

2014

Boston Public Health Commission

Jim Imprescia, Manager – Burial Permits
Office – Boston, Ma.



ON-LINE DEATH CERTIFICATES AND BURIAL PERMITS PAYMENT PROCESS

Web Site Address:

<https://www.paybill.com/CityofBostonBPHCPayments/>

Pre-paid Vouchers may still be used, please add the Voucher Number to the Comments Field in the VIP System shown on Page 5 of this document, you do not need to pay or go to the payment site.

Any page that references a convenience fee will be taken from the \$31.00 fee

There are no added costs.

Please see instructions below Questions:

Call Burial Permits Office (617)534-4758 or (617) 534-2361

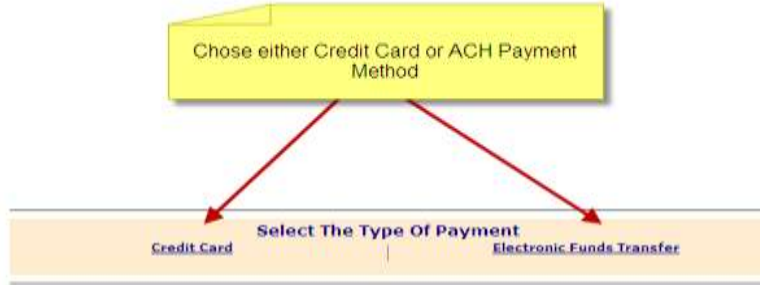
First Page of Payment Site – Chose Credit Card or Electronic Funds Transfer



To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-334-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Fields Are Self Explanatory

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-334-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)

*** All Fields below are required:**

Decedent Name

First: Middle: Last:

(optional)

Gender:

Date Of Death: (MMDDYYYY)

Date Of Birth: (MMDDYYYY)

Funeral Home:

Funeral Director:

License Number:

Address:



Example of Information Required For Both Credit Card and ACH Information

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number.
3. Enter all requested information and click Continue.
4. Enter your payment information.
5. On approval, write down the Confirmation Number for future reference.
6. For refund policies, contact Boston Public Health Commission at 617-534-4222.
7. [Please click here for our ACH FAQ.](#)

[Privacy Statement](#)

* All Fields below are required:

Decedent Name

First: Middle: Last:

Gender:

Date Of Death: (MMDDYYYY)

Date Of Birth: (MMDDYYYY)

Funeral Home:

Funeral Director:

License Number:

Address:

Choosing Credit Card – The Following information will appear

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number.
3. Enter all requested information and click Continue.
4. Enter your payment information.
5. On approval, write down the Confirmation Number for future reference.
6. For refund policies, contact Boston Public Health Commission at 617-534-4222.
7. [Please click here for our ACH FAQ.](#)

[Privacy Statement](#)

Payment Entry

First Middle Last Name:

Accepted Payment Methods

Current Payment

Payment Amount:

Card Number:

To Receive Confirmation By E-Mail:

E-Mail Address (what's this?):

Confirm E-Mail Address:

The Decedent's Name will appear here, the card holder name is not captured

If the credit card information is correct the payment will go through, the company processing the payment does not require the persons name or company name on the card

*** Warning - Model Office Test Environment ***



Boston Public Health Commission – Burial Permit – Completion and Payments Site Instructions

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-534-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Payment Entry

First Middle Last Name John James

Current Payment

Expiration Date

ZIP/Postal Code

Verification Code [\(what's this?\)](#)

** Warning - Model Office Test Environment **

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-534-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Payment Confirmation

First Middle Last Name John James

Current Payment

Payment Amount	\$31.00
Fee	\$0.77
Card Number	****5257
Expiration Date	August/2014
ZIP/Postal Code	02054
E-Mail Address	JImprescia@bphc.org

Please press Accept to charge your account, and to receive a confirmation number.

** Warning - Model Office Test Environment **

By Pressing Accept your card will be charged

Boston Public Health Commission – Burial Permit – Completion and Payments Site Instructions

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-534-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Your Payment Has Been Approved

First Middle Last Name John James

Method Of Payment MasterCard

Card Number ****5257

Your Confirmation Number Is EP2652.

Exit

Print

Close Browser

**** Warning - Model Office Test Environment ****

Please use this number as your voucher number on the permit

Death -- First name:FRANNIE Last name:HARRIS Date of death (mm/dd/yyyy):07/10/2014

1 Decedent Info | 2 Decedent Legal Info | 3 Decedent History | 4 Informant | 5 Funeral Home / Disposition Info | 6 **Place / Date / Autopsy** | 7 **Certifier Cause of Death** | 8 **Manner / Detail / Injury** | 9 **Certification Info**

12 Record Actions

Comments Among Users About Case

Comments

Medical Info

Select physician: Select

Select facility physician: Select

Select nurse practitioner: Select

Select medical examiner: Select

Check if physician/medical examiner is not in list

Case access: [input]

Check when ready to certify Check if you decline to certify

Certify:

Personal Info

Select funeral home: Select

Check if funeral home is not in list

No designated funeral home

Case access: [input]

Check when ready for review before releasing Check if you decline to complete this record

Release:

Return Record Info

Reason for returning record: [input]

Record History

Record history

07/10/2014	User ID: 381	Status: record
07/10/2014	User ID: 301	Checked ready to certify
07/10/2014	User ID: 351	Certified M

The Same Information is also Required for ACH Payment – Direct Payment through your Checking Account

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue.
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference.
6. For refund policies, contact Boston Public Health Commission at 617-334-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



*** All Fields below are required:**

Decedent Name

First: Middle: Last:

Gender:

Date Of Death: (MMDDYYYY)

Date Of Birth: (MMDDYYYY)

Funeral Home:

Funeral Director:

License Number:

Address:

The Same Information is entered for ACH Payment

**** There is a convenience fee of \$0.40 to use this service.**

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue.
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference.
6. For refund policies, contact Boston Public Health Commission at 617-334-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Payment Entry

First Middle Last Name:

Current Payment

Payment Amount:

Method Of Payment:

Bank Account Number:

Confirm Bank Account Number:

Bank Account Type:

Bank Routing Number:

Name On Account:

To Receive Confirmation By E-Mail:

E-Mail Address:

Confirm E-Mail Address:

**** Warning - Model Office Test Environment ****

The Decedent's Name will appear Here

The Name on the Bank Account will appear here

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-534-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Payment Entry

First Middle Last Name John James

Current Payment	
Payment Amount	\$31.00
Method Of Payment	Checking
Bank Account Number <small>(what's this?)</small>	7777777777
Confirm Bank Account Number	7777777777
Bank Account Type	Business
Bank Routing Number <small>(what's this?)</small>	011000138
Name On Account	Dolan Funeral Home

To Receive Confirmation By E-Mail:

E-Mail Address
(what's this?)

Confirm E-Mail Address

Buttons: Continue, Close Browser, Exit

The Decedent's Name will appear Here

The Name on the Bank Account will appear here

Please Use your e-mail address for confirmation by e-mail

** Warning - Model Office Test Environment **

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-534-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



Payment Confirmation

First Middle Last Name John James

Current Payment	
Payment Amount	\$31.00
Fee	\$0.40
Bank Account Number	****7777
Bank Account Type	Business
Bank Routing Number	011000138
Bank Name	BANK OF AMERICA, N.A.
Name On Account	Dolan Funeral Home
E-Mail Address	JImprescia@bphc.org

I have authorized Commonwealth Boston Public Health to initiate the entry to my account. I have an agreement with Commonwealth Boston Public Health under which I agreed to be bound by the NACHA Rules. This is a similarly authenticated authorization that satisfies compliance with the Electronic Signatures in the Global and National Commerce Act (15 USC 7001 et seq), which defines electronic records (as contracts or other records created, generates, sent, communicated, received, or stored by electronic means) and electronic signatures. Electronic signatures include, but are not limited to, digital signatures and security codes. I understand I can revoke the authorization by notifying Commonwealth Boston Public Health within 60 days. I have signature authority to this account or have been authorized by an individual who has signature authority to this account to authorize this entry.

I have read and accept the above terms and conditions

Please press Accept to charge your account and to receive a confirmation number.

Buttons: Change, Accept, Print, Close Browser, Exit

** Warning - Model Office Test Environment **

Check I have read the above terms and conditions and hit accept

Boston Public Health Commission – Burial Permit – Completion and Payments Site Instructions

To pay your bill online:

1. Select a payment method.
2. Enter Your Account Number
3. Enter all requested information and click Continue
4. Enter your payment information
5. On approval, write down the Confirmation Number for future reference
6. For refund policies, contact Boston Public Health Commission at 617-534-4222
7. [Please click here for our ACH FAQ](#)

[Privacy Statement](#)



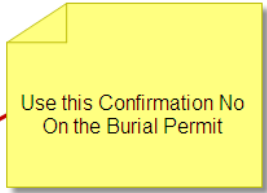
Your Payment Has Been Approved

First Middle Last Name John James
 Method Of Payment Checking
 Bank Account Number *****7777

Your Confirmation Number Is 239004.

Exit Print Close Browser

*** Warning - Model Office Test Environment ***



Death – First name:FRANNIE Last name:HARRIS Date of death (mm/dd/yyyy):07/10/2014

1 Decedent Info | 2 Decedent Legal Info | 3 Decedent History | 4 Informant | 5 Funeral Home/Disposition Info | 6 **Place/Date/Autopsy** | 7 **Certifier Cause of Death** | 8 **Manner/Detail/Injury** | 9 **Certification Info**

12 Record Actions

Comments Among Users About Case

Comments

Medical Info

Select physician: Select

Select facility physician: Select

Select nurse practitioner: Select

Select medical examiner: Select

Check if physician/medical examiner is not in list

Case access: [text box]

Check when ready to certify Check if you decline to certify

Certy: Certify Un-Certy Un-Certify

Personal Info

Select funeral home: Select

Check if funeral home is not in list

No designated funeral home

Case access: [text box]

Check when ready for review before releasing Check if you decline to complete this record

Release: Release Un-Release Un-Release

Return Record Info

Reason for returning record: [text box]

Record History

Record history

07/10/2014 User ID: 381 Started record
 07/10/2014 User ID: 301 Checked ready to certify
 07/10/2014 User ID: 351 Certified MI

Put the Receipt Number or Pre-Paid Voucher Number in this location on the VIP Web Site. This will let the staff know it has been paid to allow staff to release the Permit for Printing

Once the permit is paid, the permit will be released for printing at your facility.

You will no longer have to come to the office to pick up a permit.

~~

There is a grace period through the end of October

We will still accept paper death certificates, as of November 1, 2014

all Funeral Directors will have to use the on-line system to process Death Certificates.

~~~~

In an effort to the help Funeral Directors

We will have a computer available at our office to assist if needed

**You must have your own log-in and password in order to access the VIP system, you will not be able to use our log-in and password**