

Processing Payment for a Patient Application

Note: It is recommended that you use Google Chrome as your internet browser because other browsers may not work properly with the Patient Registry website.

After you have completely reviewed your patient application on the review tab and there are **NO RED Xs**, you can proceed to processing your payment:

1. Click 'Pay & Submit'.

Questions

- ✓ Do you speak a language other than English?: No
- ✓ Please confirm One (1) Physician certification, which is less than (30) days old, has been submitted on behalf of the qualifying patient; or Two (2) physician certifications, which are less than thirty (30) days old, have been submitted on behalf of the qualifying patient in order to authorize possession limits greater than four (4) ounces in thirty (30) days.: I AGREE
- ✓ Do you reside in Missouri and claim no resident privileges in another state or country?: YES
- ✓ Are you currently eligible for any Missouri low-income assistance programs?: No
- ✓ Do you intend to cultivate medical marijuana?: No
- ✓ Do you attest that the information provided in this application is true and correct?: YES
- ✓ Signature: Jane Doe
- ✓ Signature Date: 11/06/2019

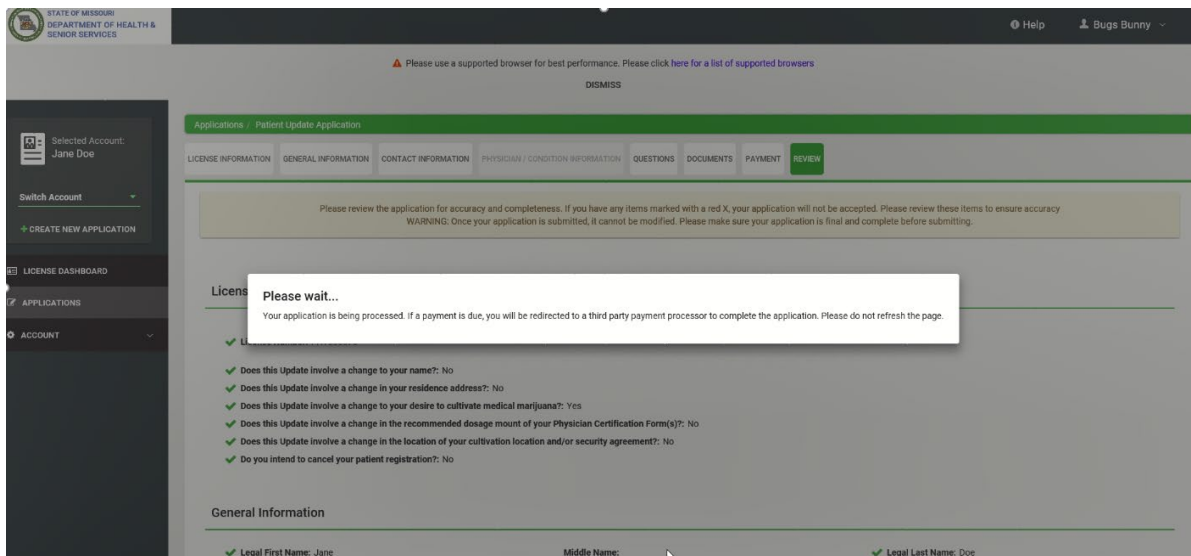
Documents

Payment

- ✓ Payment Options: Credit Card

1 →

A small window will pop-up indicating that your application is being processed and if a payment is due, you will be redirected to a third party payment processor to complete the application.



STATE OF MISSOURI
DEPARTMENT OF HEALTH & SENIOR SERVICES

Please use a supported browser for best performance. Please click [here](#) for a list of supported browsers.

DISMISS

Applications - Patient Update Application

LICENSE INFORMATION GENERAL INFORMATION CONTACT INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS PAYMENT REVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy. WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

Please wait...
Your application is being processed. If a payment is due, you will be redirected to a third party payment processor to complete the application. Please do not refresh the page.

Licens

- ✓ Does this Update involve a change to your name?: No
- ✓ Does this Update involve a change in your residence address?: No
- ✓ Does this Update involve a change to your desire to cultivate medical marijuana?: Yes
- ✓ Does this Update involve a change in the recommended dosage amount of your Physician Certification Form(s)?: No
- ✓ Does this Update involve a change in the location of your cultivation location and/or security agreement?: No
- ✓ Do you intend to cancel your patient registration?: No

General Information

- ✓ Legal First Name: Jane
- Middle Name:
- ✓ Legal Last Name: Doe

Note: while your application is being processed, do not refresh the page.

Next, you will be redirected to Payment Processing:

2. Enter your Billing Contact **Name, Address, City, County, State, and Postal Code** (or Zip Code).
3. Click **'Next Step: Add Payment Method'**.

Make A Payment - Payment Information - Missouri: Health and Senior Services

Cart Information | Payment Information

Billing Contact Information

Name* **2** Jane Doe

Address* 123 Main Street

Street Address Continued

City* Anywhere

Country* United States

State* Missouri

Postal Code* 12345

Shopping Cart

Patient Registration/Renewal	\$25.00
Subtotal	\$25.00
Projected Card Fee	\$1.25
Projected eCheck Fee	\$0.50

Payment Details

Patient Registration/Renewal
1579718186999 - \$25.00

Cancel Transaction

Next Step: Add Payment Method **3**

4. Enter the **Name** that appears on your credit card, **Card Number, Expiration Month and Year, Security Code, and Card Postal Code**.
5. Click **'Next Step: Review Payment'**.

Make A Payment - Payment Information - Missouri: Health and Senior Services

Cart Information | Payment Information

Payment Information

Please select your Payment Method **4**

Credit Card

Name on Card Jane Doe

Card Number 1234123412341234

Expiration Month 01

Expiration Year 2023

Security Code 123

Card Postal Code 12345

Amount Due \$ 25.00

Payment \$ 25 .00

eCheck

Shopping Cart

Patient Registration/Renewal	\$25.00
Subtotal	\$25.00
Projected Card Fee	\$1.25
Projected eCheck Fee	\$0.50

Payment Details

Patient Registration/Renewal
1579718186999 - \$25.00

Cancel Transaction

Back to Payment Information | **Next Step: Review Payment** **5**

On the review payment page:

6. Review the amount of the payment being processed and your billing contact information.
7. Click the **'Payment Terms of Service'** link to read the terms of service. Return to the Payment Processing tab.
8. Check the box to indicate that you agree to the Payment Terms of Service and authorize this payment.
9. Click **'Make Payment'**.

Make A Payment - Review Payment - Missouri: Health and Senior Services

Cart Information | Payment Information

Review Payment

Item	Amount
Patient Registration/Renewal	\$25.00
Transaction Fee:	\$0.50
Total Amount Due:	\$25.50
Checking **** 3579	(\$25.50)
Total Payment Methods:	(\$25.50)

A Transaction Fee has been included in the total amount paid for this transaction.

Billing Contact Information

Jane Doe
123 Main Street
Anywhere, MO 12345

I agree to the [Payment Terms of Service](#) and authorize this payment.


[Back to Payment Method](#) [Make Payment](#)

Shopping Cart

Patient Registration/Renewal \$25.00
Subtotal \$25.00

Payment Details
Patient Registration/Renewal
1579718186999 - \$25.00
[Cancel Transaction](#)

A window will pop-up with a message that your transaction has been approved, you are assigned a Transaction Token Number, and your application is processing. You will be sent a confirmation email within the next hour.



Your transaction has been approved.
Transaction Token: 1579718186999

Your application is processing.
You will be sent a confirmation email within the next hour.

[RETURN TO APPLICATION](#)