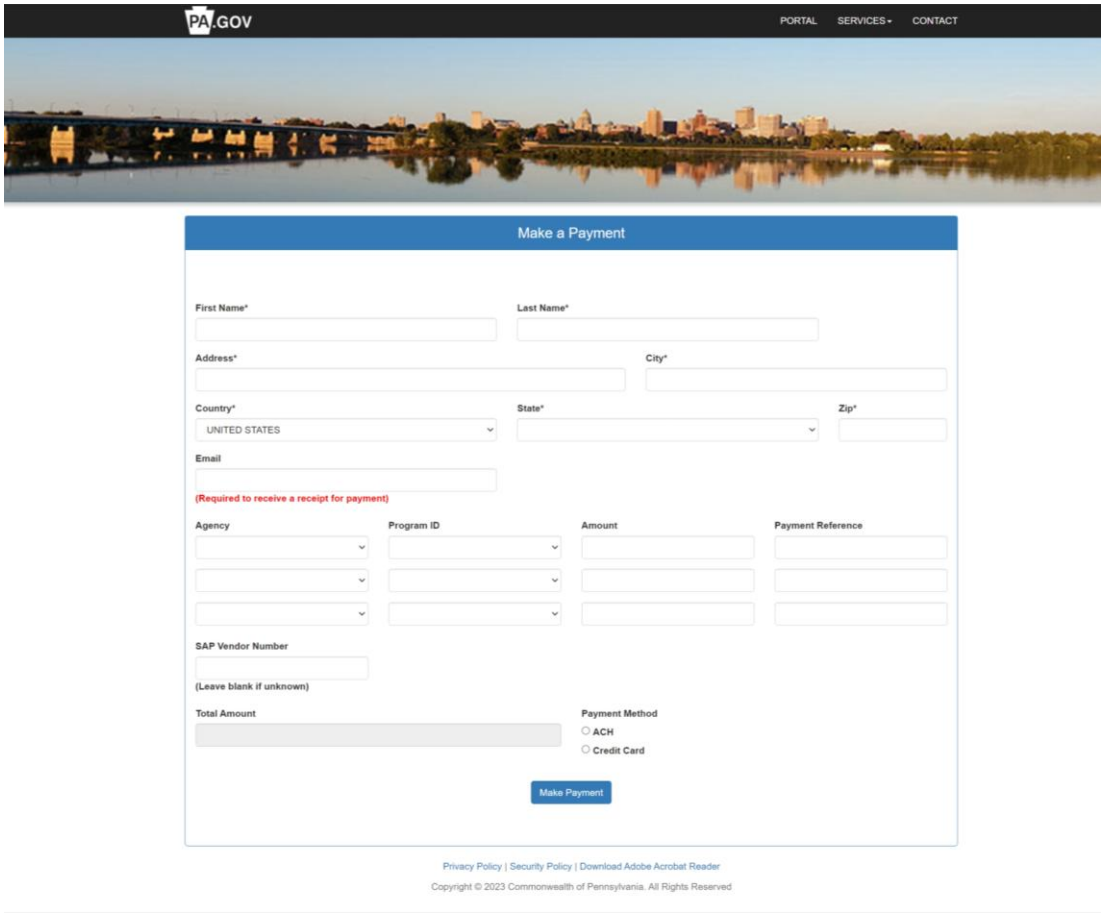
SnapPay Payment Instructions – PHC4

1. Go to https://www.bpp.ob.pa.gov/Customer/PaymentForm



2. Enter the information below:

   - Name
     - For an individual = enter first and last name as displayed on bank statement (for ACH payments) or as displayed on card (for card payments)

     - For a business = enter name of business as displayed (including an entry for first and last name) on bank statement (for ACH payments) or as displayed on card (for card payments)

       Please Note:
       Business with one name, please include an appropriate entry in the last name, i.e. Inc., Company, LLC, etc.

       Corporate accounts making payment may need to authorize the Commonwealth to draw the funds prior to processing payment.

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- Address
- Email
- Agency: Health Care Cost Containment
- Program: 308-Registrations
- Amount
- Payment Reference: Invoice #
- Select your preferred payment method

  Please Note:
  CREDIT/DEBIT CARD TRANSACTIONS ARE SUBJECT TO A 2% TRANSACTION FEE.

  ACH/Intellicheck Transactions are Free!

- Click "Make Payment"

3. If you choose to pay by card… on the following screen you'll be required to enter card number, CVV, and expiration date. Email receipts are provided to the enter an email address. Please indicate that you are not a robot…and click "Submit".

4. If you choose to pay by ACH, on the following screen, enter the following information that does not auto-populate, including type of bank account, bank routing number, bank account number, indicate if business or personal account, indicate you are not a robot and click "Submit".

5. Upon successful payment via Card or ACH, users will be provided:
   - Transaction ID
   - Transaction Amount
   - Transaction Date
   - Emailed Receipt to the entered an email address