

### The World's First Cord Blood Bank

700 Brooker Creek Boulevard • Suite 1800 • Oldsmar, Florida 34677 • Tel 1.813.749.2100 • Fax 1.813.855.4745 • www.cryo-cell.com



To activate account, select "Register."

(Please Note: If you have multiple accounts (children), each account must be registered separately.)



POWERED BY NODUS



Enter your 12-digit customer number and select "Submit." You will receive an Account Activation email. Please select the link to create a User Name and Password.

Account R	egistration
Fill in the below inform	ation to receive an e-mail to activate your acc
Customer Number	
	Submit



1. Enter email address. (If you have multiple accounts (children), the email address may be the same for each account.)

2. Create a unique UserName that corresponds to its unique Customer Number. (If you have multiple accounts, the UserName for each account must be different.)

- 3. Create Password. (If you have multiple accounts, the password may be the same for each account).
- 4. Confirm Password.

Degistratic	
Registratio	חכ
Provide your email, de	esired username and password to complete your registration
Email	
User Name	
Password	
Confirm Password	
	Register Cancel



Select "Make Payment" and under outstanding invoices click the box that says "Pay." The "TOTAL" will then populate. Click "Next" to proceed for payment.

Make Payment Outstanding Invoice	S ¢Advanced Search					
Invoice Number	Invoice Date	Due Date	Invoice Amount	Balance 11	Pay	Clear Selected S Amount
INV002889749	9/1/2024	9/1/2024	\$370.00	\$370.00	~	\$ 37
Additional Notes:	TOTAL: \$370.00		4			



If the credit card information is correct, enter "Card Security Code" and select "Submit" to pay outstanding invoices. To enter a different credit card, select "Add New Payment Method."

Invoice #	11	Balance	1	1 Payment	11
			\$370.0	0	\$370.00
otions				т	otal: \$370.00
Tender Type	11	Account Number	11	Exp Date/Routing #	11
Visa(Default)	*****	XXXXX1111	1	12/2024	
de:				+ Add New Payment Method	d
				Canael	Cuburit
	tions Tender Type Visa(Default)	tions Tender Type It /isa(Default) XXXXXXX de:	tions Tender Type II Account Number /isa(Default) XXXXXXXXXXXXXX1111 de:	tions Tender Type II Account Number II Account Number II de:	Intervent     Output of an and a strained     Output of a strained       tions     \$370.00       Tender Type     If     Account Number     If       Exp Date/Routing #       /isa(Default)     XXXXXXXXXXX1111     12/2024       de:



To add a new credit card, select "Add New Payment Method," enter credit card information and check "Save." Once completed, please select "Submit" to pay invoice(s).

# **E-Pay Instructions**

Card Number		Country United States		~
Exp. Date		Street Address		
First Name	Last Name	City	State/Province	Zip/Postal Code

#### **Review & Pay**

	Invoice #	17	Balance	Payment	11
/002889749			\$370.00		\$370.00
yment Op	ptions			Total:	\$370.0
lect/Edit	Tender Type	11	Account Number 11	Exp Date/Routing #	11
	MasterCard(Default)		XXXXXXXXXXXX3134	01/2028	



Once payment has been processed, a receipt will be sent to the e-mail address entered at the time of activation.

#### Confirmation

Your Account

Cryo-Cell International 700 Brooker Creek Blvd # 1800 Oldsmar, FL 34677

> Customer Number: 000000123456 Customer Name: Doe, Jane

Payment Number: TWEBPMT000000030 Created Date: 6/24/2014 Status: Processed Process Date: 6/24/2014 Amount: \$50.00

Jane Doe

[ Logout

#### **Transaction Details**

Capture Amount: \$50.00 Type: Visa

Billing Address: Jane Doe 123 MyStreet Orlando, FL 33333 USA

#### Status: Approved Origination ID: A10A6E460B16 Authorization Code: 219PNI

#### **Paid Invoice List**

INVOICE #	AMOUNT APPLIED
INV123456	\$50.00
	Total: \$50.00



If you forgot your user name, please select "Forgot your user name?" and then add your 12-digit customer number and account's default email and then select "Submit." You will receive an email with your user name.

## Login to ePay

User Name Password			
	Login	Register	
	Forgot your u Forgot your p	user name? bassword?	

Enter your Customer ID and your e-mail address and your username will be e-mailed to you.

ustomer Number			
Email			
	Submit	Cancel	
		-	

С



If you forgot your password, please select "Forgot your password?" and then add your User Name and select "Submit." You will receive an email. Please select the link to update your password.

## Login to ePay

User Name Password	1		_
	Login	Register	
	Forgot your ( Forgot your )	user name? bassword?	

# Forgot Password

Provide your User Name and an e-mail will be sent to allow the account password to be reset.

If you have any questions or need any further information, please contact the Billing Department at (800) 786-7235, Option 2. Representatives are available Monday through Friday, 8:30 a.m. to 7:00 p.m. EST.



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