

CSHCS Enroll/Recurring Example Payment Screens

<http://www.thepayplace.com/mi/dch/cshcsenroll>

Customer enters the email address and password. Or they register (enroll) if new user.

The screenshot shows the login page for the Children's Special Health Care Services (CSHCS) payment site. At the top, there are logos for Michigan Department of Health & Human Services (MDHHS) and Michigan's Official Website (MICHIGAN.GOV). A "Sign In" button is highlighted with a red box. The main heading reads "Welcome to the Children's Special Health Care Services (CSHCS) payment site!". Below this is a form titled "Enter Email Address & Password" with a "New User? Register Here" link. The form contains fields for "Email Address:" and "Password:", a "Forgot Password?" link, and a "Submit" button with a red arrow pointing to it. At the bottom, there are links for "Michigan's Freedom of Information Act (FOIA)", "Michigan.gov Home", "ADA", "Language Assistance Services", and "Michigan News Policies". A small disclaimer at the very bottom states: "All trademarks, service marks and trade names used in this material are the property of their respective owners."

Customer enters Last Name, First Name, Recipient ID, Pymt Agreement end date and selects "Submit"

The screenshot shows the registration page for the Children's Special Health Care Services (CSHCS) payment site. At the top, there are logos for Michigan Department of Health & Human Services (MDHHS) and Michigan's Official Website (MICHIGAN.GOV). A navigation bar at the top right contains links for "Scheduled Payments", "Payment History", and "Enrollment Settings". The main heading reads "Welcome to the Children's Special Health Care Services (CSHCS) payment site!". Below this is a paragraph explaining the on-line service: "Paying on-line is quick, easy, secure, and available to you 24 hours a day, seven days a week. This application allows you to pay your CSHCS Payment Agreement using your checking account, MasterCard, Visa, American Express or Discover credit card. Please allow 5-7 business days for your payment to be recorded in the CSHCS System. This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please call the CSHCS Family Phone Line at 1-800-359-3722." Below the text is a form titled "Your Information" with a note "* Indicates required field". The form contains fields for: "* Recipient's Last Name:", "* Recipient's First Name:", "* Client Recipient ID (Enter 10 digit number):", and "* Payment Agreement End Date (Example: mm/dd/yyyy, 01/31/2013):". There are "Submit", "Back", and "Exit" buttons at the bottom of the form. At the bottom of the page, there are links for "Michigan's Freedom of Information Act (FOIA)", "Michigan.gov Home", "ADA", "Language Assistance Services", and "Michigan News Policies". A small disclaimer at the very bottom states: "All trademarks, service marks and trade names used in this material are the property of their respective owners."

Recurring info: Customer completes the information and has option to check box for “Make this a Recurring payments” and they determine the frequency of recurring payments by using the drop down for “Repeat Every”

* Indicates required field

Billing Address

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Country:

Phone:

*E-Mail:

Payment Details

*Payment Amount: USD

Payment Method

*Name on Card:

*Card Number:

*Expiration Date:

Card Verification Value(CVV2):

Save Account

Click here to store this account information for your next payment Your account information will be saved for your convenience.

Name Account(Optional):

Recurring Payment

Make this a recurring payment

Start Payments: On or after

Stop Payments: On or before

Repeat Every:

Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Payment Review Screen

Payment Review

If you have entered a valid email address, a confirmation email will be received from noreply@fserv.com.

Children's Special Health Care Services (CSHCS)

Address	
Billing Address:	
Payment Method	
Credit Card	
Payment Amount	
Amount:	1.00 USD
Total:	1.00 USD
Account Information	
Save Account As:	1
Recurring Payment	
Description:	Every week on Friday
First Payment:	12/10/2021
Valid From:	12/10/2021 - 12/11/2021

[Back](#) [Schedule Now](#) [Exit](#)

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Payment Results screen:

Payment Results

-Please retain a copy of this page for your records.

Children's Special Health Care Services (CSHCS)

Thank You	
Merchant:	1
Merchant City/State:	1
Merchant Location Code:	1
Payment Status:	1
Payment Schedule:	1
First Payment:	1
Valid From:	1
Billing Address:	1
E-Mail Address:	1
Total Amount:	1
Convenience Fee:	1
Card Type:	1
Account #:	1
Reference:	1

[EXIT](#)

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Example Scheduled Payments screen:

Scheduled Payments

Select Account: TEST Account

Name	Paid To	Amount	Next Pay Date
Every week on Friday, State DCH CSHCS Enroll - 8013261923		1.00 USD	12/10/2021

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Example Payment History screen for an Enrolled Account:

Payment History

Payment History Date Range: 06/01/2021 - Today

Confirmation #	Status	Account	Amount	Date	Paid To
211-0000000008	Cancelled	visa	-1.00 USD	11/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000008	Cancelled	visa	1.00 USD	11/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000009	Verified	visa	1.00 USD	11/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000010	Verified	visa	1.00 USD	11/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000006	Verified	visa	1.00 USD	11/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000004	Verified	visa	1.00 USD	10/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000008	Cancelled	visa	-1.00 USD	10/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000006	Cancelled	visa	1.00 USD	10/17/2021	State DCH CSHCS Enroll - 8013261923
211-0000000009	Verified	visa	1.00 USD	10/17/2021	State DCH CSHCS Enroll - 8013261923

Back

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Example Enrollment Information screen:

Enrollment Information

* Indicates required field

Update Account

*E-Mail: p [Change Email Address](#)

*Password:

*New Password:

*Re-Type New Password:

[Click here to edit your security question](#)

Billing Address

*First Name:

M.I.:

*Last Name:

Street Line 1:

Street Line 2:

City: Lansing

State: Michigan

Zip: 48

Country: UNITED STATES

Phone:

Update Cancel

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