

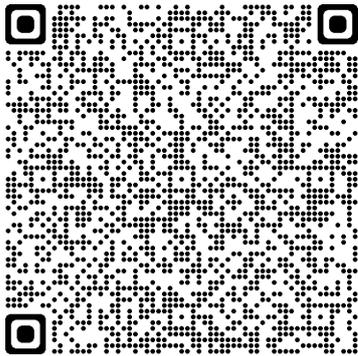
HOW TO PAY ONLINE

1

GO TO OUR WEBSITE:
ACCESSTOHEALTHCARE.ORG

OR

SCAN QR CODE



2

CLICK ON

PAY MEMBERSHIP FEE 🔍



3

CLICK PAY MEMBERSHIP FEE AGAIN TO
PROCEED TO PAYMENT PORTAL

To pay your Access Medical

PAY MEMBERSHIP FEE



4

ENTER AMOUNT OWED FOR ENTIRE HOUSEHOLD

Please enter your ACCOUNT NUMBER in the Customer ID field. For Donations please use "DONATE" for Customer ID.

| Order Information | | * Required Fields |
|---|--------------------|-------------------------|
| Item | Description | Amount |
| PAYMENT | PAY MEMBERSHIP FEE | 00.00 |
| | | Total: US \$0.00 |
| Authorize.Net Verified Merchant | | Continue |

**FLIP PAGE FOR
STEP 5**



PAY BY PHONE OR QUESTIONS:
775-284-1900

ENTER YOUR DEBIT/CREDIT CARD INFORMATION AND AHN ACCOUNT INFORMATION

Payment Information



Card Number: * (enter number without spaces or dashes)

Expiration Date: * (mmyy)

Card Code: * [What's this?](#)



Billing Information

Customer ID: *

First Name: * **Last Name:** *

Address: *

City:

State/Province: **Zip/Postal Code:**

Email:

Phone: *

Customer ID:
YOUR CUSTOMER ID IS ON THE BACK OF YOUR MEMBERSHIP CARD OR ON YOUR INVOICE

Security Code



Please enter the security code above.

[I cannot read the code, please provide a new one.](#)

MEMBERSHIP CARD EXAMPLE

Primary Care Fees
 Initial Visit: \$70
 Follow-Up: \$50
 In-Office Procedures: 50% of Medicare

Urgent Care Fee
 Visit: \$85

Specialty Care Fees
 Initial Visit: \$150
 Follow-Up: \$75
 In-Office Procedures: 50% of Medicare

Hospital Fees
 In-Patient: \$500 Per Day/\$5,000 Max
 ER: \$400 Per Visit

AHN Membership Billing Account #0123456

Renown South Meadows and Northern Nevada Medical Center are NOT contracted providers.

MEMBERSHIP INVOICE EXAMPLE

Access to Healthcare Network Invoice

BILL TO ACCOUNT# 0123456
INVOICE DATE 02/01/2026

| CONTACT NAME | DESCRIPTION | QUANTITY | UNIT PRICE |
|---|---------------------------------|----------|--------------------------|
| | Healthy Living Plus QTRLY Adult | 1 | \$60.00 |
| Please Note: This invoice does not reflect pre-payments and/or credits. | | | Total Due \$60.00 |

Don't forget to refer your friends! You are eligible to receive a \$15 credit for each household that successfully enrolls in one of our programs. They simply need to name you as the referral source.
 ¡No se olvide referir a un amigo! Usted será elegible para recibir \$15 de crédito por cada familia que refiera y se inscriba al programa. La persona que usted refiera tiene que darnos su nombre o número de cuenta.
 IMPORTANT REMINDER: Effective January 1, 2026, the grace period for membership invoice payments was adjusted to the 5th of each month. While the due date will continue to be the 1st of the month, members will have until the 5th to complete their payments without incurring additional fees.
 RECORDATORIO IMPORTANTE: A partir del 1° de enero de 2026, el periodo de gracia para el pago de las facturas de membresía se ajustó al día 5 de cada mes. La fecha de vencimiento continuará siendo el 1° de cada mes, los miembros tendrán hasta el día 5 para realizar sus pagos sin incurrir cargos adicionales.
 Please be aware there are no membership fee refunds. Tenga en cuenta que no hay reembolsos de pagos de membresía. Office hours Mon-Fri 8am to 5:00pm. Horario de la oficina Lunes-Viernes 8am a 5:00pm