

Injured Patients and Families Compensation Fund > Navigating the System

E-Payment

The E-Payment page allows ACH payment of Fund invoices. It displays a summary of the latest billing statement. This summary is static and does not reflect any payments, additions, or deletions made after the billing date. The History shows the status of any electronic payments made on the account. A breakdown of the payment by provider and amount paid is available by clicking on Details. Payments made by check are not shown.

Note: Fraud protections on your bank account may require you to add permissions for payments to be made to the Fund. All the information needed to configure your account is included on the E-Payment page.

IPFCF Provider Access

Home Search My Account Payment Finder migmoore Current represented entity: HOSPITAL

Provider Information

HOSPITAL

Address: 2800 Account Number:
City/State/Zip: MINN 1311 License Type: PROVIDER EM
FUND

E-Payment

Summary of the latest billing statement:

Billing Date:	Sep 24, 2013
Total balance:	\$21,379.55
Total min due:	\$7,173.11

Note: Amounts above do not reflect payments made after the billing date. The History section below details all electronic payments made. Check the Summary page for the current account balance.

[Make a payment](#)

History

Submitted Date	Payment Date	Amount	Transaction ID	Status	Received Date	Details
06/18/2013	06/19/2013	\$7,102.40		PROCESSED	06/19/2013	Details

Your Bank Account fraud protection must be configured to allow OCI e-payments. If you have any type of ACH Fraud Control for Debits set up on your bank account, please contact your bank to ensure that they have the correct ACH Company ID so that your payment can be properly debited from your account.

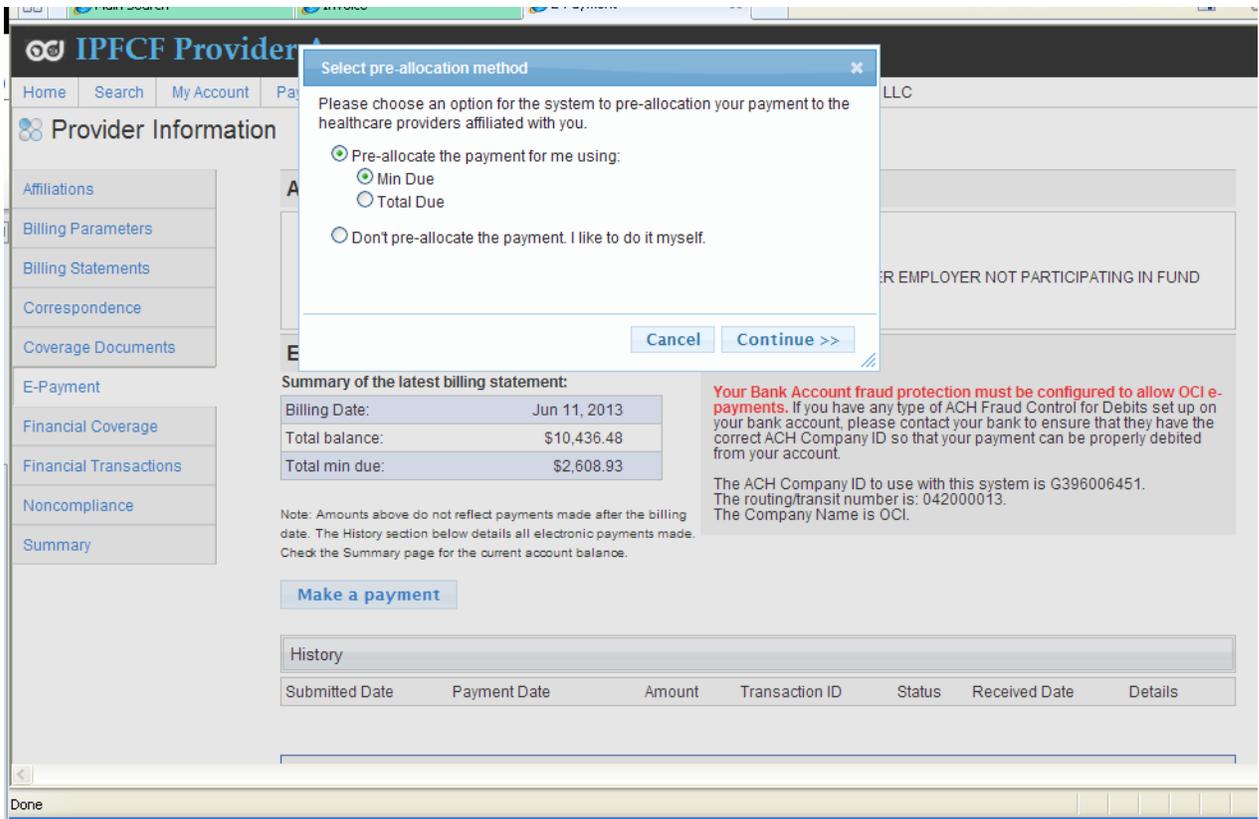
The ACH Company ID to use with this system is G396006451. The routing/transit number is: 042000013. The Company Name is OCI.

Information needed to configure your account for payments to the Fund

Breaks down payment by provider and amount.

Make a Payment

Begin by clicking the Make a payment button. The Select allocation method screen will appear. Choosing Min Due will allocate the minimum, quarterly payment due for all linked providers. Total Due will allocate the total balance. Choosing Don't pre-allocate will assign zero to all providers.



Make a selection and click Continue. A listing of providers on the billing will appear. A provider cannot be deleted, but the Amount can be changed to any amount desired, included \$0.00. The Add Healthcare Provider in the lower right corner can be used to add any other providers to the payment.

Allocate Payment > Review Payment > USBank E-Payment

Payment allocation

Last Name	First Name	Account #	Group	Amount
1	A		1	463.38
2	P		1	124.61
3	P		1	405.72
4	pe		1	28.92
5	P		1	1.08
6	pe		1	18.23
7	pe		1	5.04
8	P		1	157.2
9	S		1	178.45
10	S		1	307.28
11	U		1	332.82
12	W		1	586.2
Total:				2608.93

Cancel Continue >> Add Healthcare Provider

Done

Add a provider by clicking Add Healthcare Provider and entering name, Wisconsin medical license, or account number and clicking Search. Select by clicking on the line of the desired provider. You must select the provider even if only one provider is listed.

Allocate Payment > Review Payment > USBank E-Payment

Payment allocation

clark kent Search

(Name, License Number and Account Number)

Full Name	License	Account Nbr	City
KENT, CLARK Select	70000	59194	MADISON, WI

< Previous 1 of 1 pages Next >

Total: 1 records

Cancel Continue >> Add Healthcare Provider

Add the payment amount and hit Tab. The provider and payment are now added to the payment. Providers that are manually added may be deleted from the payment.

Payment allocation					
	Last Name	First Name	Account #	Group	Amount
1		ACCESS MEDICAL CENTER LLC	45959	1	<input type="text" value="463.38"/>
2				1	<input type="text" value="124.61"/>
3				1	<input type="text" value="405.72"/>
4				1	<input type="text" value="28.92"/>
5				1	<input type="text" value="1.08"/>
6				1	<input type="text" value="18.23"/>
7				1	<input type="text" value="5.04"/>
8				1	<input type="text" value="157.2"/>
9				1	<input type="text" value="178.45"/>
10				1	<input type="text" value="307.28"/>
11				1	<input type="text" value="332.82"/>
12				1	<input type="text" value="586.2"/>
15	KENT	CLARK	59194	1	<input type="text" value="100.00"/> <input type="button" value="Delete"/>
Total:					2708.93

Please contact us for further information: ociipfcf@wisconsin.gov or 608-266-6830 [Disclaimer](#)

Click Continue and the Review Payment screen appears. This screen allows the user to review the payment before continuing to the US Bank site. The payment can be cancelled or corrections can be made by clicking on the Back button.

Allocate Payment Review Payment USBank E-Payment

Payment allocation

Last Name	First Name	Account #	Group	Amount
1	A		1	463.38
2	P		1	124.61
3	P		1	405.72
4	p		1	28.92
5	P		1	1.08
6	p		1	18.23
7	p		1	5.04
8	P		1	157.2
9	S		1	178.45
10	S		1	307.28
11	U		1	332.82
12	W		1	586.2
13	KENT CLARK	59194	1	100.00
Total				2708.93

Cancel << Back Continue >>

Please contact us for further information: ociipfcf@wisconsin.gov or 608-266-6830 [Disclaimer](#)

© 2013 | Office of the Commissioner of Insurance | State of Wisconsin | oci.wi.gov

Done

Click Continue if the payment is correct. Clicking OK on the Confirmation screen will take you to the US Bank site to complete the transaction. You will need your Bank routing and account number.

Allocate Payment Review Payment USBank E-Payment

Payment allocation

Last Name	First Name	Account #	Group	Amount
1	A		1	463.38
2	P		1	124.61
3	P		1	405.72
4	p		1	28.92
5	P		1	1.08
6	p		1	18.23
7	p		1	5.04
8	P		1	157.2
9	S		1	178.45
10	S		1	307.28
11	UN		1	332.82
12	WIS		1	586.2
13	KENT CLARK		1	100.00
Total				2708.93

Confirmation

You are about to be redirected to USBank's epayment site to complete the rest of your payment process. You will receive a confirmation email after you complete the epayment process. Thank you for using IPFCF epayment application.

OK

Cancel << Back Continue >>

Please contact us for further information: ociipfcf@wisconsin.gov or 608-266-6830 [Disclaimer](#)

© 2013 | Office of the Commissioner of Insurance | State of Wisconsin | oci.wi.gov