

TUTORIAL: Bind/Pay By Check | Issue Dental Policy

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BIND/PAY BY CHECK | ISSUE DENTAL POLICY TUTORIAL



SOP#: _____ **Revision/Version:** 1.0
Effective Date: 2014

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Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Bind/Pay By Check | Issue Dental Policy

Policy: This tutorial serves as a standard operating procedure for binding coverage, paying by check and issuing a policy online.

Purpose: To provide insurance agents and applicants with step-by-step instructions so that they can bind coverage, pay by check and issue a policy online.

Scope: This tutorial covers binding coverage, paying by check and issuing a policy online.

Responsibilities: Insurance agents and applicants are responsible for the tasks contained in this tutorial.

Definitions:

Overview: This tutorial was created in 2013 to help insurance agents and applicants bind coverage, pay by check and issue policies online.

System Requirements

System Requirements

This tutorial assumes that the user:

1. Has access to the internet

Browsers and Operating Systems:

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Allied Health Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

Overview

Overview

This document was developed to help insurance agents and applicants bind policies, handle check payments and issue policies online.

This document contains one main section:

- [I. Bind/Pay By Check / Issue Policy](#)

RELATED TUTORIALS:

- QUICK START: Generate Dental Indication In OnLine-PL
- TUTORIAL: Generate Dental Indication In OnLine-PL
- QUICK START: Generate Dental Indication Online
- TUTORIAL: Generate Dental Indication Online
- QUICK START: Process OnLine-PL Dental Application Details
- TUTORIAL: Process OnLine-PL Dental Application Details
- QUICK START: Process Web Dental Application Details
- TUTORIAL: Process Web Dental Application Details
- QUICK START: Complete Dental Application Online
- TUTORIAL: Complete Dental Application Online
- QUICK START: Bind / Pay By Check | Issue Dental Policy
- QUICK START: Bind / Pay By Credit Card | Issue Dental Policy
- TUTORIAL: Bind / Pay By Credit Card | Issue Dental Policy
- QUICK START: Confirmation Emails
- TUTORIAL: Confirmation Emails

PART I—BIND/PAY BY CHECK / ISSUE POLICY

PART I—BIND PAY BY CHECK ISSUE POLICY

This section illustrates how to bind coverage, issue and pay for a policy online by check.

1. Bind/Pay By Check / Issue Policy | Select Payment Frequency

Bind/Pay By Check / Issue Policy | Select Payment Frequency

Professional Liability Premium 2,728.00
Additional Coverage Premium 0.00
Policy Fee 25.00
Florida FIGA Tax 27.83
Total 2,780.83

<input checked="" type="checkbox"/> Pay in Full	Total	\$2,780.83
<input type="checkbox"/> Quarterly	**Downpayment of 25%	\$697.21
	*3 quarterly payments	\$697.21
	Total payments plus \$8 installment fees	\$2,788.84
<input type="checkbox"/> Monthly	*Downpayment of 20%	\$558.17
	*8 monthly payments	\$280.08
	Total payments plus \$18 installment fees	\$2,798.81

* Includes \$2 installment fee per payment.
** Includes taxes if applicable.

SELECT PAYMENT FREQUENCY

Select method of payment

9237

Previous Next

QUIT

1. Click to select the applicant's desired payment plan.

2. Click on the **Next** button. The Bind/Pay By Check | Issue Policy | EFT Payment Entry page displays.

2. Bind/Pay By Check / Issue Policy | EFT Payment Entry

Bind/Pay By Check / Issue Policy | EFT Payment Entry

The screenshot displays the E-Professional Insurance website interface. At the top, there is a navigation bar with the following links: "About E-Professional", "Insurance Programs", "Loss Prevention", and "Applications". The main content area is divided into two panels. The left panel, titled "Dental Professional Liability Payment Plan", shows a "Total payable - \$2,780.83". The right panel, titled "Electronic Fund Transfer Payment Entry", contains a form for entering bank information. The form includes fields for "ABA/Routing #" (containing 287084131) and "Account #" (containing 999999). Below these fields is a disclaimer: "If I am accepted by the Company and agree to the underwriting terms, I authorize the Company or its representative to initiate, and my financial institution to honor payments from the above bank account." An "EXAMPLE" check is shown with the following details: "Your Name: 05-01 1051 1234 Your Street Your Town, NY 12345 99-9999 XX 999", "Pay to the Order of: YOUR BANK", "Per: 123456789 123456789123 1234", and "Routing # Account # Check #". At the bottom of the right panel, there are "Previous" and "Next" buttons, with the "Next" button circled in red. A "QUIT" button is located at the bottom left of the page.

1. Type the applicant's ABA/routing number into the designated field.
2. Type the applicant's account number into the designated field.
3. Click on the **Next** button. The Bind and Pay | Issue Policy | Click To Pay page displays.

3. Bind/Pay By Check / Issue Policy | Click To Pay

Bind/Pay By Check / Issue Policy | Click To Pay

You have selected to pay by Checking

Policy Payment

Routing number - 267084131
Bank account number - *****9999
Amount to be paid \$2,780.83

All the billing reminders & documents will be sent to the e-mail address listed below.

If you want your policy documents to go to another e-mail address click in the box & enter it below.

dental@gmail.com

Soon, you will receive all your policy documents via e-mail from Policy Services -
It is possible your e-mail might see this as spam. Please check your spam box and allow mail from this e-mail address.

QUIT

Electronic Fund Transfer Payment Entry

Once you click the "Pay" button your transactions will be processed.
Only click the "Pay" button once.

Previous Pay

1. Click on the **Pay** button. The Bind/Pay By Check | Issue Policy | Payment Confirmation page displays.

4. Bind/Pay By Check / Issue Policy | Payment Confirmation

Bind/Pay By Check / Issue Policy | Payment Confirmation

The screenshot displays the E-Professional Insurance website interface. At the top, there is a navigation bar with the following links: "About E-Professional", "Insurance Programs", "Loss Prevention", and "Applications". The main content area is divided into two panels. The left panel, titled "You have selected to pay by Checking", contains a "Policy Payment" box with the following details: Routing number - 267084131, Bank account number - *****9999, and Amount to be paid \$2,780.83. Below this, a red banner states "YOUR PAYMENT WILL BE PROCESSED ON 3/27/2014". Underneath is a "Dental Professional Liability Payment Plan" box showing "Total payable - \$2,780.83". At the bottom of the left panel, it says "Transaction Number 513311 @ 3/27/2014 5:35:39 PM" and includes a lock icon. The right panel, titled "Electronic Fund Transfer Payment Entry", has a yellow header and a grey body with the text: "PRINT THIS PAGE FOR YOUR RECEIPT.", "YOUR TRANSACTION NUMBER IS: 513311", and "YOUR POLICY DOCUMENTS WILL BE SENT TO YOU SHORTLY.". A "Next" button with a right-pointing arrow is circled in red at the bottom right of the right panel. At the bottom left of the page, there is a "QUIT" button.

1. Use the browser's print option to print this page as a receipt.
2. Click on the **Next** button. The Bind and Pay | Issue Policy | Coverage Confirmation page displays.

5. Bind/Pay By Check / Issue Policy | Coverage Confirmation

Bind/Pay By Check / Issue Policy | Coverage Confirmation

<<Log Out>>

Fireman's Fund
Insurance Company
A company of **Allianz**

**FIREMAN'S FUND
CONFIRMATION OF COVERAGE
DENTAL PROFESSIONAL LIABILITY**

INSURED: John Doe, D. D. S.
361 E. Hillsboro Blvd
Deerfield Beach, FL 33441

STATUS: Active

CONFIRMATION NUMBER: 513311

CONFIRMATION DATE: 4/1/2014

EXPIRATION DATE: 4/1/2015

LIMITS: \$1,000,000/\$3,000,000

CLASSIFICATION: General Dentist

CONFIRMATION PROVIDED FOR:

THIS CONFIRMATION OF COVERAGE IS PROVIDED ON BEHALF OF THE NAMED INSURED AND IS FOR INFORMATION PURPOSES ONLY AND EXTENDS NO RIGHTS TO ANYONE OTHER THAN THE NAMED INSURED. SHOULD THIS POLICY BE CANCELLED THE COMPANY WILL MAIL THE CERTIFICATE HOLDER A NOTICE OF CANCELLATION WITHIN 30 DAYS; HOWEVER, FAILURE TO ISSUE SUCH NOTICE TO ANY LISTED ENTITY SHALL NOT OBLIGATE THE COMPANY TO ANY LIABILITY.

Program Administrator
Managed Insurance Services, LLC
361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441

Phone 954-788-5453 www.managedinsurance.com Fax 954-428-1175

Quit

To print this screen please use the File - Print option at the upper left corner of your screen.

1. Use the browser's print option to print the coverage confirmation.
2. Click on the **Quit** button in the top right corner of the screen to exit.

This concludes the Bind/Pay By Check / Issue Policy portion of this tutorial.

Revision History

Revision History

Revision:	Date:	Requested By:	Description of Changes:	Signature