



# HCAI e-Services Portal

*Public User Guide*

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Version Number: 6.3

## **Section 8 – Paying Invoices**




## 1 Introduction

### Welcome to HCAI Electronic Services Portal Client Access (eCA) User Guide

This section provides users with step-by-step instructions for paying invoices.

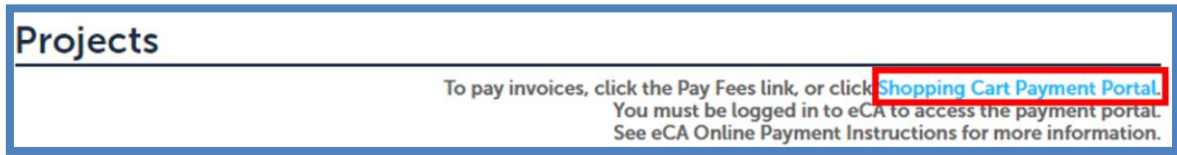



**Remember:** Help is available throughout the application. Wherever you see a help  icon, click on the question mark to open help and instructions for that item in the application.

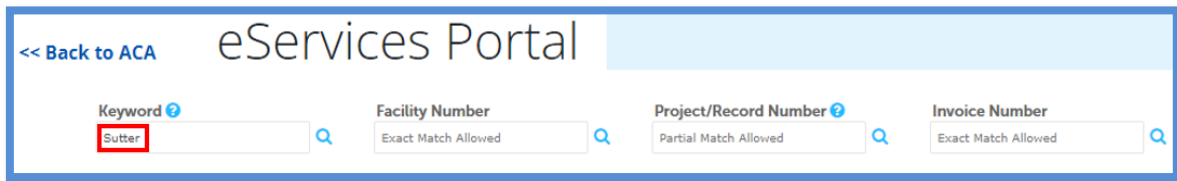
## 2 Paying Invoices using the Shopping Cart



To pay invoices using the Shopping Cart feature, follow the steps below.







*Step 1.* Click the [Shopping Cart Payment Portal](#) link from the "Home," "Projects," "Enforcement," or "Preapproval" tabs. You may also access it from any [Pay Fees](#) link.



*Step 2.* Enter search parameters to locate the invoice(s) you would like to pay. You may search by Keyword, Facility Number, Project/Record Number, and Invoice Number. Click the  icon or press Enter on your keyboard to return your search results.



*Step 3.* You may now add items to the Shopping Cart. Click the  icon to expand results for facilities and projects. You may download a copy of an invoice by clicking the hyperlinked six-digit invoice number. Click the checkbox to the right of any invoice to add the invoice to the Shopping Cart. To remove an invoice, hover over it with your mouse in the Shopping Cart and click the  icon. Click "Check-Out" after confirming your selection.

Results				Shopping Cart	
<b>Construction Projects</b>				<b>Contents</b>	
	0625 - Sutter Medical Center, Sacramento			S210290-34-00 (Invoice#: 284031 - \$1000.00)	<input checked="" type="checkbox"/>
	S210290-34-00	284031	\$1000.00	S200709-44-00-ACD0006 (Invoice#: 282030 - \$250.00)	<input type="checkbox"/>
	S210589-34-00				
	13901 - Sutter Maternity & Surgery Center of Santa Cruz			Total: \$1250.00	
	S202390-44-00	278586	\$799.50		<input type="checkbox"/>
	S210060-44-00	280007	\$653.44		<input type="checkbox"/>
	S200709-44-00				<input checked="" type="checkbox"/>
	S200709-44-00-ACD0006	282030	\$250.00		<input checked="" type="checkbox"/>
	S200709-44-00-DSI0007	282913	\$250.00		<input type="checkbox"/>

**Step 4. Confirm the amounts on the Order Section page. The “Amount” listed for the invoice total and the “Service Fees” total will be processed as two separate transactions on your credit card.**

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click Cancel Payment and pay by alternative means.

**Order Section**

This payment will be processed as two separate payments (for Amount and Service Fee)

<b>Amount</b>	1,250.00 USD
<b>Service Fee (2.1%)</b>	26.25 USD
<b>Total of all charges and fees</b>	1,276.25 USD

Service fee is non-refundable.

**CHECKOUT**

**Step 5. Enter your payment information, click the checkbox to agree to the Terms and Conditions and click “Submit Payment.”**

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click Back to Order Section and then Cancel Payment on following screen and pay by alternative means.

<p><b>Order Section</b></p> <table border="1"> <tr> <td>Amount</td> <td style="text-align: right;">1,250.00 USD</td> </tr> <tr> <td>Service Fee (2.1%)</td> <td style="text-align: right;">26.25 USD</td> </tr> <tr> <td>Total of all charges and fees</td> <td style="text-align: right;">1,276.25 USD</td> </tr> </table>	Amount	1,250.00 USD	Service Fee (2.1%)	26.25 USD	Total of all charges and fees	1,276.25 USD	<p><b>Billing Address</b></p> <p>Company <input type="text"/></p> <p>First Name * <input type="text"/> Last name * <input type="text"/></p> <p>Address1 * <input type="text"/></p> <p>Address2 <input type="text"/></p> <p>City * <input type="text"/> State/Province * <input type="text"/> Postal Code * <input type="text"/></p> <p>Country * <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Phone <input type="text"/></p>
Amount	1,250.00 USD						
Service Fee (2.1%)	26.25 USD						
Total of all charges and fees	1,276.25 USD						

**Payment**

PAYMENT CARD

Card Number \*

Expiration Date(MM/YY) \*  CV2

agree to the [Terms and Conditions](#) of the charges applied

**SUBMIT PAYMENT**

**Step 5. Click the “View Receipt” button to download a PDF copy of your receipt. Click “Close” to return to the Shopping Cart Screen.**

**The payment was made successfully** ✕

Payment Receipt:

Transaction ID: 071021ED3-4D5C42E3-FDD2-4956-BBD8-056810E90277

Last 4 digits of the card: 0002

Payee Name: William Owen

State of California - Health and Human Services Agency

Department of Health Care Access and Information

**Payment Receipt**

Transaction ID: 071021ED3-4D5C42E3-FDD2-4956-BBD8-056810E90277

Current Date: October 07, 2021

Department of Health Care Access and Information  
Facilities Development Division  
2020 West El Camino, Suite 800  
Sacramento, CA 95833

Project related questions contact - Facilities Development Division (916) 440-8300 or (213) 897-0166  
Billing related questions contact - Accounting Services (916) 440-8331, Fax (916) 324-9188

Transaction	Payment Method	Payment Ref#	Date	Amount Paid
Receipt	Credit Card		10/07/2021	\$1,250.00

Record Number	Invoice # Date	Receipt Nbr	Amount Paid
S210290-34-00	284031 - 10/7/21	167836	\$1,000.00
S200709-44-00-ACD0006	282030 - 2/25/21	167837	\$250.00

### 3 Paying an Application Fee when Submitting a Project

To pay an application fee while submitting a project, use the steps below.

**Step 1. Choose the "Pay Now" option upon reaching the Payment Options page while creating a project record.**

Step 6: Payment Options > Payment Options \* indicates a required field.

#### Payment Options

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**PAYMENT OPTION**

ACA Payment: Pay Now

[Continue Application »](#) [Save and resume later](#)

**Step 2. The Application Fee will be displayed to confirm payment. Click "Continue Application." See Steps 4 & 5 from the previous section for instructions on how to complete the payment.**

Step 8: Pay Fees

Listed below are the fees assessed by OSHPD based on the information you have provided. The application fee is not refundable. The Plan Review Fee for the estimated construction costs, 1.64% for hospital buildings or 1.5% for skilled nursing facilities, will be invoiced directly to the facility.

**Application Fees**

Fees	Qty.	Amount
Application Fee	1	\$250.00

TOTAL FEES: \$250.00  
Note: This does not include additional Field Operation fees which may be assessed later.

[Continue Application »](#)

**Step 3. Once payment is complete, the project will be created and the official Record Number displayed. You may then click "Print/View Receipt" to download a PDF copy of your receipt.**

Step 9: Record Issuance

Your application has been successfully submitted.  
Please print your record and retain a copy for your records.

Thank you for using our online services.  
Your Record Number is RCP-2021-00048.

You will need this number to check the status of your application or to schedule/check results of Field Operations. Please print a copy of your record and post it in the work area.

[Print/View Receipt](#)