



Top of Form

Quick Pay

* Required Field

Enter your account information below exactly as it appears on your statement. Refer to your most recent statement and then click 'Continue'.

Client ID ¹ *:

Account Number ¹ *:

[View larger image](#)

Five Digit Zip Code ² *:

Bill Pay ID *:

Bill Pay ID is required.

[BACK](#) [CONTINUE](#)

ALLSCRIPTS CLINIC
305 Church at North Hills St. • Raleigh, NC 27609
PERSONAL & CONFIDENTIAL

ADDRESS SERVICE REQUESTED
00001.co3 1005 2200001c
Start Date: 03/23/2022

Check box and see reverse for change of address/insurance information.

Elizabeth Allscripts
1234 Main Street
Any Town, NC 00000-9999

Bill Pay ID
8afd41c8

Due Date	Account Number	Amount Due	Amount Paid
Upon Receipt	5555555	\$145.00	

850151 (PC2)

MAKE CHECKS PAYABLE TO:

This is the Client ID location
If the Client ID contains a period, it is always followed by lower case letters "c" and "o" and the letters are always followed by a number
(for example: 00001.co3, 123456.co10)

This is the Bill Pay ID location

This is the Account Number location

This is the Five Digit Zip Code location

¹ As displayed on the statement
² As displayed on the statement
*** As displayed on the statement