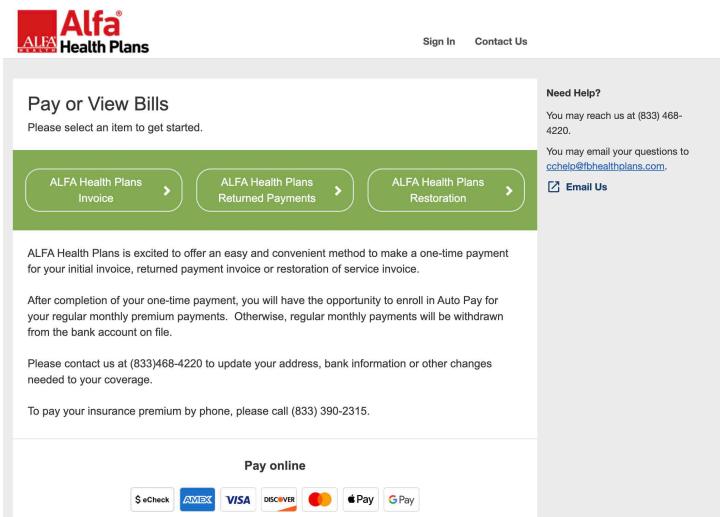


**Invoice Cloud is a payment only portal. Active invoices can be viewed and paid on the Invoice Cloud portal. Members will need to contact Customer Service to update any personal or banking information related to their health plan.**

**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.



ALFA Health Plans

Sign In Contact Us

Pay or View Bills

Please select an item to get started.

ALFA Health Plans Invoice    ALFA Health Plans Returned Payments    ALFA Health Plans Restoration

Need Help?

You may reach us at (833) 468-4220.

You may email your questions to [cchelio@fbhealthplans.com](mailto:cchelio@fbhealthplans.com).

Email Us

ALFA Health Plans is excited to offer an easy and convenient method to make a one-time payment for your initial invoice, returned payment invoice or restoration of service invoice.

After completion of your one-time payment, you will have the opportunity to enroll in Auto Pay for your regular monthly premium payments. Otherwise, regular monthly payments will be withdrawn from the bank account on file.

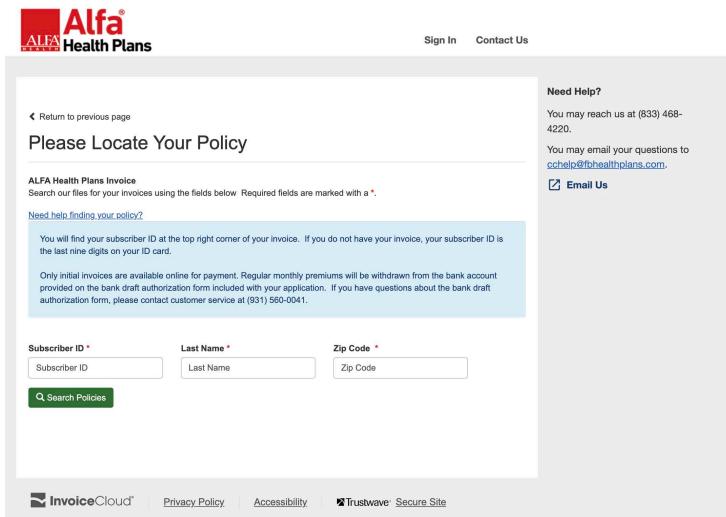
Please contact us at (833)468-4220 to update your address, bank information or other changes needed to your coverage.

To pay your insurance premium by phone, please call (833) 390-2315.

Pay online

\$ eCheck    AMEX    VISA    DISCOVER    MasterCard    Apple Pay    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.



ALFA Health Plans

Sign In Contact Us

◀ Return to previous page

Please Locate Your Policy

ALFA Health Plans Invoice

Search our files for your invoices using the fields below. Required fields are marked with a \*.

Need help finding your policy?

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.

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 (931) 560-0041.

Subscriber ID \*    Last Name \*    Zip Code \*

Search Policies

InvoiceCloud® Privacy Policy Accessibility  Trustwave 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 | Options   |
|-------------------------------------|----------------------|-----------|----------------|----------|------------|-------------|---|
| <input checked="" type="checkbox"/> | 20056128408-20200301 | 200202000 | WANDA JO SMITH | 3/1/2020 | \$125.25   | \$125.25    | <a href="#">View Invoice</a><br><a href="#">Related Invoices</a><br><a href="#">Remind Me</a> |

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

[| Register Customer](#)

[InvoiceCloud Home](#) | [InvoiceCloud Support](#) | [Printers Online](#) | [Techwave® Service 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    | <a href="#">View Invoice</a><br><a href="#">Remove from Cart</a> |

**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 - <a href="#">View</a> | \$125.25 |
| <hr/>                                       |          |
| 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 \*

Card Number \*  CVV \* WHAT'S THIS?

Expiration Date \*

Billing Address \*

Country \*

City \*  State \*  Zip \*

Email \*

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

Review payment information and click on Process Payment.

Payment Options      Payment Information      **Review Payment**

**Review your Information**

Your Credit/Debit Card [Edit](#)  
SMITH  
XXXXXXXXXXXXXX1111  
12 / 2021  


Billing Address  
455 MAIN STREET  
Nashville, TN  
37211  
jseaton@fbhealthplans.com

**Payment Summary**

| Invoice #                                   | Amount          |
|---|-----------------|
| 20056128408-20200301 - <a href="#">View</a> | \$125.25        |
| SUBTOTAL                                    | \$125.25        |
| SERVICE FEE *                               | + \$0.00        |
| <b>GRAND TOTAL</b>                          | <b>\$125.25</b> |

**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

XXXXXXXXXXXXXX1111

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  |
|---|---------|
| 20056128405-20200301 - <a href="#">View</a> | \$30.60 |
| SUBTOTAL                                    | \$30.60 |
| <b>GRAND TOTAL</b> \$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 \*

Account Type \*

Personal - Checking

Routing # \*

Bank Account # \*      Re-enter Bank Account # \*

Check Number (Optional)

Billing Address \*

Country \*

United States

City \*      State \*      Zip \*

Email \*

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

**Payment Summary**

| Invoice #                                   | Amount  |
|---|---------|
| 20056128405-20200301 - <a href="#">View</a> | \$30.60 |
| SUBTOTAL                                    | \$30.60 |
| <b>GRAND TOTAL</b> \$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 <a href="#">Edit</a><br>BUTLER<br>056008849 / XXXXXXXXXX1234<br>Personal Checking<br> | Billing Address<br>6489 BUTLER CIRCLE<br>Spring Hill, TN<br>37174<br>jseaton@fbhealthplans.com |
|--|--|

**Payment Summary**

| Invoice #                                   | Amount         |
|---|----------------|
| 20056128408-20200301 - <a href="#">View</a> | \$30.60        |
| <b>SUBTOTAL</b>                             | <b>\$30.60</b> |
| SERVICE FEE *                               | +\$0.00        |
| <b>GRAND TOTAL</b> \$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)  
XXXXXXXXXXXX1234