

## Welcome to the Delta Dental of Washington Bill Pay Service

This document is a step-by-step guide to the enrollment process for the online bill pay service for members of the Individual and Family plans available with the Washington Health Benefit Exchange.

If you experience any issues with the enrollment process please do not hesitate to contact our Customer Service team at 800-526-8323, Monday – Friday between 7:00 am and 5:00 pm, Pacific time.

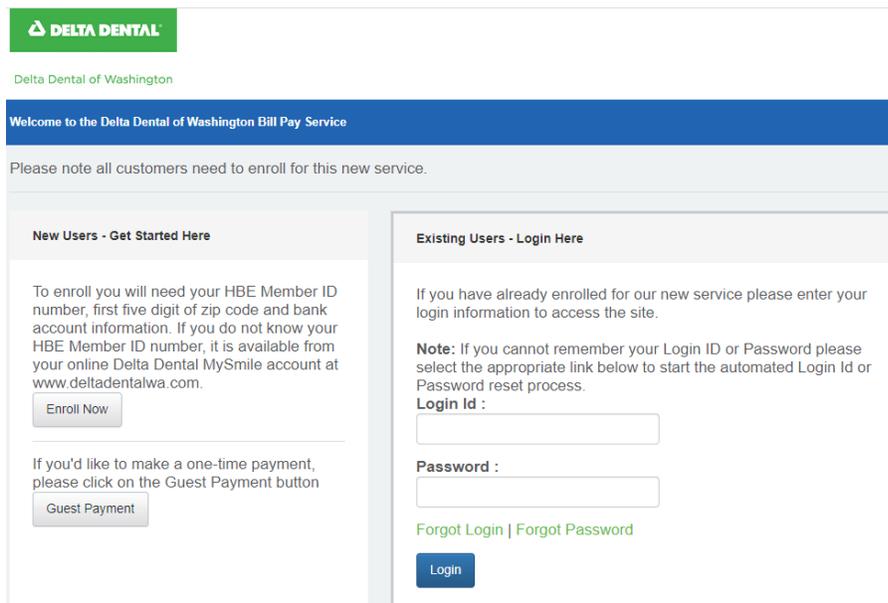
We encourage you to take advantage of the services available to you with an enrolled account such as AutoPay, Recurring payment options, one-time payment options, and access to your online payment history.

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### 1. Access the online bill pay service and begin the enrollment process

- a. Click 'Enroll Now' to set up your online account or click 'Guest Payment' for a one-time payment
- b. You will need your Member ID number and five-digit zip code to proceed.
  - i. If you do not have your ID number, please log on to your Delta Dental MySmile® dashboard at DeltaDentalWA.com
    - If you don't have a MySmile account yet, we encourage you to sign up. You can view claims, benefits, print ID cards, estimate costs, and more.
    - Please note, your MySmile account will be separate from your Online Bill Pay account however, you will be able to access your online payment account easily from your MySmile dashboard by clicking the 'Pay my Bill' button.



The screenshot shows the Delta Dental of Washington Bill Pay Service enrollment page. At the top, there is a blue header with the Delta Dental logo and the text "Delta Dental of Washington". Below the header, a blue banner reads "Welcome to the Delta Dental of Washington Bill Pay Service". A message states: "Please note all customers need to enroll for this new service." The page is divided into two main sections: "New Users - Get Started Here" and "Existing Users - Login Here".

**New Users - Get Started Here**

To enroll you will need your HBE Member ID number, first five digit of zip code and bank account information. If you do not know your HBE Member ID number, it is available from your online Delta Dental MySmile account at [www.deltadentalwa.com](http://www.deltadentalwa.com).

If you'd like to make a one-time payment, please click on the Guest Payment button

**Existing Users - Login Here**

If you have already enrolled for our new service please enter your login information to access the site.

**Note:** If you cannot remember your Login ID or Password please select the appropriate link below to start the automated Login Id or Password reset process.

Login Id :

Password :

[Forgot Login](#) | [Forgot Password](#)

## 2. Review and agree to the Terms and Conditions

- a. You must agree to the terms and conditions to proceed with enrollment

## 3. Enter Account Details

- (1) Enter your HBE Member ID Number.
  - a. Use only the numeric digits. Please do not include any alpha or other characters in this field.
- (2) Enter the first 5 digits of your billing zip code.
- (3) Check the box: 'I'm not a robot'
- (4) Click the 'Continue' button

## 4. Setup Login Credentials

If at any time, you forget your Login ID or get locked out of your account simply contact Customer Service and we can help you regain access to your account.

- a. **Login ID:** Login ID must be 6 to 12 letters and/or numbers. You may use an underscore to represent a space.
  - i. What is *not* accepted in this field: all special characters (except an underscore), spaces, and less than 6 or more than 12 characters
- b. **Password:** Requirements
  - i. Cannot be the same as the Login ID
  - ii. Must be a minimum of 8 characters and a maximum of 32 characters
  - iii. Must contain at least one uppercase letter
  - iv. Must contain at least one number
  - v. Must contain at least one special character (e.g., @#&^?.\$%, etc.)
- c. **Security Selection:** Choose a question from the dropdown
- d. **Answer:** Enter the answer to your security question

**Enroll**

Terms Acct Details **Login ID** Email Funding Source Confirm

Please enter your Login ID, Password and Security Question and Answer. The Security Question and Answer will be used if you forget your password.

**Online Bill Pay Service - Setup Login Credentials**

Login ID\* :  Login ID must be 6 to 12 letters and/or numbers. Use underscore to represent spaces.

Password\* :  The password cannot be the same as Login ID. It must be at least 8 characters and not more than 32 characters. Also, it must contain at least one Uppercase letter and one number and one special character from a-zA-Z0-9!@#\$\$%^&\*.,/?+=-\_~:;()'

Confirm Password\* :

Security Question\* :

Answer\* :

**IMPORTANT:** Delta Dental does not have access to your password and at no time will a Customer Service Specialist ask you to reveal your password.

## 5. Enter your email Address

- a. The email address you use on this site may be different than what you used to enroll with Washington Health Benefits Exchange

**Enroll**

Terms Acct Details Login ID **Email** Funding Source Confirm

Please enter your email address. This will be used to send your payment confirmation and other notifications.

**Email Verification**

Email Address\* :  Please enter your Email Address.

Confirm Email Address\* :

## 6. Add a Funding Source Account

### a. Select Funding Type

- i. Select Bank Account to add a checking or savings account
- ii. Select Card Account to add a debit or credit card

**Enroll**

Terms Acct Details Login ID Email **Funding Source** Confirm

Please select the Funding Source which you want to add

**Add Funding Source Account**

Select Funding Type\* :

### b. Add Funding Source Account details on the next screen

- i. Select Funding Type: You may change your funding type, if necessary

### c. Card Account Details

- i. **Card Address Same As Customer Address?** Check this box if the address is the same.
- ii. **Personal Account Name:** This a nickname or description you choose for this account.
  - *Field Hint: Please enter a description or name for this account (e.g., "John's Checking Account")*

- iii. **Card Number:** Enter your debit or credit card number
  - *Field Hint: Please enter your credit card number*
- iv. **Card Type:** Choose the type of card
- v. **Expiration Date:** mm/yy
  - *Field Hint: Please enter the expiration date on your card.*
- vi. **CVV No:** Discover, MasterCard and Visa – this is the three-digit number on the back of your card. American Express cardholders will see this four-digit number on the front of the card. Click the hint for more details about this number.
  - *Field Hint: Please enter the CVV number from the back of your card.*
- vii. **Name on Card:** Enter the name, as it is presented on the card
- viii. **Address Line 1:** Enter the street address associated with this card
- ix. **Address Line 2**
- x. **State**
- xi. **Country:** The system defaults to USA
- xii. **Zip:** Only the first five digits are required

**Enroll**

Terms Acct Details Login ID Email **Funding Source** Confirm

Please select the Funding Source which you want to add

**Add Funding Source Account**

Select Funding Type\* : Card Account

**Card Account Details**

Card Address Same As Customer Address?

Personal Account Name :

Card Number\* :

Card Type\* : -Select-

Expiration Date\* :   
(mm/yy)

CVV No\* :

Name on the card\* :

Card Address Same As Customer Address?

Address Line 1\* :

Address Line 2 :

City\* :

State\* :

Country\* : USA

Zip\* :  -

## 7. Verify Add Funding Source Account

- a. Cancel: This will cancel your online enrollment process
- b. Edit: This will direct you to the previous page for changes
- c. Continue: This confirms your Funding Source Account

Enroll

Terms Acct Details Login ID Email Funding Source Confirm

Verify if the Funding Source information is correct

Verify Add Funding Source Account

Personal Account Name : Amex  
Card Number : xxxxxxxxxxx1111  
Card Type : American Express Card  
Expiration Date : 12/21  
Name on the card : Tooth Tootherton III  
Address Line 1 : 2320 SHERIDAN DR  
City : VANCOUVER  
State : WA  
Country : United States of America  
Zip : 98661

Cancel Edit Continue

## 8. Online Bill Pay Enrollment Successful

- a. Congratulations! You have successfully enrolled in the Delta Dental of Washington Online Bill Pay Service.
- b. Once you are enrolled:
  - i. Click on Account Summary tab to see an overview of your account
  - ii. Click on the Payments tab to view scheduled and processed payments, enroll in AutoPay, schedule a one-time payment or Recurring payments.
  - iii. Click the Schedule Payment button to make a payment from this page.

Account Summary Payments

Online Bill Pay Enrollment Successful

✓ Welcome to Online Bill Pay system

Schedule Payment