



Training Guide

E-pay Instructions

Health Facilities Services

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Overview

EPay is a payment process method developed by HIT DOH and is integrated with various DOH systems for seamless payments. EPay application facilitates as a simple single page application to ease the payment from many DOH programs to make payments for various merchants. Payments are accepted through credit card and Echeck. Credit card payments go through NICUSA Payment service whereas the Echeck payments go through Treasury department.

Acronyms

S. No	Acronym	Expansion	Description
1.	HFS	Health Facility Services	HFS is the department that deals with the various core functions like: Licensing, relicensing, certificate of need, facility inspections, investigations of complaints, enforcement, etc. HFS application provides faster processing times to license and relicense health care facilities by making historical and current data readily available to staff at the Department of Health, Human Services, and the Office of the Attorney General.
2.	SSN	Social Security Number	A unique nine-digit number issued to an individual by the Social Security Administration (SSA).
3.	DOB	Date of Birth	Date of Birth of the applicant/administrator

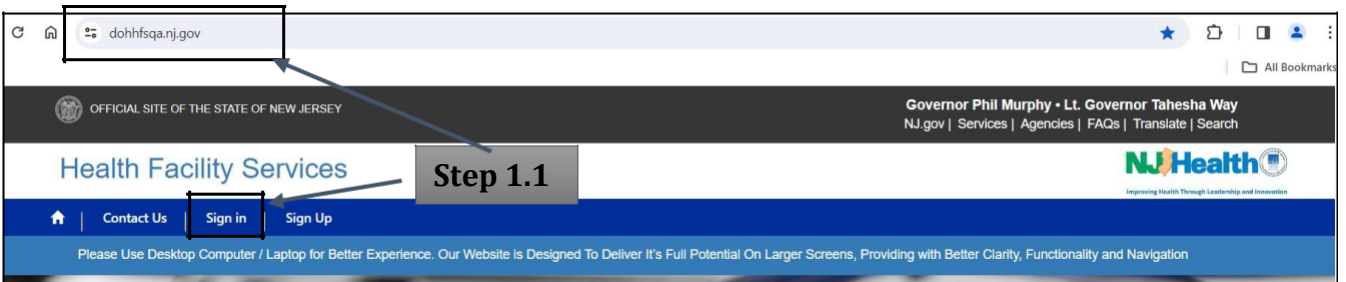
Glossary of Terms

S. No	Word/Symbol	Meaning
1.	Check	Applicants may submit the licensing fees through checks. Payable to: Treasurer, State of New Jersey
2.	E-pay	If the payment is done through Portal (E-payment), then the payments will be in pending status until the e-pay team gives a confirmation of success message.
3.	Wire	Applicants may also send the license amount through wire transfers.

Pre-Requisites

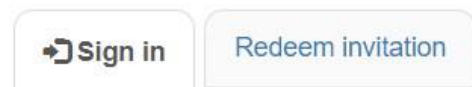
1. Login Steps

A facility trying to make a payment for has to login to the DOH portal.



Step 1.1 To login to the portal, please type in <https://dohlicensing.nj.gov/> in the URL address box in Google Chrome or Microsoft Edge and click Sign in.

Health Facility Services



Facility User Login

Step 1.2

* User name

* Password

Remember me?

Step 1.3

Sign in

Forgot your Username/Password?

Step 1.2 Please enter your Username and your secured password to validate your user credentials.

Step 1.3 After entering the login credentials, please click on Sign in button to enter the system.

2. Navigating through Licensing Application for Payment

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NJ.gov | Services | Agencies | FAQs | Translate | Search

Health Facility Services **NJHealth**
Improving Health Through Leadership and Innovation

Home | Contact Us | **My Facilities** | Hansika Somsole

Step 2.1

Step 2.1 Please click on My Facilities to view all the registered Facilities.

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Home | Contact Us | **My Facilities** | Hansika Somsole

My Facility Count: 1
Select a Facility
234 BUILDING

Facility Name: 234 BUILDING License Number: 1505

Facility | Owner | Applications | Beds | Services | Counties | Accreditations

License Information

Step 2.2

Step 2.2 Please select the Facility for which you wish to view the Application for from the left menu.

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Home | Contact Us | **My Facilities** | Hansika Somsole

My Facility Count: 2
Select a Facility
234 BUILDING
ABCDE SURGICENTER, LLC

Facility Name: ABCDE SURGICENTER, LLC License Number: R24517

Facility | Owner | **Applications** | Beds | Services | Counties | Accreditations

Tracking #	Application Type	Amendment Type	Date	Created On	Status	Total Due	Total Paid	Balance Due	Payment Status
LR-R24517-19185	Renewal			11/30/2023	Draft	\$4,000.00	\$0.00	\$4,000.00	Payment Balance Due

Step 2.3

Step 2.4

Step 2.3 After you choose the Facility, please click on Applications tab, and choose the Application that needs any action from the list of applications displayed.

Step 2.4 Please click on the small arrow as shown above and then choose View Application.

Application Details

Facility Information

Administrators

Licensed Operator Information

Beds & Services

Associated Documents

Questionnaire

Certification

Payment Information

Step 2.5

Application Detail

Facility	License Number	Last Expiration Date	Applications Number
234 BUILDING	1505	10/31/2020	LR-1505-19156

Facility Information

Facility Name

Facility ID	Facility Type	Medicaid #	Medicare #
NJ1505	HOSPITAL-BASED, OFF-SITE AMBU		

Facility Type Group Class	Facility Official Phone *	Facility Official Email *	Facility Official Fax
Acute	(973) 754-2002		(973) 754-2009

Facility Address

Step 2.5 Please fill the required details under each of the sections on the left menu. Please ensure to click on Save button while navigating through each section until you reach the Payment Information page.

- Facility Information
- Administrators
- Licensed Operator Information
- Beds & Services
- Associated Documents
- Questionnaire
- Certification
- Payment Information

Step 2.5

Certification

Payment Information

Balance Due
\$4,000.00

Payments In-Progress

Transaction ID	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date ↓
There are no records to display.							

Payments History

Name	Type of Payment	Is Credit Card	Reference Number	Amount	Status Reason	Date ↓
There are no records to display.						

Step 2.6

Previous Preview / Pay Cancel

Step 2.6 Please click on Preview/Pay to proceed to Payments.

Payments In-Progress

Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date ↓
There are no records to display.							

Payments History

Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Status Reason	Date ↓
There are no records to display.						

Step 2.7

Pay now Back Cancel

Step 2.7 Please click on Pay now.

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Health Facility Services NJ Health
Improving Health Through Leadership and Innovation

Home Contact Us My Facilities My Health

Pending Balance Due
\$4,000.00

Select Payment Type
 Paper Check Online Payment

Step 2.8

Continue Payment Close

Facility Information

Application Details

Facility	License Number	Last Expiration Date	Applications Number
ABCDE SURGICENTER, LLC	R24517	3/20/2024	LR-R24517-19185

Facility Information

Facility ID	Facility Type	Medicaid #	Medicare #
NJ90055	AMBULATORY SURGICAL CENTER	—	31C0001227

Facility Type Group Class	Facility Official Phone *	Facility Official Email *	Facility Official Fax
	(908) 821-5125	kweber@fostermd.com	(732) 844-2074

Step 2.8 Please choose the preferred Payment Type (Paper Check/Online Payment)

3. Payments

3.1 Online Payment

If you choose to make an Online Payment on the Payments page, please select the appropriate option for the below and click on Continue Payment.

- Payment Account (Individual Account/Business Account)
- Online Payment Type (Echeck/Credit Card)

The screenshot shows the 'Pending Balance Due' modal with the following details:

- Pending Balance Due: \$4,000.00
- Select Payment Type: Paper Check Online Payment
- Individual or Business: Individual account Business account
- Select the Online Payment Type: Echeck Credit Card

The modal also includes a note: "The transaction is typically cleared within three to five business days and the funds are moved to the payee's account." and buttons for "Continue Payment" and "Close".

Facility ID	Facility Type	Medicaid #	Medicare #
NJ90055	AMBULATORY SURGICAL CENTER	—	31C0001227

Note: If the Online Payment Type is selected as Echeck, the below message is displayed:

The transaction is typically cleared within three to five business days and the funds are moved to the payee's account.

Note: If the Online Payment Type is selected as Credit Card, the below message is displayed:

*There is a service charge/convenience fee of **2% of the payment amount plus \$0.50** for credit card payments. Customer Credit Card information will not be retained by State of New Jersey (Dept of Health).*

3.1.1 Echeck Payments

If you choose to make the payment through Echeck, you will be redirected to the below page:

License Application Details			
Tracking #	License #	Facility Name	Application Type *
LR-R24517-19185	R24517	ABCDE SURGICENTER, LLC	Renewal

1 Payer Details 2 Payment Certification 3 Review and Pay 4 Preview and Submit

Payer Information

Trade/Individual Name *

Address Line

Address not found ?

Address Line 1 *

Address Line 2

State *

City *

Zip *

Phone *

Fax

Email address *

Step 3.1.1.1 Enter the below details on Payer Details tab.

- Trade/Individual Name
- Click on the checkbox next to **Address not found?** text and enter the below details if the Address details are not already displayed.
- Address Line1
- State
- City
- Zip
- Phone
- Email address

Responsible Party Information

First Name *

Last Name *

Payment type information

Type of Payment *

Echeck Credit card

Individual or Business *

Individual Business

Previous Next Switch Payment Type

Step 3.1.1.2 Enter the below details under Responsible Party Information and click on Next.

- First Name
- Last Name

NOTE: Please click on Switch Payment Type if you would like to change the Type of Payment to Credit Card.

License Application Details

Tracking #	License #	Facility Name	Application Type *
LR-R24517-19185	R24517	ABCDE SURGICENTER, LLC	Renewal

2 Payment Certification 3 Review and Pay 4 Preview and Submit

Certification

I authorize the State of New Jersey to debit the bank account listed above for the amount of \$4000.00

NOTE: A return and/or payment is accepted and confirmed for processing on or before 11:59 PM on the due date, or legally extended due date, will be deemed timely filed and paid even though the actual Settlement Date assigned by the ACH Banking System may be after the due date or legally extended due date. If the due date falls on a weekend or a legal holiday, the due date is legally extended to the following business day.

Important EFT Filer Information: You have designed a bank account that differs from the bank account information currently on file with the New Jersey Division of Revenue EFT Unit. This information must be updated using an account revision request form and submitted to the EFT Unit for future EFT payments to be credited to your account. Any questions about updating your EFT banking information, call the EFT Unit.

Previous Next Cancel Payment

Step 3.1.1.3 Please tick the checkbox for authorization under the Payment Certification tab and click on Next to Proceed with Payment.

NOTE: Please note that you can choose to Cancel Payment at this step.

Payment Information

Electronic Check Payment

Will the funds for the payment come from an account outside of the United States ?
 No Yes

Amount
 \$ 4000.00

Routing number

Account number

Account Type
 Choose...

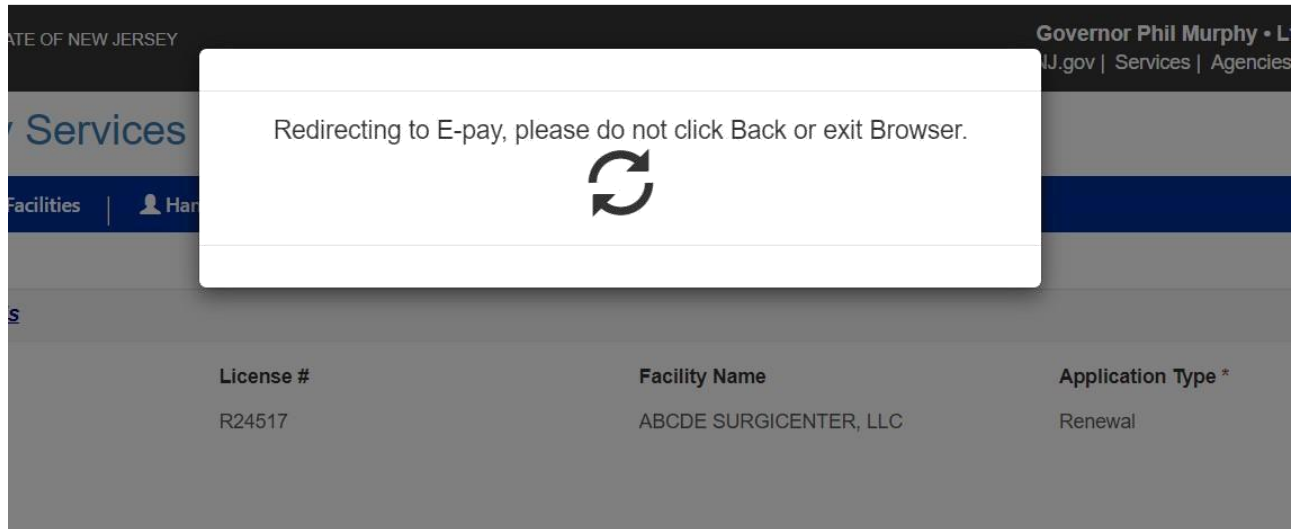
[Click here for sample check with bank routing number and your bank account number](#)

Previous Next Cancel Payment

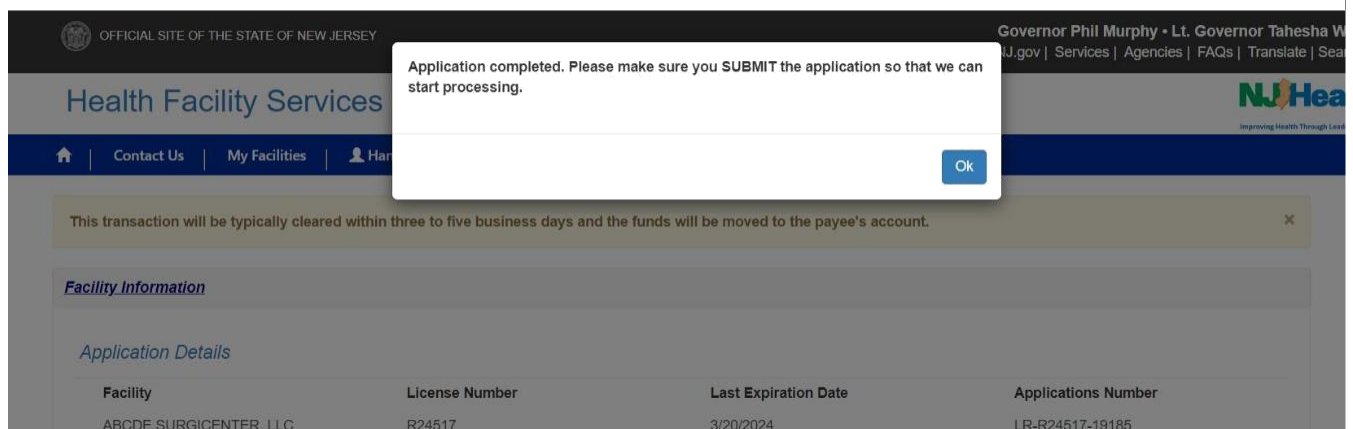
Step 3.1.1.4 On the Review and Pay section, enter the below information, and click Next.

- Choose whether funds for payment come from outside USA.
- Routing Number
- Account Number
- Account Type (Checking/Savings)

NOTE: Please note that you can choose to Cancel Payment at this step.

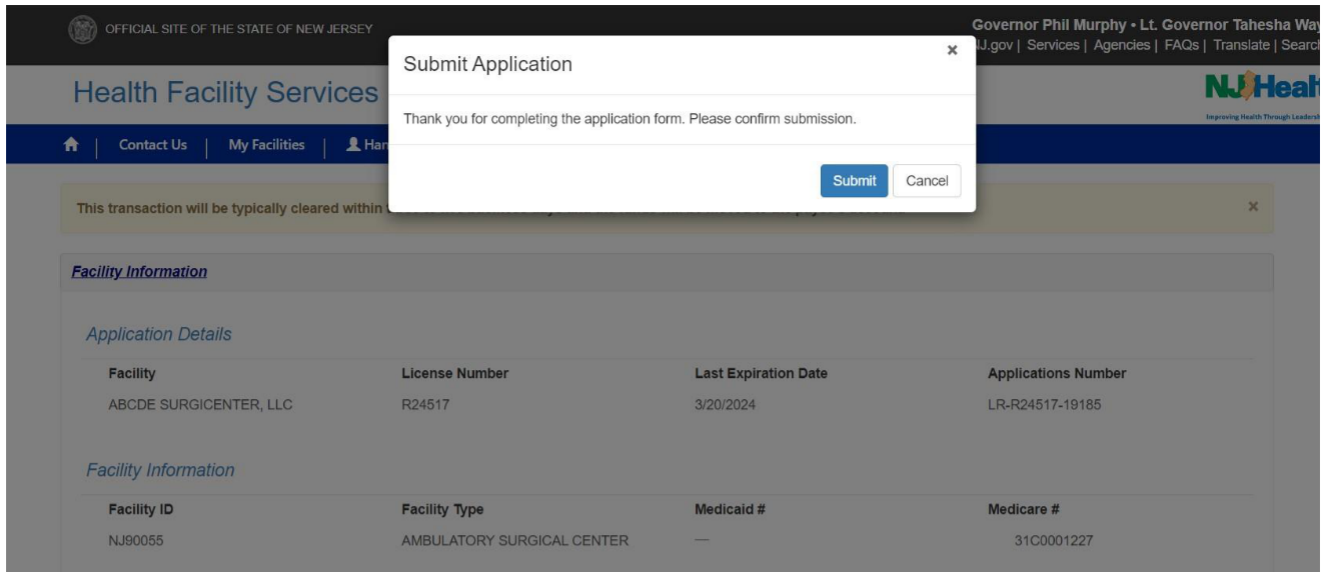


Step 3.1.1.5 The above popup message would appear. Please wait until you are redirected to next page.

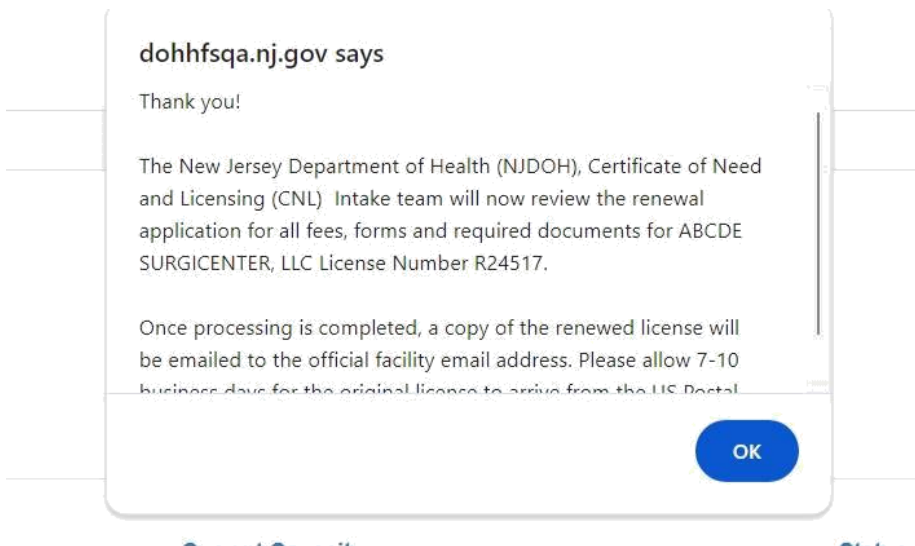


Step 3.1.1.6 Please click on Ok when the below Popup message appears.

Application Completed. Please make sure you submit the application so that we can start processing.



Step 3.1.1.7 Please click on submit button to complete submission of application.



Step 3.1.1.8 Please click OK when the above pop-up message appears.

Payments In-Progress

Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date ↓
LIC2740	E-Pay	No	14280-153398082	\$4,000.00	Yes	Pending	11/30/2023

Payments History

Transaction Number	Payment Type	Is Credit Card	Reference Number	Amount Received	Status Reason	Payment Date ↓
There are no records to display.						

Close

Step 3.1.1.9 Please scroll down to see the Payment record in Pending state.

CN & L : Renewal Application and Payment Successful Submission



TestUser2, CRM [DOH]

To
Cc

If there are problems with how this message is displayed, click here to view it in a web browser.

Hello Hansika Somsole ,

** This is an automatically generated email, please do not reply directly to this email. **

Greetings from the New Jersey Department of Health (DOH).

This is a Renewal Application report submission confirmation for the CN & L Application: LR-R24517-19185

Here are the transaction details made through portal.

Application Name : CN and Licensing**Application Type :** Renewal**License Number :** R24517**Type of Service :** Electronic Check Payment**E - pay Transaction Number :** 14280-153398082**Application Payment Amount :** \$4000.00**Payment Including Service Fee :** \$4000.00**Payment Date :** 11/30/2023**EFT Code :** 14280For more transaction details, please login into portal: <https://dohlicensing.nj.gov/> and navigate to Payment information tab.If you believe you received this email in error, or you have any questions, please contact us Licensing team at Phone number: 609-376-7800 and Email to: CNandLicensingRequests@doh.nj.gov

Step 3.1.1.10 Please note that you will receive an email confirmation as an acknowledgement to Electronic Check Payment as seen above.

3.1.2 Credit Card Payments

If you choose to make the payment through Credit Card, you will be redirected to the below page:

License Application Details			
Tracking #	License #	Facility Name	Application Type *
LR-R24517-19185	R24517	ABCDE SURGICENTER, LLC	Renewal

1 Payer Details 2 Payment Certification 3 Review and Pay 4 Preview and Submit

Payer Information		
Trade/Individual Name *		
<input type="text"/>		
Address Line		
<input type="text" value="Enter a location"/>		
<input type="checkbox"/> Address not found ?		
Address Line 1 *	Address Line 2	State *
<input type="text"/>	<input type="text"/>	<input type="text"/>
City *	Zip *	
<input type="text"/>	<input type="text"/>	
Phone *	Fax	Email address *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2.1.2

Step 3.1.2.1 Enter the below details on Payer Details tab.

- Trade/Individual Name
Click on the checkbox next to **Address not found?** text and enter the below details if the Address details are not already displayed.
- Address Line1
- State
- City
- Zip
- Phone
- Email address

Step 3.1.2.2

Responsible Party Information

First Name * Last Name *

Payment type information

Type of Payment *
 Echeck
 Credit card

Individual or Business *
 Individual
 Business

Previous Next Switch Payment Type

Step 3.1.2.2 Enter the below details on Payer Details tab.

- First Name
- Last Name

NOTE: Please click on Switch Payment Type if you would like to change the Type of Payment to Echeck.

License Application Details

Tracking #	License #	Facility Name	Application Type *
LR-R24517-19187	R24517	ABCDE SURGICENTER, LLC	Renewal

2 Payment Certification 3 Review and Pay 4 Preview and Submit

Credit Card Disclaimer

Step 3.1.2.3 Please note that New Jersey Information Division of NICUSA, Inc. (NICUSA-NJ), an electronic government partner with the State, will process your payment through an graded and secure payment gateway. NICUSA-NJ will remit to the State of New Jersey all payments and amounts owed to the State.

The online charge processed through NICUSA-NJ includes funds in excess of payments owed. NICUSA-NJ uses the excess funds solely to develop, run, maintain, enhance, and expand the State's electronic service offerings. NICUSA-NJ does not share any excess funds with the State of New Jersey.

I Agree to the terms

Previous Next Cancel Payment

Step 3.1.2.3 Please tick the I Agree to the terms and click on Next.

NOTE: Please note that you can choose to Cancel Payment at this step.

Payment Information

Amount

\$ 4000.00

Note: There will be a service charge/convenience fee of 2% of the amount being paid plus \$0.50 added if the facility selects the credit card payment option. Customer Credit Card Information is not retained by State of New Jersey (Dept of Health).

Previous Next Cancel Payment

Step 3.1.2.4 Please click on Next

NOTE: Please note that you can choose to Cancel Payment at this step.

NiC [FAQ](#) [Contact](#)

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Payment

Payment Type ✔

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *

First Name *
 First name is missing.

Last Name *
 Last name is missing.

Company Name

Transaction Summary

License Registration	\$4,000.00
Pay now with New Jersey Government Services	\$4,089.00

Need Help?
 Please complete the Customer Information Section.

Step 3.1.2.5 You will be redirected to NICUSA payments webpage and please enter all details under Customer Information and click on Next.

TOMS RIVER NJ - New Jersey

ZIP/Postal Code *

08755

Phone Number *

732-914-1419

Email * ?

hansika.somsole@doh.nj.gov

Next >

Payment Information

Cancel

Transaction Summary

License Registration	\$4,000.00
Pay now with New Jersey Government Services	\$4,089.00





Need Help?

Please complete the Customer Information Section.

Payment Information

Credit Card Number * ? Complete all required fields [*]

Expiration Month * Credit Card Type

Select a Month





Security Code * ? Expiration Year *

Select a Year

Name on Credit Card *

Next >

Transaction Summary

License Registration	\$4,000.00
Pay now with New Jersey Government Services	\$4,089.00

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Step 3.1.2.6 Please enter the below details and click on Next.

- Credit Card Number
- Credit Card Type
- Expiration Month
- Expiration year
- Security Code
- Name on Credit Card

Payment Information ✓

Credit Card
Visa *****1111
Exp. 04/2028

Name on Credit Card
Hansika Somsole

Cancel Submit Payment

Step 3.1.2.7 Please click on Submit payment.

Application completed. Please make sure you SUBMIT the application so that we can start processing.

Ok

Payment Successfully Completed

Application Details

Facility	License Number	Last Expiration Date	Applications Number
ABCDE SURGICENTER, LLC	R24517	3/20/2024	LR-R24517-19187

Facility Information

Facility ID	Facility Type	Medicaid #	Medicare #
NJ90055	AMBULATORY SURGICAL CENTER	—	31C0001227

Step 3.1.2.8 Please click on Ok after payment is complete to submit the application.

Submit Application

Thank you for completing the application form. Please confirm submission.

Submit Cancel

This transaction will be typically cleared within...

Application Details

Facility	License Number	Last Expiration Date	Applications Number
ABCDE SURGICENTER, LLC	R24517	3/20/2024	LR-R24517-19185

Facility Information

Facility ID	Facility Type	Medicaid #	Medicare #
NJ90055	AMBULATORY SURGICAL CENTER	—	31C0001227

Step 3.1.2.9 Please click on Submit to submit the application.

Payments History

Transaction Number	Payment Type	Is Credit Card	Reference Number	Amount Received	Status Reason	Payment Date ↓
LIC2749	E-Pay	Yes	69416088	\$4,000.00	Active	12/1/2023

Close

Step 3.1.2.10 Please see the Payment completion record under Payments History.

[EXTERNAL] New Jersey Government Services Payment Receipt

no-reply@njportal.com
To

Reply

If there are problems with how this message is displayed, click here to view it in a web browser.

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Health and Senior Services Test Service	\$4,000.00
Pay now with New Jersey Government Services	\$4,089.00

Customer Information

Customer Name Hansika Somsale
Company Name Hansika Somsale
Local Reference ID LIC2749
Receipt Date 12/1/2023
Receipt Time 04:28:29 PM EST

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****1111
Order ID 69416088
Name on Credit Card Hansika Somsale

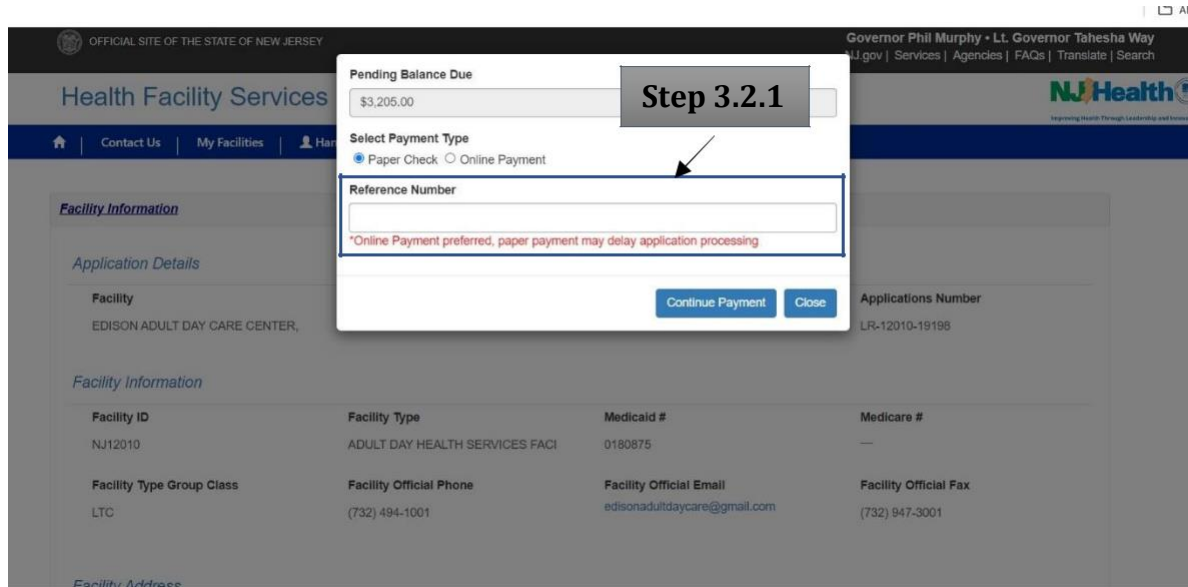
Billing Information

Billing Address ████████████████████
Billing City, State TOMS RIVER, NJ
Billing Zip/Postal Code 08755

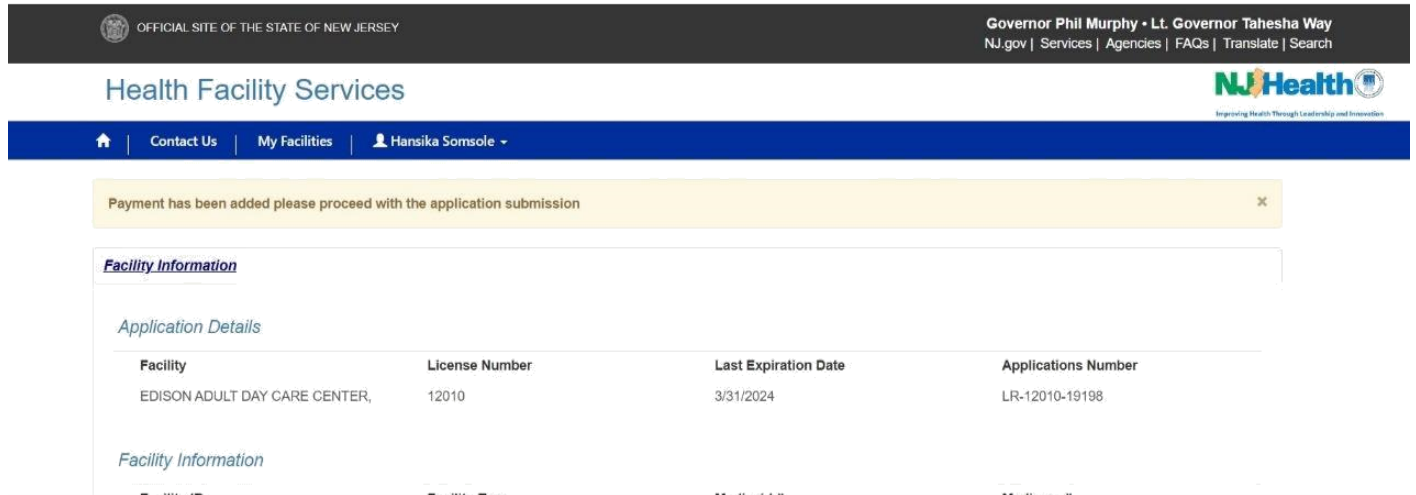
Step 3.1.2.11 Please note that you will receive an email confirmation as an acknowledgement for Credit Card payment as seen above.

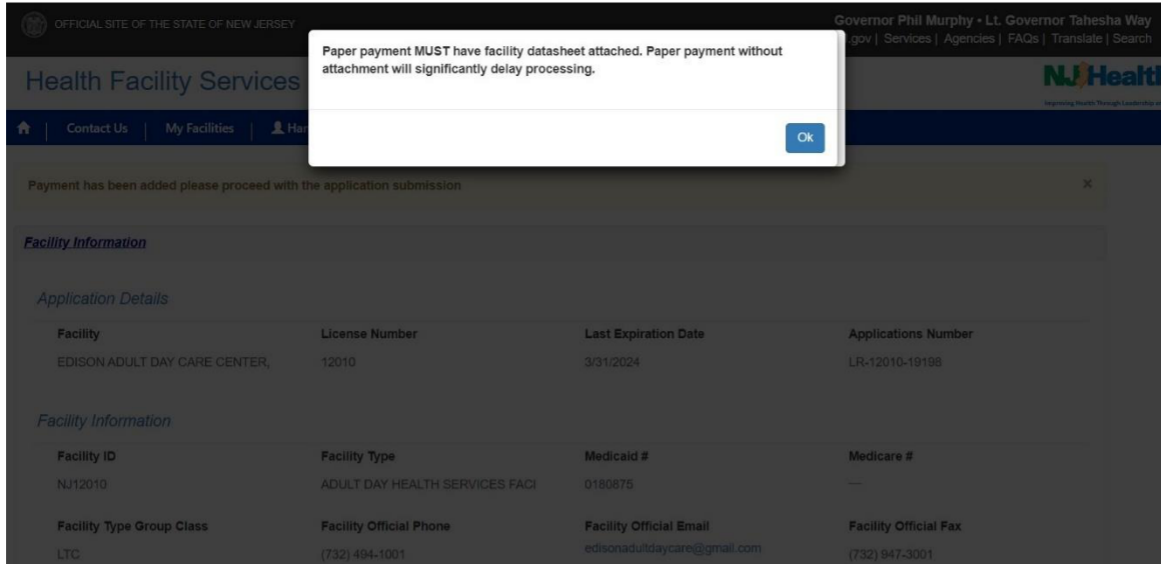
3.2 Paper Check Payments

If you choose to make the payment through Paper Check, you will be redirected to the below page:



Step 3.2.1 Please select the option Paper Check under Payment Type to pay offline and enter the Reference Number for the Paper Check. Click on Continue Payment.



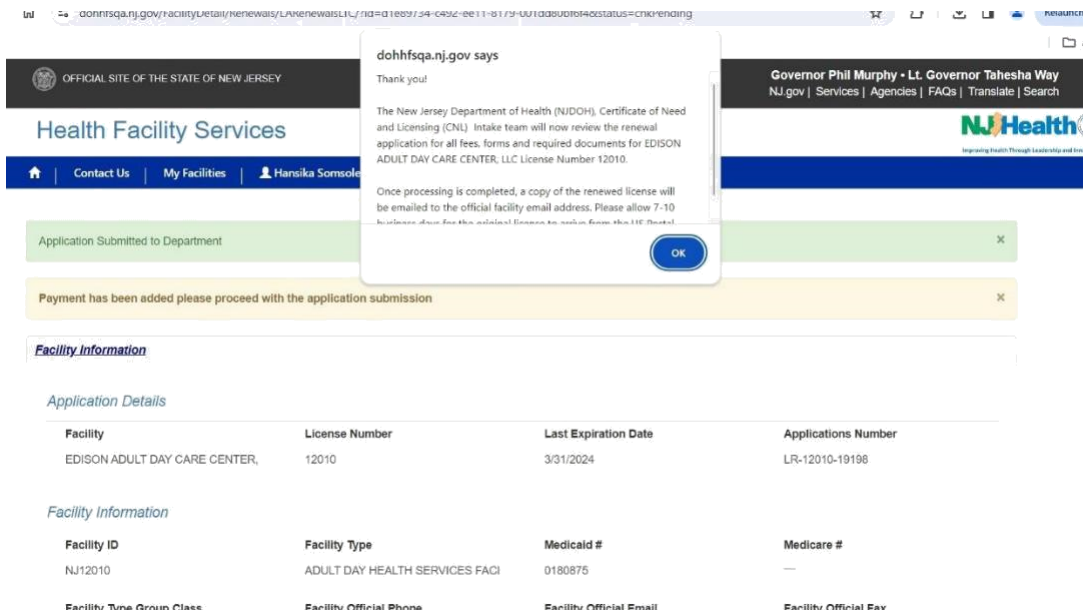


Step 3.2.2 Please note that for Renewal applications, once you hit Ok button on this page, Renewal Datasheet document will be downloaded to your system. Please share the datasheet to the correspondence address mentioned in the document.



Renewal Datasheet.pdf

Sample Renewal Datasheet Template:



Step 3.2.3 Please see the submission completion acknowledgement and hit Ok.

Payment Information

Application Fees	Inspection Fee	Beds Fee	Service Fee
\$1,500.00	\$225.00	\$1,480.00	\$0.00

Payments In-Progress

Transaction Number	Type of Payment	Is Credit Card	Reference Number	Amount	Payment submitted	Payment Processing	Date ↓
LIC2751	Check/Money Order	No	R0123	\$3,205.00	No	Pending	12/4/2023

Payments History

Transaction Number	Payment Type	Is Credit Card	Reference Number	Amount Received	Status Reason	Payment Date ↓
--------------------	--------------	----------------	------------------	-----------------	---------------	----------------

Step 3.2.4 Please see the Payment completion record under Payments which will be approved by DOH upon receipt of Payment through Paper Check from the facility.

CN & L : Renewal Application and Payment Successful Submission



TestUser2, CRM [DOH]

To [REDACTED]
Cc [REDACTED]



If there are problems with how this message is displayed, click here to view it in a web browser.

Hello [REDACTED]

** This is an automatically generated email, please do not reply directly to this email. **

Greetings from the New Jersey Department of Health (DOH).

This is a Renewal Application report submission confirmation for the CN & L Application: LR-12010-19198

Here are the transaction details made through portal.

Application Name : CN and Licensing

Application Type : Renewal

License Number : 12010

Type of Service : Paper Check

Application Payment Amount : \$3205.00

For more transaction details, please login into portal: <https://dohlicensing.nj.gov/> and navigate to Payment information tab.

If you believe you received this email in error, or you have any questions, please contact us Licensing team at Phone number: 609-376-7800 and Email to: CNandLicensingRequests@doh.nj.gov

Thank you,

Step 3.2.5 Please note that you will receive an email confirmation as an acknowledgement to Paper Check payment as seen above.