Training Guide

E-pay Instructions

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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 though 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

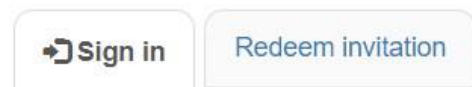| S. No	Word/Symbol	Meaning
1.	Check	Applicants may submit the licensing fees through checks. Payable to: Treasurer, State of New Jersey
2.	E-pay	If the payment is done through Portal (E-payment), then the payments will be in pending status until the e-pay team gives a confirmation of success message.
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.
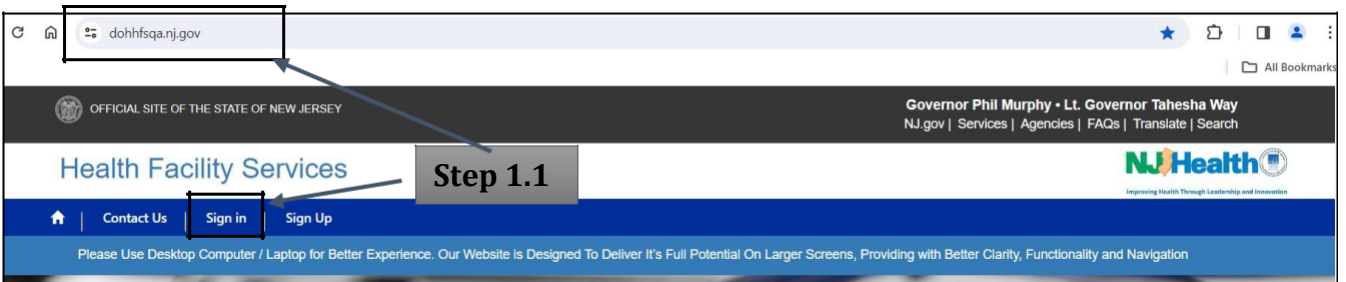
Step 1.1 To login to the portal, please type in https://dohlicensing.nj.gov/ in the URL address box in Google Chrome or Microsoft Edge and click Sign in.

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

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

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

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.

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

Step 2.7 Please click on Pay now.

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)

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

Enter a location

Step 3.1.1.1

☐ 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 *   Individual or Business *
○ Echeck   ○ Individual
● Credit card   ● Business

Step 3.1.1.2

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.

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.

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.
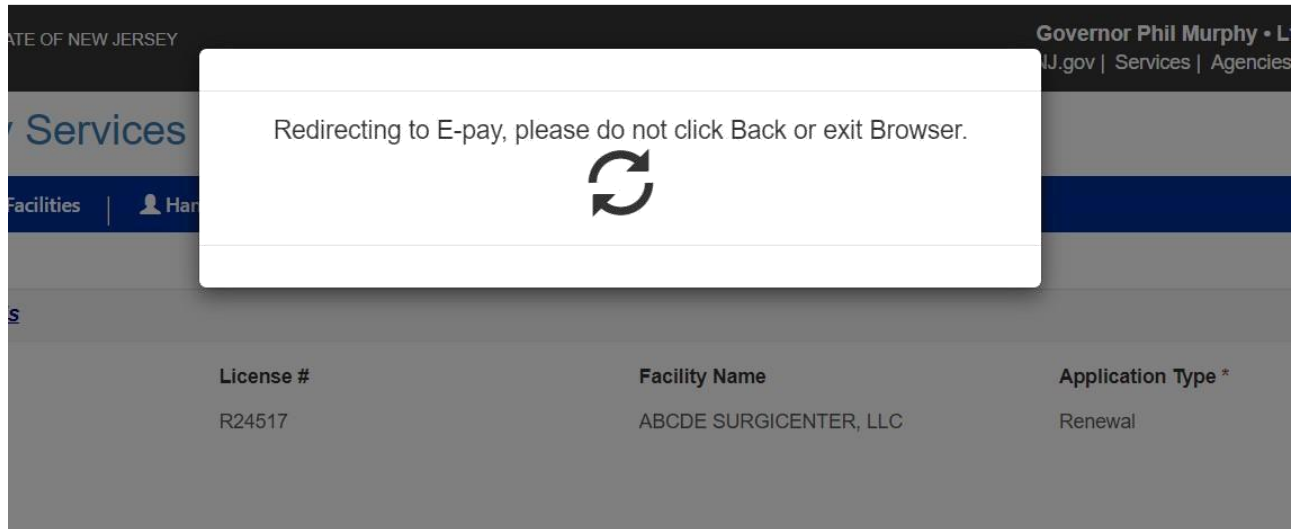
Step 3.1.1.5 The above popup message would appear. Please wait until you are redirected to next page.
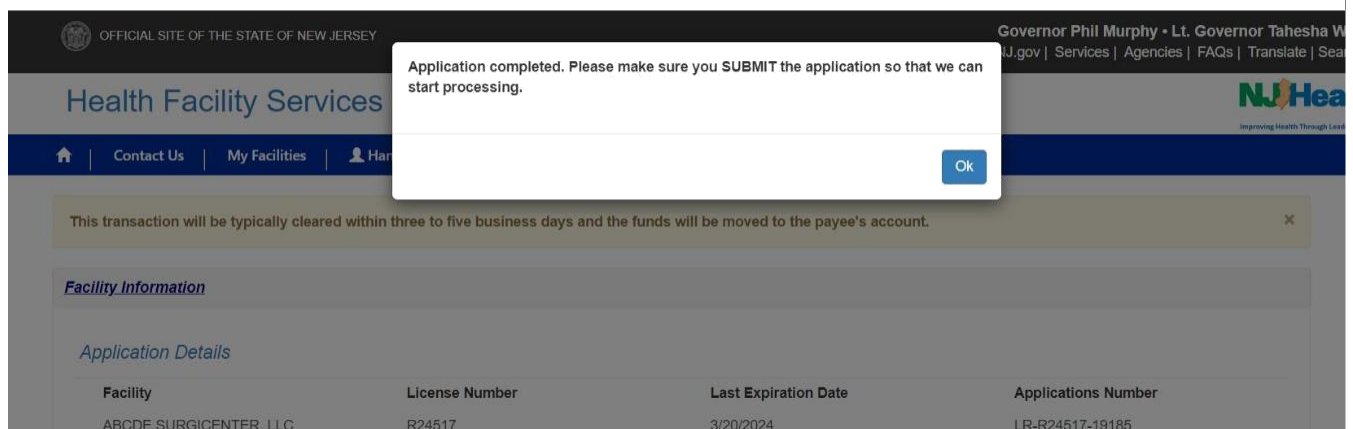
Step 3.1.1.6 Please click on Ok when the below Popup message appears.
Application Completed. Please make sure you submit the application so that we can start processing.

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.

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

(i) 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 : 14280

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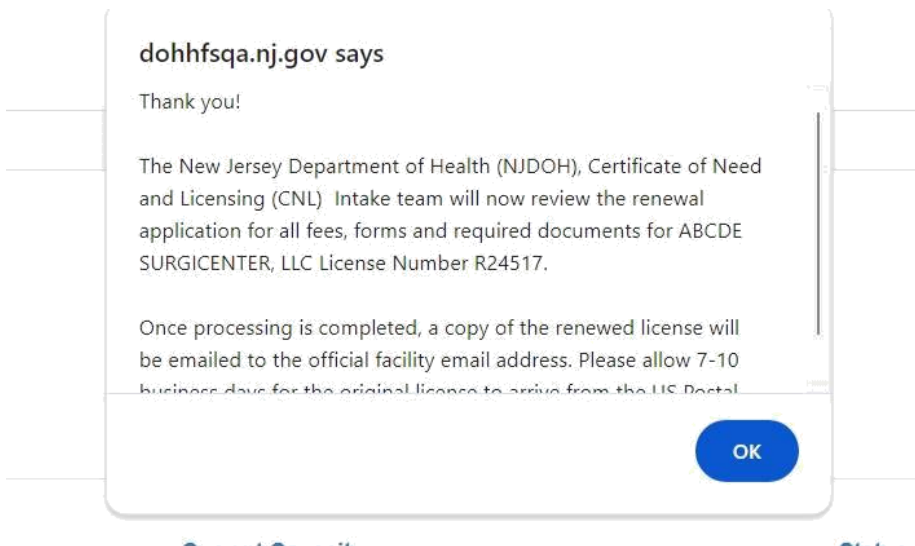
Step 3.1.1.10 Please note that you will receive an email confirmation as an acknowledgement to Electronic Check Payment as seen above.

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 *

Address Line

Enter a location

Step 2.1.2

☐ Address not found ?

Address Line 1 *   Address Line 2   State *

City *   Zip *

Phone *   Fax   Email address *

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   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.

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 *

United States

First Name *   Last Name *

First name is missing.   Last name is missing.

Company Name

Transaction Summary

License Registration $4,000.00

Pay now with New Jersey $4,089.00
Government Services

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

Complete all required fields [*]

Credit Card Number * ?

Credit Card Type

MasterCard   VISA   DISCOVER   AMERICAN EXPRESS

Expiration Month *   Expiration Year *

Select a Month   Select a Year

Security Code * ?

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

Step 3.1.2.7   Please click on Submit payment.

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

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

NR no-reply@njportal.com
To

ⓘ 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 Somsole
Company Name   Hansika Somsole
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 Somsole

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:
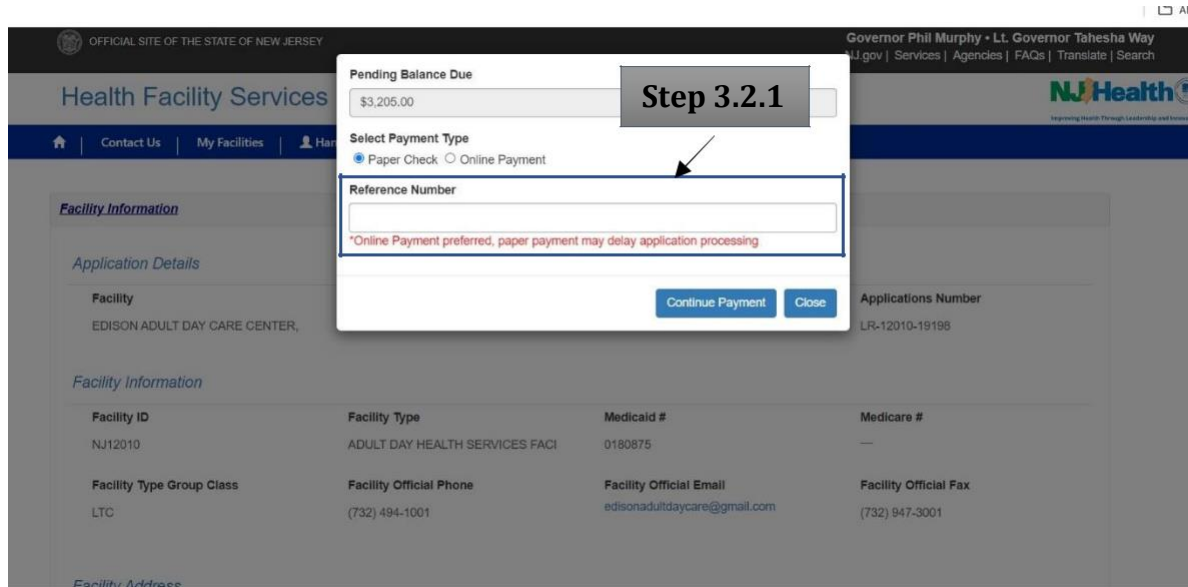
Step 3.2.1 Please select the option Paper Check under Payment Type to pay offline and enter the Reference Number for the Paper Check. Click on Continue Payment.
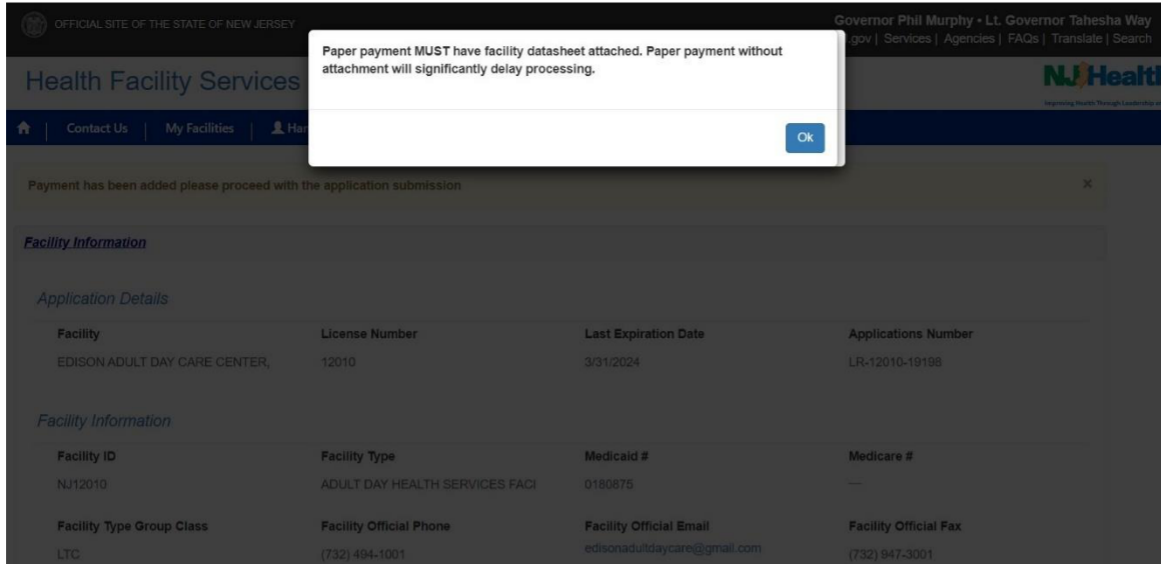
Step 3.2.2 Please note that for Renewal applications, once you hit Ok button on this page, Renewal Datasheet document will be downloaded to your system. Please share the datasheet to the correspondence address mentioned in the document.
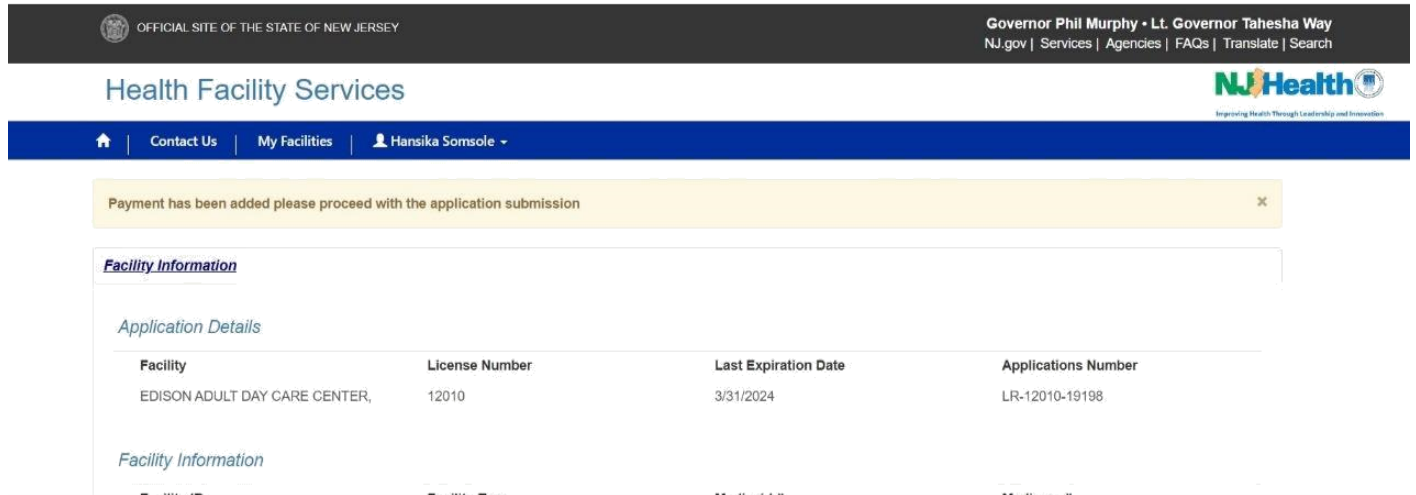

Renew alDatasheet.
pdf

Sample Renewal Datasheet Template:
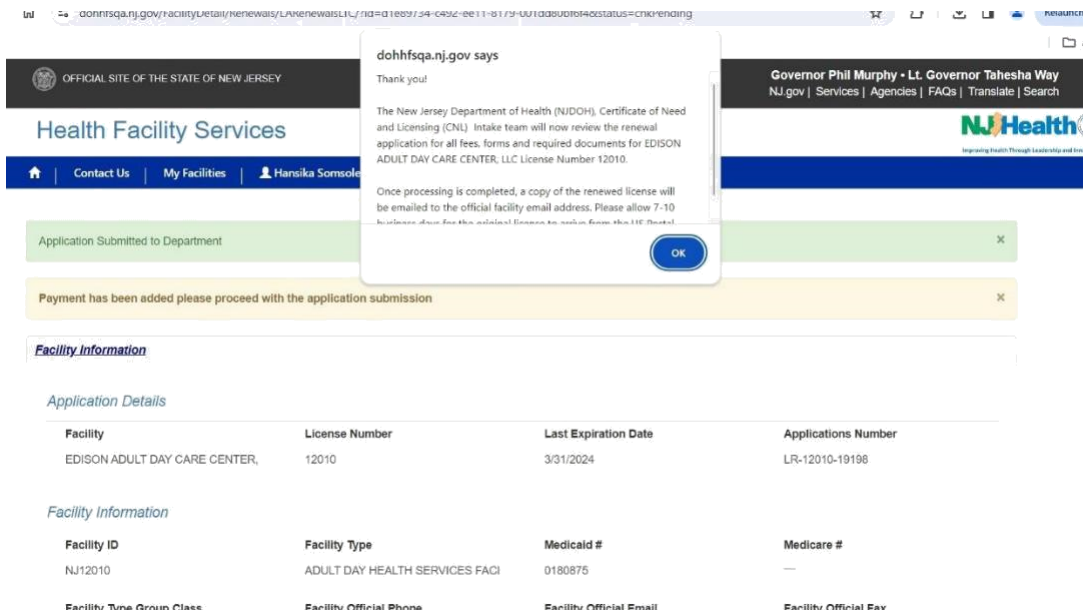
Step 3.2.3 Please see the submission completion acknowledgement and hit Ok.

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 receival of Payment through Paper Check from the facility.

CN & L : Renewal Application and Payment Successful Submission

TestUser2, CRM [DOH]
To
Cc

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

Hello

** 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.