



# Making a Partial Online Payment

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## Making a Partial Online Payment

This guide shows Small Business owners how to make a partial payment before a regularly scheduled autopayment. This is often necessary when you or your employees add someone to your plan during the plan year.

You must make your payment by 8pm on bank business days for it to post to your account the same day.

**Step 1.** Login to your Employer account on [dchealthlink.com](http://dchealthlink.com).

**Step 2.** Select 'Billing' from the left menu.



**My DC Health Link**

- My DC Health Link
- Employers
- Benefits
- Brokers
- Documents
- Billing**
- Messages 29

### My Health Benefits Program

**EMPLOYEE ENROLLMENTS AND WAIVERS** ?

Minimum Requirement

6 out of 6 have enrolled or waived coverage

**PLAN YEAR**

ENROLLMENT PERIOD	August 28th, 2018 - September 13th, 2018	Status
COVERAGE YEAR	October 1st, 2018 - September 30th, 2019	<b>Active</b>

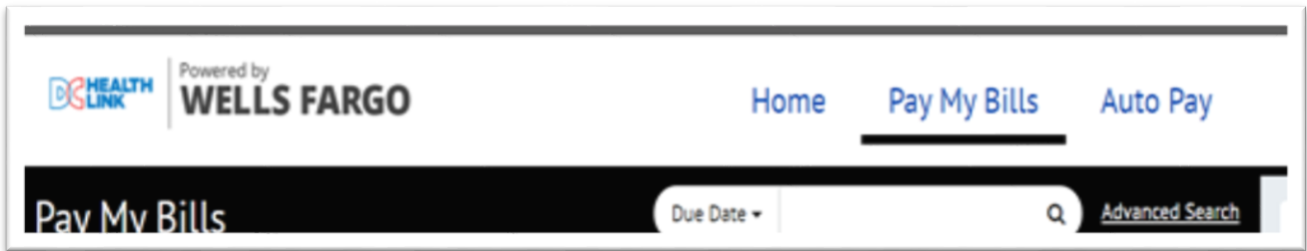
**Step 3.** Select 'Pay Online'.

The screenshot shows the DC Health Link account interface. On the left is a blue navigation menu with options: My DC Health Link, Employees, Benefits, Brokers, Documents, Billing, and Messages (with a red notification icon). The main content area displays the account number (redacted), a table with 'Total Amount Due' (\$697.33) and 'Past Due Amount' (\$0.00), and tabs for 'Recent Activity', 'Statements', and 'Pay My Bill'. Below this is a 'Billing' section with explanatory text and a 'Pay Online' button highlighted with a red box. Other options listed include 'Pay by Phone' and 'Pay by Mail'.

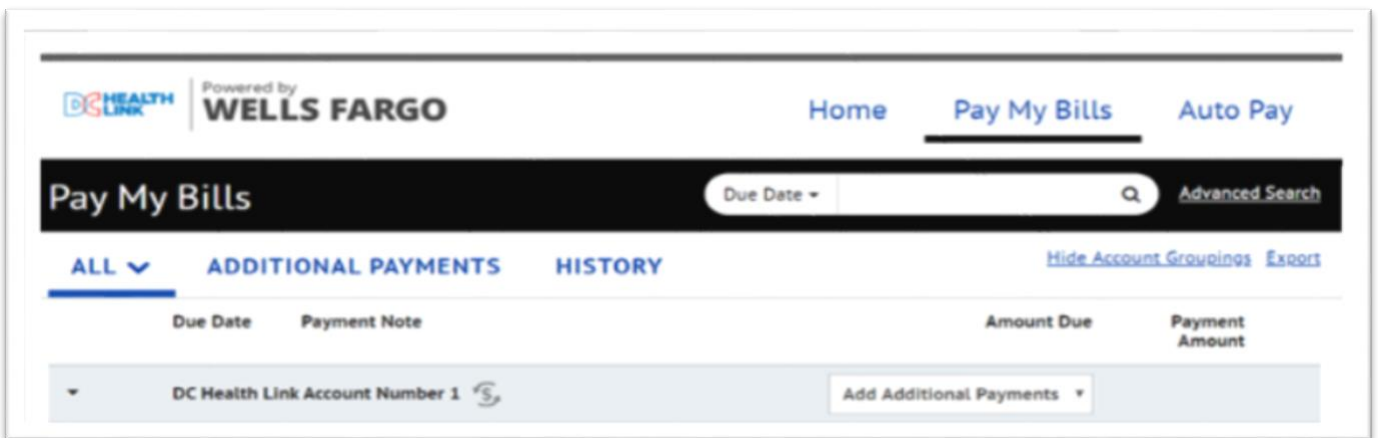
**Step 4.** In the pop-up window, select 'Pay Online' to continue to the Wells Fargo payment site.

This screenshot shows a pop-up window overlaid on the account page. The pop-up contains the text: "DC Health Link's on-line payment is powered by Wells Fargo E-Bill Express. By clicking this link, you will be subject to the terms of use found on that website." At the bottom of the pop-up are two buttons: 'Cancel' and 'Pay Online', with the 'Pay Online' button highlighted in red.

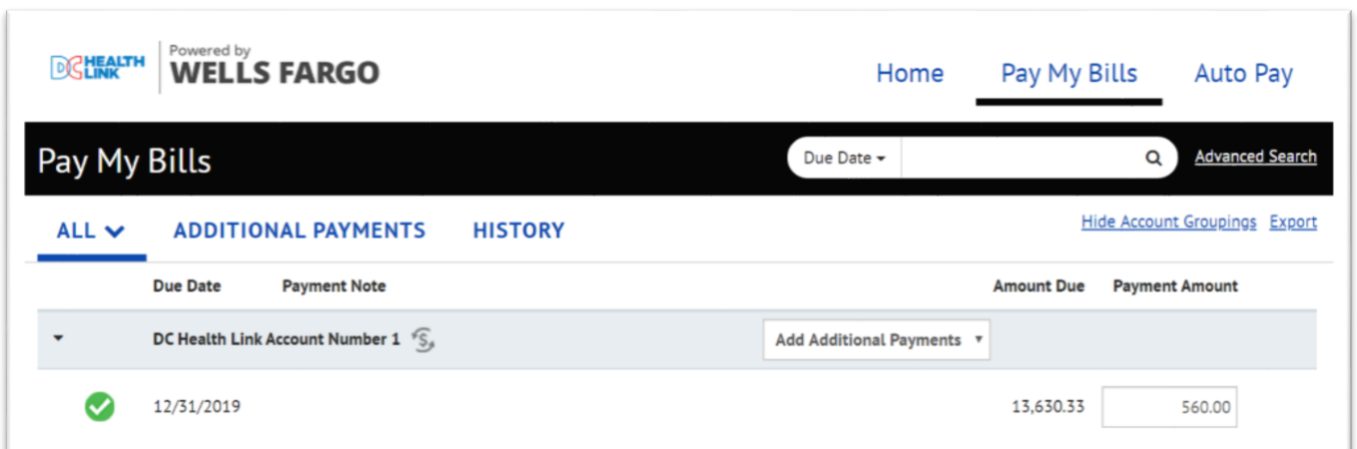
**Step 5.** Select the 'Pay My Bills' tab.



**Step 6.** Select the row that says 'Due Date' and 'Payment Note'. Then, select 'Add Additional Payments' from the dropdown menu.



**Step 7.** Enter the total amount of the partial payment you would like to pay in the box below the dropdown menu.



**Step 8.** Provide payment method information. Select 'Continue to Payment'.

### PAYMENT SUMMARY

1 Invoice	\$560.00
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[Remove All](#)

**Payment Method** [+ Add A Payment Method](#)

BB&T BRANCH BANKING & TRUST COM ▾

**Pay Date**

12/19/2019

**Payments confirmed before Thursday, December 19, 2019 8:00 PM ET will be posted on Thursday, December 19, 2019. Payments confirmed after Thursday, December 19, 2019 8:00 PM ET will be posted on Friday, December 20, 2019.**

[Cancel](#) [Continue to Payment](#)

**Step 9.** Verify payment date and amount.

## Verify Payment

### PAYMENT SUMMARY

1 Invoice	\$560.00
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**Payment Method** [+ Add A Payment Method](#)

this is a test BANK OF AMERICA \*\*\*\*\*3456 ▾

**Payment Date**

12/19/2019

**Payments confirmed before Thursday, December 19, 2019 8:00 PM ET will be posted on Thursday, December 19, 2019. Payments confirmed after Thursday, December 19, 2019 8:00 PM ET will be posted on Friday, December 20, 2019.**

### Payment Terms & Conditions

These Payment Terms and Conditions ("Terms") govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to the Biller you are paying. The words "you" and "your" refer to you as the business or consumer using the Service and accepting these Terms. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

1. Erroneous Instructions. If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.
2. Transaction Limitations. Please be aware that certain types of bank accounts have limits on the numbers of transfers or withdrawals that may be made per month. Your bank may refuse transfers which would exceed such limits, so we recommend you check with your bank to determine what limitations are imposed on withdrawals from any account. If we are not able to debit the amount required to cover an

**Step 10.** Check the agreement statement box. Select 'Make Payment' to complete your payment.

[Print Terms and Conditions](#)

By checking this box you agree to the terms and conditions above.

By clicking the **Make Payment** button, I confirm that today, Thursday December 19, 2019, I am authorizing a one-time debit from my Checking account ending in \*\*\*\*3456 in the amount of \$560.00 USD to be remitted to DC Health Link. This debit will occur on or after Thursday December 19, 2019.

If you have any questions regarding this transaction request, please call 855-532-5465.

**Make Payment**

[Cancel](#)

**Step 11.** A confirmation page displays. Wells Fargo will also email you a payment confirmation.

## Confirmation

**Thank You!** Your payment has been made.

[Print Confirmation Page](#)

Payment Date	12/19/2019
Payment Method	this is a test BANK OF AMERICA ****3456
<b>Total Payment</b>	<b>\$560.00</b>

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Thursday, December 19, 2019 8:00 PM ET will be posted on Thursday, December 19, 2019. Payments confirmed after Thursday, December 19, 2019 8:00 PM ET will be posted on Friday, December 20, 2019.

If you have any further questions about payments to DC Health Link, please contact our office at 855-532-5465 .

DC Health Link Account Number	Confirmation #	Payment Amount
	3100124821	\$560.00

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## Contact and Additional Information

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**Still have questions?** Call DC Health Link at (855) 532-5465.

Last Updated: 12/23/2019 6:06:00 PM