

Invoice Cloud is a payment only portal. Active invoices can be viewed and paid on the Invoice Cloud portal. Members will need to contact Customer Service to update any personal or banking information related to their health plan.

Members do not have a login for the Invoice Cloud site. All that is needed to pay an invoice is Subscriber ID, Last Name, and Zip Code.

Invoice Cloud – Steps to pay Initial Invoice

1. Access the Invoice Cloud website.
2. Choose Invoice on the main screen.

The screenshot shows the ALFA Health Plans website. At the top is the ALFA Health Plans logo and navigation links for 'Sign In' and 'Contact Us'. The main heading is 'Pay or View Bills' with a subtext 'Please select an item to get started.' Below this are three green buttons: 'ALFA Health Plans Invoice', 'ALFA Health Plans Returned Payments', and 'ALFA Health Plans Restoration'. To the right, under 'Need Help?', it provides contact information: a phone number (833) 468-4220 and an email address cchejo@rthhealthplans.com, with an 'Email Us' link. Below the buttons, there is explanatory text about one-time payments and a 'Pay online' section with icons for eCheck, AMEX, VISA, discover, Mastercard, Apple Pay, and Google Pay.

3. Enter Subscriber ID, Last Name and Zip Code to access any available invoice.
Note: The Subscriber ID is the last 9 digits on the invoice.

The screenshot shows the 'Please Locate Your Policy' page on the ALFA Health Plans website. It includes a 'Return to previous page' link. The heading is 'Please Locate Your Policy' with a subtext 'Search our files for your invoices using the fields below. Required fields are marked with a *.' Below this is a blue box with instructions: 'You will find your subscriber ID at the top right corner of your invoice. If you do not have your invoice, your subscriber ID is the last nine digits on your ID card.' and 'Only initial invoices are available online for payment. Regular monthly premiums will be withdrawn from the bank account provided on the bank draft authorization form included with your application. If you have questions about the bank draft authorization form, please contact customer service at (311) 560-0041.' There are three input fields: 'Subscriber ID *', 'Last Name *', and 'Zip Code *'. Below these is a green 'Search Policies' button. At the bottom, there is a footer with the InvoiceCloud logo and links for 'Privacy Policy', 'Accessibility', 'Trustwave', and 'Secure Site'.

- Available invoices will appear for selection. Check the box on the left to select the invoice to pay. Click on Add selected invoices to your cart.
Note: Invoices will be removed from Invoice Cloud site if not paid by the due date.

[Return to previous page](#)

Search Results

Please review your results below and select invoices to Pay. Click [here](#) if you would like to search again.

Select	Bill #	Account #	Owner	Due Date	Bill Total	Balance Due	
<input checked="" type="checkbox"/>	20056128408-20200301	200202000	WANDA JO SMITH	3/1/2020	\$125.25	\$125.25	View Invoice Related Invoices Remind Me

[+ Add selected invoices to your cart](#) |
 [Register Customer](#)

Powered by [Greenleaf](#) | [Privacy Policy](#) | [Truist](#) | [Savings Site](#)

- Review the cart and click Proceed to Checkout.

Please review your cart

Please confirm your selections below. Click on Proceed to Checkout when you are ready to pay.

Type - TN Invoice

Type	Account #	Invoice #	Due Date	Balance Due	Options
TN Invoice	200202000	20056128408-20200301	3/1/2020	\$125.25	View Invoice Remove from Cart

Subtotal (1 Items) \$125.25
Not including any applicable service fees.

[Proceed to Checkout >](#)

6. Select how you would like to pay. Initial invoices can be paid with a credit card or EFT (check) using a bank account.

A. To pay via Credit Card, select credit/debit card and click on Continue to Payment Information.

Payment Options

Payment Information

Review Payment

How would you like to pay?

Available Payment Methods

Credit/Debit Card

How much would you like to pay?

☒ Pay Full Invoice \$125.25

Continue to Payment Information >

Payment Summary

Invoice #	Amount
20056128408-20200301 - View	\$125.25
SUBTOTAL	\$125.25
GRAND TOTAL	\$125.25

Any applicable service fees and/or discounts will be displayed before processing your payment

Enter your credit card and other required information and click on Review Payment.

Payment Options

Payment Information

Review Payment

Please enter your card information

Cardholder Name *




SMITH

Card Number *

4111111111111111

CVV * [WHAT'S THIS?](#)

111



Expiration Date *

December 2021

Billing Address *

455 MAIN STREET

Country *

United States

City *

Nashville

State *

Tennessee

Zip *

37211

Email *

jseaton@fbhealthplans.com

Continue to Review Payment > | [Go back to Payment Options](#)

Payment Summary

Invoice #	Amount
20056128408-20200301 - View	\$125.25
SUBTOTAL	\$125.25
GRAND TOTAL	\$125.25

Any applicable service fees will be displayed before processing your payment

Review payment information and click on Process Payment.


Payment Options

Payment Information

Review Payment

Review your Information

Your Credit/Debit Card [Edit](#)

SMITH
XXXXXXXXXXXX1111
12 / 2021


Billing Address


455 MAIN STREET
Nashville, TN
37211
jseaton@bhealthplans.com

Payment Summary

Invoice #	Amount
20056128408-20200301 - View	\$125.25
SUBTOTAL	\$125.25
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$125.25

Process Payment \$125.25

Once the payment has been processed you will see a payment confirmation screen and receive a payment confirmation email.



Thank you for your payment!

A Receipt for this transaction has been sent via email for your records.

[Click here to Print a receipt with additional details](#)

Total Payment Amount

\$125.25

Payment Message

APPROVED 553248

Payment Method

Visa
XXXXXXXXXXXX1111

- B. To pay via EFT (Check), choose EFT (Check) under available payment methods and click Continue to Payment Information.

Payment Options

Payment Information

Review Payment

How would you like to pay?

Available Payment Methods

EFT (Check)

How much would you like to pay?

Pay Full Invoice

\$30.60

Continue to Payment Information

Payment Summary

Invoice #	Amount
20056128406-20200301 - View	\$30.60
SUBTOTAL	\$30.60
GRAND TOTAL	\$30.60

Any applicable service fees and/or discounts will be displayed before processing your payment

Enter the required bank account and other information then click on Continue to Review Payment.

Payment Options

Payment Information

Review Payment

Please enter your bank information

Please fill out all fields below and click Continue to Review Payment to save your information.
Need help filling out this information?

Bank Account Holder's Name *

BUTLER

Account Type *

Personal - Checking

Routing # *

05600849

Bank Account # *

12345678901234

Re-enter Bank Account # *

12345678901234

Check Number (Optional)

Check #

Billing Address *

6489 BUTLER CIRCLE

Country *

United States

City *

Spring Hill

State *

Tennessee

Zip *

37174

Email *

jseaton@fbhealthplans.com

Continue to Review Payment

Go back to Payment Options

Payment Summary

Invoice #	Amount
20056128406-20200301 - View	\$30.60
SUBTOTAL	\$30.60
GRAND TOTAL	\$30.60

Any applicable service fees will be displayed before processing your payment

Review the payment information and click on Process Payment

Payment Options

Payment Information

Review Payment

Review your Information

Your Bank [Edit](#)
BUTLER

056008849 / XXXXXXXXXX1234
Personal Checking
[View](#)
[Cancel](#)


Billing Address
6489 BUTLER CIRCLE
Spring Hill, TN
37174
jseaton@fbhealthplans.com

Payment Summary

Invoice #	Amount
20000128408-20200301 - View	\$30.60
SUBTOTAL	\$30.60
SERVICE FEE *	+ \$0.00
GRAND TOTAL	\$30.60

Process Payment \$30.60

Once the payment is processed you will see the following payment confirmation screen and receive a payment confirmation email.



Thank you for your payment!

A Receipt for this transaction has been sent via email for your records.
[Click here to Print a receipt with additional details](#)

Total Payment Amount

\$30.60

Payment Message

PAYMENT PROCESSED 856384

Payment Method

EFT (Check)
XXXXXXXXXX1234