



Employers – Pay Your Premiums Online

Welcome to DC Health Link’s Online Bill Pay program. Small business owners in the District of Columbia can now pay their DC Health Link health insurance premiums online through secure electronic check payment.

Online payments are the fastest way to pay your DC Health Link premiums.

To pay your premiums to DC Health Link for your employer-sponsored coverage, please follow the steps below. Payments submitted before 8pm on bank business days will be posted the same day.

Step 1 – Login to Online Bill Pay with your DC Health Link Account Number

<https://www.e-BillExpress.com/ebpp/DCHealthPay/>

- Your account number is found on the first page of your invoice.
- For new employers making your first month’s premium payment, your account number is on the invoice emailed to your point of contact.

Pay Now

To make a one-time payment, pay now.


DC Health Link Account Number

[What's this?](#)

Confirm DC Health Link Account Number

Pay Now

ACCOUNT NUMBER:	100000
TOTAL AMOUNT DUE:	\$2,468.00
DATE DUE:	8/31/2015



SmallBiz Owner
DC Small Business Company
123 A Street, NE
Washington DC 20002

ACCOUNT NUMBER:	100000
TOTAL AMOUNT DUE:	\$2,468.00
DATE DUE:	8/31/2015

Activity since your last statement	
Previous Balance	\$1,234.00
Amount Paid	\$1,234.00
Adjustments	\$ 0.00
New Charges	\$2,468.00
Total Amount Due	\$2,468.00

Step 2 – Enter Contact and Payment Information

- Email Address – for your payment confirmation email
- Amount to be Paid – must match the total amount due on your invoice
- Payment Note – please enter your Company Name, similar to how you would use a check memo field

Enter Your Contact Information

Name *

Email Address * Your email address will be used for payment confirmation only and will not be shared with third-party sources

Confirm Email Address *

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Phone *

Enter Payment Information

Amount To Be Paid \$ *

Pay On *

Payment Note



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Step 3 – Enter Your Bank Account Information

- Be Careful! Please double check your routing and account numbers to ensure accurate payment processing.

Payment Account

Account Type: Checking Savings *

Name on Account: *

Your Bank Name: *

Bank Routing Number: *

Bank Account Number: *

Re-enter Bank Account: *

Personal Account Business Account *

**Please complete all of the bank account fields indicated here. Be sure to double check your entries to ensure they are correct.*

Note : Use your banking account number, not your ATM/Debit Card Account number

⋮ 123456789 ⋮ 001234567890 ⋮ 0123

Bank Routing Number Bank Account Number

Step 4 – Review and Complete Your Payment

Verify Payment

SmallBiz Owner
123 SmallBiz Way NE

Payment Account Number: ****6789
Phone: 2025555555

Payment Amount: \$ **Creation Date:**

DC Health Link Account Number	Payment Note	Creation Date	Payment Amount
111111111	SmallBiz Name	08/04/2015	11,111.11

By clicking the **Pay** button I, **SmallBiz Owner**, confirm that today, Tuesday August 04, 2015, I am authorizing a one-time debit from my Checking account ending in ****6789 in the amount of \$11,111.11 USD to be remitted to DC Health Link. This debit will occur on or after Tuesday August 04, 2015.

Payments confirmed before Tuesday, August 04, 2015 8:00 PM ET will be posted on Tuesday, August 04, 2015. Payments confirmed after Tuesday, August 04, 2015 8:00 PM ET will be posted on Wednesday, August 05, 2015.

If you have any questions regarding this transaction request, please call 855-532-5465.

Payment Terms & Conditions

These terms and conditions govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to Wells Fargo Bank, N.A. (or its affiliate). The words "you" and "your" refer to you as the business entity accepting these Terms and using the Service. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

- Erroneous Instructions. If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.
- Transaction Limitations. Please be aware that certain types of bank accounts have limits on the numbers of transfers or withdrawals

[Print Terms And Conditions](#)

* By checking this box and clicking the "Pay" button you agree to the Terms and Conditions stated above.

Step 5 – Confirmation of Your Payment

- You can print a copy of your payment confirmation for your records.
- You will also receive an email confirming your payment at the address provided in the "Contact Information" section.