

# SAW - Payment Services User Guide

---

# Department of Social & Health Services

## Office of Financial Recovery (OFR)

---

### Payment Services User Guide

Never provide your banking information over the phone. OFR staff are not authorized to enter your information into Payment Services on your behalf.

**Payments over the phone are not accepted at this time.**

### System Requirements

You must use a laptop or desktop computer to set-up online payments.

**Note:** Smartphone technology is not currently secure enough to ensure acceptance of bank-to-bank payments.

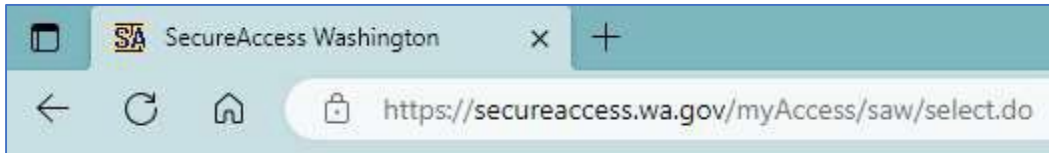
### Banking Requirements

A routing number and checking/savings account number are required to set up online payments.

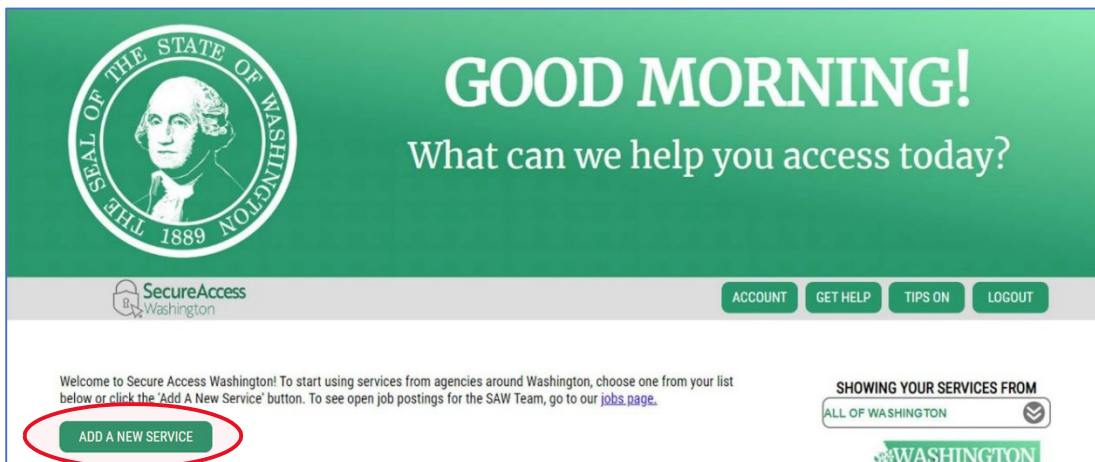
**Note:** Credit/debit card payments are not accepted.

# Payment Services User Guide

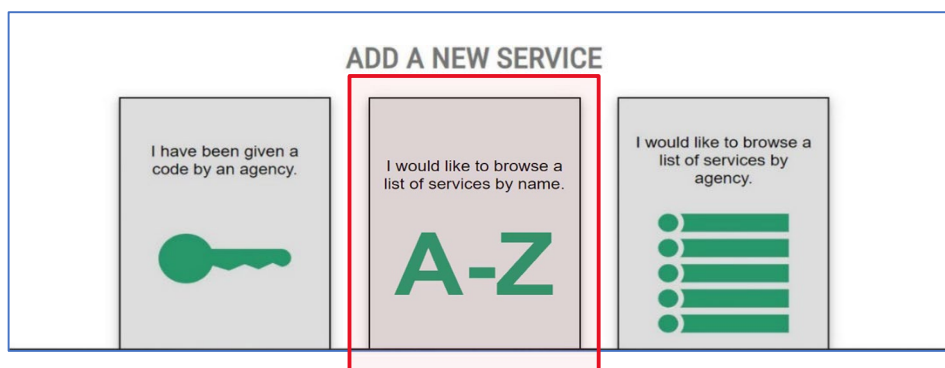
1. In your web browser, go to [secureaccess.wa.gov](https://secureaccess.wa.gov) and sign into your account or press **Sign Up!** to create an account.



2. Once you have created an account and/or logged in, click on **ADD A NEW SERVICE**.



3. Select the middle option.



4. Type "payment services" in the filter box.



5. Select **Apply** next to PAYMENT SERVICES.

**PAYMENT SERVICES**

Payment Services provided by Department of Social and Health Services for PRM and HWD health insurance.

**Apply**

6. Fill in the contact information form and select **Submit** when finished.

Contact Information

First Name   
**First Name is Required**

Middle Name

Last Name   
**Last Name is Required**

Address Line 1

Address Line 2

City

State

ZIP Code (+4)

Phone

Phone Ext

7. Click on **Submit or Cancel a Payment** under the Payments heading.

**Payments**

**Submit or Cancel a Payment**

[View Payments That Were Made Online](#)

[Manage Bank Account for Making Payments](#)

**Companies**

[Add a Company](#)

**My Account**

[Update Contact Information](#)

[Change your password](#)

[Set up Email Notifications or Reminders](#)

8. Click on **I Accept the Terms and Conditions** if you accept the terms and conditions listed on the page.

Accept the Terms and Conditions

Please carefully read the agreement below. If you agree to the Terms and Conditions, click the **I Accept the Terms and Conditions** button.

This Agreement contains important information and guidelines for using the State of V and acceptance of these terms and conditions.

**A. GENERAL INFORMATION**

[View printable version of the Terms and Conditions](#)

**I Accept the Terms and Conditions** [Cancel and return to your list of options](#)

9. Under Medical Premium Payments, select **Submit or Cancel a Medical Premium Payment as an Individual**.

Payment Services

Child Support Payments

- [Submit or Cancel a Child Support Payment as an Individual](#)
- [Setup or Disable a Recurring Child Support Payment as an Individual](#)
- [Add, Change or Delete an Employee](#)
- [Submit or Cancel a Child Support Payment for a Company](#)

Medical Premium Payments

- [Submit or Cancel a Medical Premium Payment as an Individual](#)
- [Setup or Disable a Recurring Medical Premium Payment as an Individual](#)
- [Submit or Cancel a Medical Premium Payment for a Company](#)

10. Click on **Add a New Bank Account**.

My Medical Premium Payments

You will need to add a bank account, before you can submit a payment. You can add a new bank account here [> 'Add a New Bank Account'](#)

[Return to your list of payment options](#)

11. Add your banking information. Account Description is required (example: Checking).  
When finished click on **Add the Account**.

Bank Account Details

Bank Account For YOUR NAME

Account Description   
Account Description is required

Account Type

Routing Number

Account Number

Confirm Account Number

**Add the Account** [Cancel and return to your list of accounts](#)

**Note:** For Apple Health Medical Premium payments, **it will take 5-7 business days** for the first payment to process from any new bank account.

12. At this point you can choose to make a one-time payment or set up recurrent payments.

Payment Services

My Medical Premium Payments

To make a payment, click the **'Submit a Payment'** button. If you would like to submit a recurring Medical Premium payment, go to the **Recurring Payments** section.

Bank Accounts need to be added prior to making a payment. That can be done here >> [Add a Bank Account](#)

**Submit a Payment** [Return to your list of payment options](#)

**CHOOSE ONE**

13. Fill out the Account Information form as follows:

- a. Select your Account Type (PRM, HWN) from the drop-down menu
- b. Enter account number in the box next to the PRM/HWD dropdown menu
- c. Enter your name exactly as it appears on your bill (LAST name, FIRST name)
- d. Click on **Get Account Balance**

Account Information

Account Number:	<input type="text" value="PRM"/>	Acct number	<input type="text"/>
Billing Name (Last Name, First Name)	<input type="text"/>		
Billing Zip Code:	<input type="text"/>		

[Get Account Balance](#) [Cancel and return to your list of payment options](#)

14. Your account balance will be displayed in the **Account Information** section. Under Payment Options:

- a. Select your Payment Amount, Bank Account, and Payment Date
- b. Select the **Submit Medical Premium Payment** button

### Account Information

System ID	██████	Account Number:	██████
Billing Name (Last Name, First Name)	██████████████	Account Balance	██████
Last Payment Received	██████	Last Payment Received Date	4/8/2020
Last Invoice Billed Amount	██████	Last Invoice Billed Date	7/24/2023

### Payment Options

Payment Amount

Bank Account

\* Payment Date

\*This date is the earliest date that your payment can be deducted from your account. Payments are processed at 3:00 PM on Payments submitted after 3:00 PM, cannot have the payment date set for that day.

[Submit Medical Premium Payment](#) [Cancel and return to your Medical Premium payments](#)

If you successfully submitted the payment you will see the message below:

### Payment Services

Your Payment Has Been Submitted

A Medical Premium payment with confirmation number ██████████ has been submitted. A payment of \$5.00 is scheduled

[Return to payments](#)