

## 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  
City/State/Zip: MINN 1311  
Account Number:  
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	<a href="#">Details</a>

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.

### 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.

**Select pre-allocation method**

Please choose an option for the system to pre-allocation your payment to the healthcare providers affiliated with you.

☒ Pre-allocate the payment for me using:
   
☒ Min Due
   
☐ Total Due

☐ Don't pre-allocate the payment. I like to do it myself.

Cancel Continue >>

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**Provider Information**

Affiliations

Billing Parameters

Billing Statements

Correspondence

Coverage Documents

E-Payment

Financial Coverage

Financial Transactions

Noncompliance

Summary

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**Summary of the latest billing statement:**

Billing Date:	Jun 11, 2013
Total balance:	\$10,436.48
Total min due:	\$2,608.93

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](#)

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**History**

Submitted Date	Payment Date	Amount	Transaction ID	Status	Received Date	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.

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	Al		1	463.38
2	Pa		1	124.61
3	Pa		1	405.72
4	pa		1	28.92
5	Pa		1	1.08
6	pa		1	18.23
7	pa		1	5.04
8	Pa		1	157.2
9	St		1	178.45
10	St		1	307.28
11	U		1	332.82
12	W		1	586.2
<b>Total:</b>				<b>2608.93</b>

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

Last Name	First Name	Account #	Group	Amount
1	Al		1	463.38
2	Pa		1	124.61
3	Pa		1	405.72
4	pa		1	28.92
5	Pa		1	1.08
6	pa		1	18.23
7	pa		1	5.04
8	Pa		1	157.2
9	St		1	178.45
10	St		1	307.28
11	U		1	332.82
12	W		1	586.2
<b>Total:</b>				<b>2608.93</b>

Cancel Continue >> Add Healthcare Provider

Select Healthcare Provider

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

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	45050	1	463.38
2				1	124.61
3				1	405.72
4				1	28.92
5				1	1.08
6				1	18.23
7				1	5.04
8				1	157.2
9				1	178.45
10				1	307.28
11				1	332.82
12				1	586.2
15	KENT	CLARK	59194	1	100.00 <a href="#">Delete</a>
<b>Total:</b>					<b>2708.93</b>

[Add Healthcare Provider](#)

[Cancel](#) [Continue >>](#)

Please contact us for further information: [ociipfcf@wisconsin.gov](mailto: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	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	100.00
<b>Total</b>			<b>2708.93</b>

Cancel << Back Continue >>

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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
<b>Total</b>				<b>2708.93</b>

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 >>

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