Note: Please take note that this is for subsequent payments only.

1. Visit our CHS website at <u>www.caritashealthshield.com.ph</u> and click **LOGIN**.



2. Enter your **Email Address** and **Password** in the Member's Information System (MIS). If you are not yet registered, kindly click this link on <u>How to Register</u>.

Email Addre	SS	
Password		
	LOGIN	
Perister Now		Forgot Password?

3. Click LOGIN to start your session.





4. Welcome to Caritas Health Shield Member's Information System! Click PAY ONLINE.

5. In your Policy Number, enter the digits after the hyphen. Click **OK**.

Γ	ONLINE PAYMENT	
	In your Policy Number, enter the digits after hyphen.	
А	1234567	C
Ŀ	Cancel OK	ł
er		

6. Kindly check if you have entered your Policy Number correctly. If correct, please click **Continue**.

A	You entere	ed 1234567.
	Cancel	Continue

7. Check the Policy Number, Full Name, and Amount. If correct, please click CONTINUE TO PAY.

Checkout Information	
Policy Number	
EC10120-123456	
Full Name	
Juan Dela Cruz	
Amount	
P5,420.00	
CONTINUE TO PAY	

8. If you are sure to proceed with the payment, please click **Proceed**.



9. Fill out the required fields in the **Billing Information**. *Reminder: Please refrain from using special characters*.

	* Required	field
First Name *		
Last Name *		
Company Name *		
Address Line 1 *		
Address Line 2 *		
City *		
Country/Region *	~	
Zip/Postal Code *		
Phone Number *		
Emoil *		

10. Fill out the required fields in the **Payment Details**. To proceed with the payment, click **PAY**.

Card Type *		
	Visa	Mastercard
Card Number *		
Expiration Date *	~	~
CVN *	This code is a three or four digit is	number printed on the back or front of credit cards.
Cancel		Pav

11. Print your receipt as proof of payment. If you want to return to the website, please click **Return to Website.**

Receipt		Date: 13-11-2020 Order Number: 1605260631P3	8069840
Billing Information			
Caritas Health Shield 1234 Barangay 587 Quezon City 8910 Philippines			
Payment Details		Total amount	₽7,655.00
Card Type	Visa		
Card Number	20000000000001111		
Expiration Date	02-2022		
Please keep a copy of this receipt	for your records		

12. An email receipt (UB Receipt) for the payment made will also be sent to your email address.

饡 CARITAS HEA	LTH SHIELD
Receipt	Date: 13-11-2020 Order Number: 1605260631P3069640
Billing Information	
Barangay 567 Quezon City PH 8910	
Payment Details Visa xxxxxxxxxxxx1111	Order Total Total amount ₱7,655.00
Please keep a copy of this receipt for	your records

- 13. For successful and error transactions, an Acknowledgement Receipt from CHS will be emailed to your email address.
 - a. SUCCESSFUL TRANSACTION

Caritas Health Shield, Inc.,
Acknowledgement Receipt
Order Number 1605260631P3069640 Total amount Php. 7655 Message Request was processed successfully.
Reminder: Please Do not reply. This Acknowledgement receipt is system generated.

b. ERROR TRANSACTION

	Caritas Health Shield, Inc.,	
	Acknowledgement Receipt	
	Order Number 1602648655P3062080	
	Total amount Php. 7055	
	Message Payment processor error Invalid Value: Card Acceptor Terminal ID.	
	Reminder: Please Do not reply. This Acknowledgement receipt is system generated.	
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& Danky M Ennward		