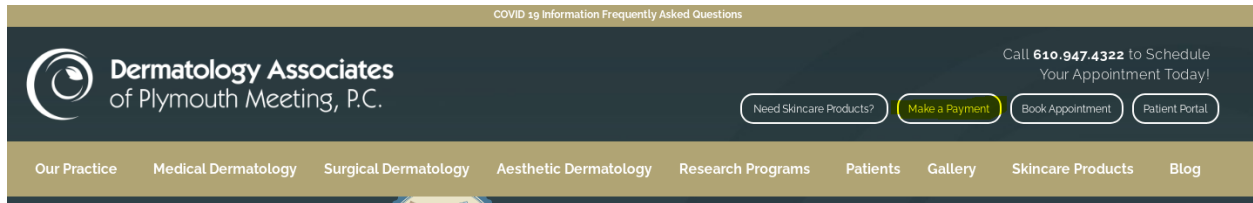


Making an Online Payment

Online payments can now be made on our website at <https://plymouthmeetingdermatology.com> !

On the website, click on the **Make a Payment** button on the upper right-hand corner of the page.



In the next screen, **enter the amount** of your bill from the patient statement. Click the **Make online payment** button. You will be routed to PayJunction, our secure credit card vendor, for payment processing.



Please enter amount

Make online payment

 [PayJunction](#)

Enter all billing information details for the credit card (**red asterisks are REQUIRED** information for processing).

Your **Customer ID#** is the **Account # on the upper right-hand portion of your patient statement**. If you do not have your statement readily available, you may call the Billing office at 610-828-0400 Option 3 to obtain your account number.

Dermatology Associates of Plymouth Meeting PC
531 W Germantown Pike Suite 200
Plymouth Meeting, PA 19462-1325

Patient Name: [REDACTED]

For questions regarding your bill,
 please call (610) 828-0400


Website: <https://plymouthmeetingdermatology.com/>
 Invoice # [REDACTED]

If paying by American Express, Discover, Mastercard, Visa, fill out below		
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number	Exp. Date	Amount
Signature	3-4 Digit Security Code	

Statement Date	Pay This Amount	Account #
01/08/2021	[REDACTED]	[REDACTED]

Note: PayJunction uses billing address verification for your security. Please be sure to enter the billing address that is registered with your credit card company, including zip code. **Payment will decline if the billing information does not match your credit card company's file.**

Dermatology Associates of Plymouth Meeting

<h3>Billing</h3> <p>FIRST NAME *</p> <input type="text"/> <p>LAST NAME *</p> <input type="text"/> <p>CUSTOMER ID *</p> <input type="text"/> <p>PHONE *</p> <input type="text"/> <p>EMAIL ADDRESS *</p> <input type="text"/> <p>ADDRESS *</p> <input type="text"/> <p>CITY *</p> <input type="text"/> <p>STATE *</p> <input type="text"/> <p>ZIP CODE *</p> <input type="text"/>	<h3>Summary</h3> <hr/> <p>Thank you for your payment \$50.00 to Dermatology Associates of Plymouth Meeting.</p> <p>Quantity: 1</p> <hr/> <p>TOTAL \$50.00</p> <p style="text-align: center;"></p>
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Notes can be used for a variety of reasons, such as to let our office know the payment is for another family member or for multiple family members, to specify the payment is for a particular date of service or to inform us of a change of address.

Once all payment information has been entered, click **Submit**.

Additional Information

NOTES

Payment

CARD NUMBER *

EXPIRATION DATE *

 /

CVV *

SUBMIT

[Back to Website](#)

Your payment should then be approved, and you will receive an order number.

Dermatology Associates of Plymouth Meeting



Approved

Your order number is [REDACTED]

Thank you for your business!

[Back to Website](#)

You will also receive an e-mail at the address you entered requesting a signature. **This is for your security and records only and is not needed for our office to post your payment to your account.**

****If your card declines,** please verify that you have entered all billing information correctly.

****If you are making multiple payments,** consider making one bulk payment with the customer ID#s (Account#s) in the Notes box.

****If you must make multiple payments in the same dollar amount, please allow 10 minutes of wait time between payments.** PayJunction will decline identical charge amounts made close together to protect you from credit card fraud.

****If your card continues to decline with the correct billing information entered,** please attempt to pay with another card OR contact the Billing office at 610-828-0400 Option 3 to determine why it is being declined.