

# How to Pay Your Concentra Invoice Online via Credit Card

1. Using Google Chrome or Microsoft Edge, visit [payments.concentra.com](https://payments.concentra.com)
2. Select the type of service you want to make a payment for:
  - a. Workers' Compensation Injury
  - b. Non-injury Invoice
  - c. CMCA Pre-pay
  - d. The "Urgent Care Patient" option redirects urgent care patients to the appropriate payment portal.



Workers' compensation injury care invoices and non-injury invoices must be processed as separate transactions.

3. Enter your information. Please note that your receipt and payment confirmation emails will be sent to the contact email address you provide.
  - a. For **workers' compensation injury care** invoices, both your business/employer name and the location where the injured employee works are required.

**EMPLOYER INFORMATION**

Employer Name	Employer Location		
Contact First Name	Contact Last Name	Contact Phone Number	Contact Phone Extension
Contact Email Address			

- b. For **all other invoices**, only your business/employer name is required.

**EMPLOYER INFORMATION**

Employer Name	Contact First Name	Contact Last Name
Contact Phone Number	Contact Phone Extension	Contact Email Address

4. Enter your invoice information.

- a. For “remit to state,” please reference the “remit to” address on the top right corner of your invoice.

**Remit To:**  
Rancho Cucamonga, CA 91729-3700

- b. For workers’ compensation injury care invoices, please enter the patient account number, following the alphanumeric values and zero.

26. PATIENT'S ACCOUNT NO. Enter this  
I03 0280999630

- c. For all other invoices, please enter the account number, following the alphanumeric values and zero.

**Account:** N05-0180121399  
**Invoice:** 661883325

- d. If you need to make a partial payment for a workers’ compensation injury care invoice, you must select a reason for partial payment to complete your invoice. Reason for partial payment is not required for all other invoices.

**PAYMENT INFORMATION**

Select Remit to State	Date Of Service	Account # (8 to 10 digits on bill)
Patient First Name	Patient Last Name	Payment Amount
Select Reason for Partial Payment		
Select Reason for Partial Payment		
Not my employee/ Not my location		
Pricing is incorrect / not at contracted rate		
Need Information / Backup / Results		
Duplicate Charge(s) / Previously Paid		
Information Update		
Other		

- e. You can make up to five payments at one time, but they must be the same type of invoice (workers’ compensation injury care, etc.). To make additional payments, select “Add another payment.” To remove additional payments, select “Remove payment.”

The maximum number of allowed payments are 5.

**Add another payment** **Remove payment**

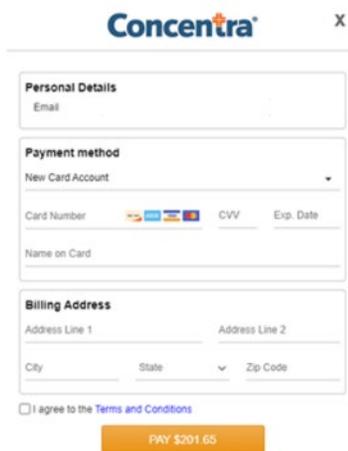
- f. If needed, you may provide a brief comment regarding the payment in the “Additional Comments” field. The comment must not exceed 64 characters.

5. Check the box to acknowledge that you are sharing data and click “Next.”

I acknowledge that by checking this box I am aware data will be shared for the purpose of making payments.

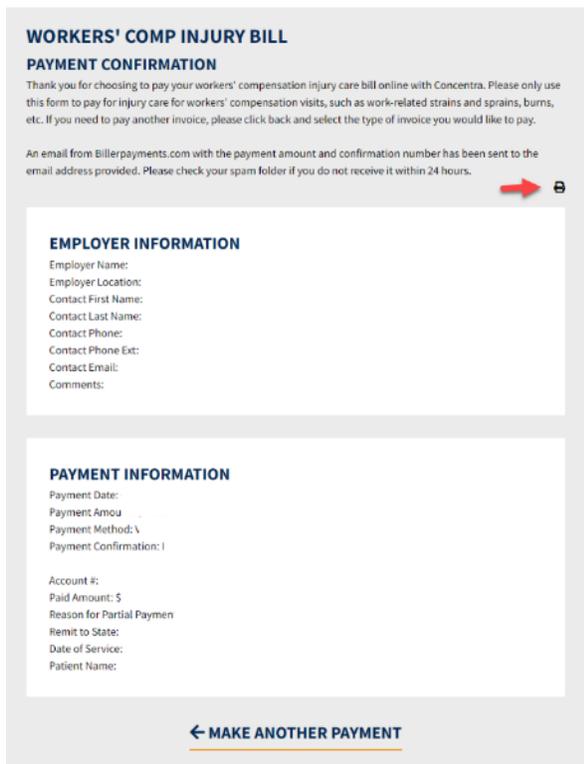
**← BACK** **NEXT →**

6. Enter your credit card information, check the box to agree to the terms and conditions, and click “Pay.” A reCAPTCHA image may appear for your security.



The screenshot shows the Concentra payment interface. At the top is the Concentra logo and a close button (X). Below are three main sections: **Personal Details** with an email input field; **Payment method** with a dropdown for 'New Card Account', and fields for Card Number, CVV, Exp. Date, and Name on Card; and **Billing Address** with fields for Address Line 1, Address Line 2, City, State, and Zip Code. At the bottom, there is a checkbox for 'I agree to the Terms and Conditions' and an orange 'PAY \$201.65' button.

7. After completing payment, you will arrive at the payment confirmation page. If you would like to print your payment confirmation, please select the printer icon on the payment confirmation page. You can also choose to make another payment by selecting “Make Another Payment” at the bottom of the page.



The screenshot shows the 'WORKERS' COMP INJURY BILL PAYMENT CONFIRMATION' page. It includes a thank you message and instructions. Below the message is a red arrow pointing to a printer icon. The page is divided into two main sections: **EMPLOYER INFORMATION** and **PAYMENT INFORMATION**. The Employer Information section lists fields for Employer Name, Location, Contact First Name, Last Name, Phone, Phone Ext, Email, and Comments. The Payment Information section lists fields for Payment Date, Amount, Method, Confirmation, Account #, Paid Amount (\$), Reason for Partial Payment, Remit to State, Date of Service, and Patient Name. At the bottom, there is a blue button with a left-pointing arrow and the text 'MAKE ANOTHER PAYMENT'.