money order.

- If you are paying by check, you MUST include a copy of your invoice along with your payment. If you have any questions, please contact the Department of Health helpdesk at (850) 488-0595, press menu option 3.

- Please click 'Continue' for a link to print this invoice. The link will be located on the upper right side of the screen.

- Verify each applicant's information. If, for any reason, you are not willing to pay for an applicant, check the Reject box. Once you have verified the applicant's information, click the 'Continue' button to proceed to the next page.

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Practitioner Login

FAQ

Contact Information

CE Broker Registration

To get started, first you will need to verify the below applicants' information with your records and reject the individuals who are **NOT** eligible to use this Other Payer Code. After the ineligible individuals are rejected, then you may click the 'Continue' button. You will not be able to add a 'rejected' applicant back to the list.

To avoid errors and overpayments, we recommend that you verify the information at least twice before rejecting or approving. The refund process may take longer than normal. Individuals who are rejected will be sent an automated email indicating that they are now responsible for payment, either by credit card, cashiers check or money order.

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Please click 'Continue' for a link to print this invoice. The link will be located on the upper right side of the screen.

File Nbr	Last Name	First Name	City, State	Last 4 of SSN	Transaction Type	Amount Due	Reject
26479	GRAFF	JENNIFER	miami, FL	7744	APPLICATION	$205.00	☐
26478	JONES	MARY	Tallahassee, FL	9777	APPLICATION	$205.00	☐

Rejecting Applicant's Request for Payment

- Upon rejecting an applicant, a confirmation box will pop up asking if you wish to reject the request for payment. Click 'OK' if so, or click 'Cancel' if you want to pay for that particular applicant.

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If you are paying by check, you MUST include a copy of your invoice along with your payment. If you have any questions, please contact the Department of Health helpdesk at (850) 488-0595, press menu option 3.

Please click 'Continue' for a link to print this invoice. The link will be located on the upper right side of the screen.

Windows Internet Explorer

? Do you wish to reject the request for payment for applicant:

JENNIFER GRAFF

If so, click OK to proceed with reject, otherwise click Cancel.

[OK]   [Cancel]

File Nbr	Last Name	First Name	Transaction Type	Amount Due	Reject
26479	GRAFF	JENNIFER	APPLICATION	$205.00	☑
26478	JONES	MARY	APPLICATION	$205.00	☐

Upon rejecting an applicant, a confirmation box will pop up asking if you wish to reject the request for payment. Click 'OK' if so, or click 'Cancel' if you want to pay for that particular applicant.

[Continue]

Payment by Check

- If paying by check, you MUST include a copy of the invoice so the processing staff will know exactly which applicants you are paying for and how to apply the money received.

- Click the 'Print Invoice' button to print a copy of the invoice to be submitted with the check.

Payment by Check – Example Invoice

- If you are paying by check, you MUST include a copy of your invoice along with your payment.

- Please provide a separate check for each invoice.

- Please mail to: Florida Board of P.O. Box Tallahassee, FL 32314-6320 If you have any questions, please contact the Department of Health the call center at (850) 488-0595, Monday through Friday from 8:00 a.m. to 6:00 p.m. ET

Division of
Medical Quality Assurance

MQA

Invoice Information

Other Payer Code : 224KN0001
Other Payer Name :
Invoice Number :   258

Date : 4/1/2010 3:12:29 PM

Invoice Amount : $410.00

File Nbr	Last Name	First Name	City, State	Last 4 of SSN	Transaction Type	Amount Due
26479	GRAFF	JENNIFER	miami, FL	7744	APPLICATION	$205.00
26478	JONES	MARY	Tallahassee, FL	9777	APPLICATION	$205.00
					Total Invoice Amount	$410.00

If you are paying by check, you MUST include a copy of your invoice along with your payment. **Please provide a separate check for each invoice.**

Please mail to:
Florida Board of
P.O. Box
Tallahassee, FL 32314-6320

If you have any questions, please contact the Department of Health helpdesk at (850) 488-0595, press menu option 3

When paying by check, you MUST mail a copy of this invoice along with the check.

Also, you must provide a seperate check for each invoice.

Payment by Credit Card

- When paying by credit card, enter the credit card information and click the 'Process' button to proceed to the next screen.
- The Fee Amount is the sum total of the Amount Due column from the List of Applicants page.

The following screen will appear after you pay by credit card. From this screen, you can click on the following links:

- 'Print Credit Card Receipt'
- 'Print Invoice'
- 'Return to Other Payer List'

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Credit card submission was successful.

Update Login

Log Off

Print Credit Card Payment Receipt 🖨

Print Invoice
Return to Other Payer List

Invoice Information :

Other Payer Code :	224KN0001
Other Payer Name :	PT ONLY OTHER PAYER CODE

Credit Card Information :

Credit Card Number :	*1111
Credit Card Type :	VS
Credit Card Expiration Date :	01/11
Name On Card :	MCM
Order ID :	409213842
Merchant Transaction Number :	V54N43425753
Date/Time :	4/1/2010 4:42:16 PM
Reference Code :	00000000

ABOUT SSL
CERTIFICATES

The following screen will appear after you pay by credit card.

From this screen, you can click on the following links:
'Print Credit Card Receipt'
'Print Invoice'
'Return to Other Payer List'
'Log Off'

If you click the 'Return to Other Payer List' link, the main page will show the number of Pending Transaction Count as 0.

Other Payer Applicants

- If an applicant is rejected, they will receive an email prompting them to provide payment.

- The payment can be made online by logging onto Online Services at www.FLHealthsource.com and paying by credit card or through the mail with a cashier check or money order.