



NEWMAN
REGIONAL HEALTH

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Request An Appointment

Bill Pay & Pricing

About Us - News & Events Careers Contact

Home

Find A Provider

Services & Specialties

COVID-19 -

Denim & Diamonds

Give

COVID-19 VACCINE SCHEDULING HOTLINE (620) 343-6801

Need help scheduling
your COVID-19 vaccine?
newmanrh.org/covid19vaccine



NEWMAN
REGIONAL HEALTH

#WeVax



Express Care
Providing fast,
convenient care for
non-emergency
illnesses



My Health Records
Easy, secure access to
health information
online 24/7. Request
your medical records.



Patient Greetings
Easy-to-send cards to
share words of
support and
encouragement



Volunteer
Work beside our highly
skilled hospital staff



Careers
Seeking staff with a
passion for patient
care



Health Education
Extensive healthcare
library to help manage
care, symptoms, and
health



Pay My Bill

SPECIAL COVID-19 RESTRICTIONS: Fiscal Services/Billing lobby is closed to the public until further notice.
We are able to assist you by telephone, mail, or e-mail.

Newman Regional Health makes paying your bill online safe and easy.

Our online payment system is secure so you can safely use your credit card.
You can pay your bill with Visa, MasterCard, American Express, or Discover cards.

If you are unable to pay in full, please contact the Patient Accounts department
at (6290) 343-6800, ext. 21153 to set up a payment plan.

Portal Payment

- Real-time payment posting
- Access to itemized billing
- View and pay outstanding balances
- Shared access to make payments for other users

Online Bill Pay

- recurring payments,
- use of a personal checking account,
- if you do not have a portal account, or
- to pay a Newman Medical Equipment bill.

Mail payments:

Patient Accounts
1201 W 12th Ave,
Emporia, KS 66801

Call (620) 343-6800 ext. 21153 for a billing representative.
Patient Accounts hours are Monday – Friday 8:00 am – 4:30 pm.



Newman Regional Health
Payment Page
<http://www.newmanrh.org/>

dcase@newmanrh.org

[View Company Terms](#)

Payment



Billing



Review



Receipt



Payment

Amount * (Amount value required)

One-Time

Recurring

Returning User?
Log in to pre-fill your
information and submit
a payment

[Log In](#)

Total Amount

\$0.00

[Continue to Billing](#)

For a one-time payment



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dcase@newmanrh.org
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Payment Billing Review Summary

To set up automatic payments

Payment

Amount * (Amount value required)

One-Time

Recurring

Returning User?
Log in to pre-fill your information and submit a payment
[Log In](#)

Pay On *

Frequency *

Duration

Continued payments will be billed until canceled by the customer

 Continual Limited Cycles

of Payments

The Pay On date you have selected above will be the first payment of the cycle

If you would like over 998 payments, please select Duration of Continual above.



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Payment

Amount *

\$ 50.00

One-Time

Recurring



Returning User?
Log in to pre-fill your
information and submit
a payment

[Log In](#)

Pay On *

10/20/2021

Frequency *

Monthly

Duration

Continued payments will be billed until
canceled by the customer

Continual

Limited Cycles

of Payments

The Pay On date you have selected above will
be the first payment of the cycle

12

If you would like over 998 payments, please
select Duration of Continual above.

Total Amount

\$50.00

of Payments:

*12 monthly payments from
the first statement date for
balances of \$2000 and under.

*18 monthly payments from
the first statement date for
balances over \$2000.

Select Limited Cycles



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Payment



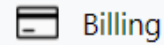
Billing



Review



Summary



Billing

* indicates a required field

Pay with CC

Pay with Checking Account

Name on Card *

Full Name

Card Number *

Card Number

Expiration Date *

10/21

Security Code * ⓘ

Address *

[+ Add Apartment or Suite Number](#)

City *

State *

Two Letter State Abbreviation

Zip Code *

Country *

United States of America

Choose payment
option:
Debit/Credit Card
or Checking
Account



Returning User?

Log in to pre-fill your
information and submit
a payment

[Log In](#)

Please refer
to the bottom
section of
your most
recent
statement.
Example:
SNXXXXXXXX



Phone Number

We will only contact you if there are issues with your payment

Special Instructions

Patient Name *

Patient Account Number

Statement Number / Invoice Number *

continue...

Save your information
for future payments
by creating an
account.



Email *

Account is used to create a recurring payment *

(Valid password required to create account for recurring payment)

Password

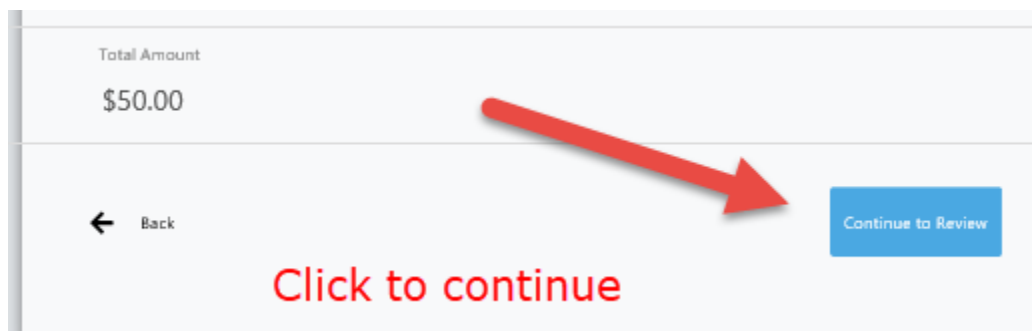
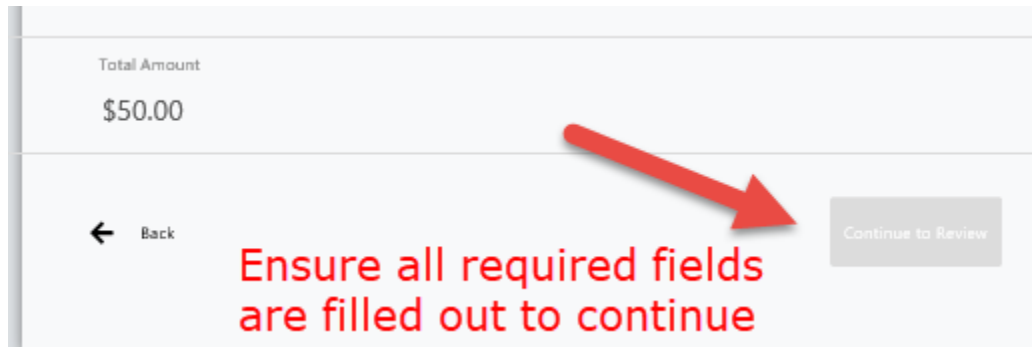
Confirm Password

Total Amount

\$50.00

← Back

Continue to Review





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Payment Page
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Payment



Billing




Review



Summary



Review

Total	50.00	edit
Payment Info		edit

I'm not a robot



I agree to the [terms and conditions](#)

[← Back](#)

[Submit](#)



Payment



Billing



Review



Receipt



Select all images with
parking meters

Total

Paym



I agn

← Back



ing User?
to pre-fill your
tion and submit
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Submit



VERIFY



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Payment



Billing



Review




Summary



Review

Total	50.00	edit
Payment Info	██████████	edit

 I'm not a robot



I agree to the [terms and conditions](#)

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[Submit](#)

Payment



Billing



Review



Receipt



Receipt

Status Transaction Approved

Transaction # #333333788

Timestamp 8/5/2020 2:20:17 PM

Total \$5.00

Payment Type Sale

Pay On 8/5/2020

Payment Info Visa *0721

Print