

Making a Statement Payment Online

Making a statement payment can be done very easily by visiting the payment link that appears on your statement.

1. Review your statement, and go to the link provided on your internet browser.
3. On the next page, enter your **Credit Card Details** and click **PAY**.

CARECLOUD CLINIC
5200 BLUE LAGOON DRIVE
MIAMI, FL 33126

For inquiries call 877-555-555
Monday through Friday 8AM to 5PM
To pay online go to <https://web.gobreeze.com/ent/pay/202020>
or use the online payment code: 202020

ADDRESSEE: GAVIN TATE
2744 BISCAYNE BOULEVARD
MIAMI, FL 33126

PLEASE MAIL PAYMENTS TO: CARECLOUD CLINIC
5200 BLUE LAGOON DRIVE
MIAMI, FL 33126

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

CARECLOUD FAMILY PRACTICE

Patient Name: GAVIN TATE
Statement Date: 12/06/19
Account #: 0029-8913811660
Provider: Dougie Howser
Insurance: TRICARE FOR LIFE

Service Date	Description	Charges	Payments/Adjustments	Patient Balance
05/16/19	Howser; 99213 - Office/outpatient Visit Est	\$161.00		\$50.53
	05/23/19 Insurance Payment		-\$7.75	
	05/23/19 Contractual Adjustment		-\$102.72	

Total amount due now: **\$50.53**
Payment due by: **01/05/20**

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Payment

Guest Payment

CC CareCloud Clinic
5200 Blue Lagoon Drive
Miami, FL 33126

Choose Payment Type

Full Payment
Partial Payment

Amount for your visit: **\$50.53**

Patient Balance: **\$50.53**

Total balance may not match past statement if charges have since been added.

Credit Card Details

NAME ON CARD: Gavin Tate
CREDIT CARD NUMBER: 5555 5555 5555 5555
VALIDATION CODE: 292
EXPIRATION DATE: 05 / 24

PAY

2. Once the **Make a Payment** page appears, enter your date of birth and click **Continue**.

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Make a Payment
Use our secure, online health connection to pay your bill quickly.

CODE: 202020
DATE OF BIRTH: 04/06/1983

CONTINUE

I already have an account

Note: Depending on your medical practice, you may be able to make partial payments or set up payment plans. Please discuss other options with your practice.

4. Once the payment is processed, the **Payment Confirmation** screen is loaded. Jot down the **Reference #** for your personal records, or print a receipt by clicking on

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✓
Thank you for making your payment with Breeze!

Full Payment
Monday, December 30th
10:15 AM

\$50.53
Reference # 8875309

CareCloud Clinic
5200 Blue Lagoon Drive
Miami, FL 33126
305-606-0000

Go to Breeze website