OFFICE OF THE CHIEF MEDICAL EXAMINER



STONEWALL SOLUTIONS INC.

QUICK GUIDE – UPDATED PAYMENT ENGINE

BACKGROUND INFORMATION

The Office of the Chief Medical Examiner has elected a new payment vendor for the OCME Portal. This means that the cremation payment page will appear different to Funeral Homes when submitting from the Release or Cremation portals. Please refer to this guide to see where the changes have occurred and to assist in navigating the new workflow.

CREMATION PAYMENT PROCESS

1. After selecting **SUBMIT** from either the Cremation or Release Portal (Cremation option - YES) the following page will be displayed –

Office of the Chief Medical Examiner (OCI	ME) Stage Environment (No transactions will be recognized through use of this system)		Back to Main Menu 🏦 Sam Stevens (Funeral Home Admin) +
Confirm Details			
	Cremation Fee Total: \$200		
Name of Decedent	Date of Birth	Funeral Home Name	
TEST TEST	01/01/1999	STONEWALL TEST	~
Email Address (to send Confirmation)			
	Back Continue to Process Payment		
	"Please note: When you click 'Continue to Process Payment' you will be temporarily redirected to the payment site to enter your payment details. After payment is authorized you will be redirected back to the OCME Portal."		

2. Select the **Continue to Process Payment** button at the bottom of the page.

The image below showcases the new payment engine page that you will be redirected to when making any payment from the OCME portal:



Note: If you ever need to enter an international address for Billing Information, there is a checkbox you must first select before the Country field appears, see below –

Billing Information	Payment Information
International Address	● Credit/Debit Card ○ Electronic Check/ACH
Company Name	VISA AMERICAN Maddicure DISCOVER
Enter Company Name	Card Number
OR	TEST MODE
First Name	CVV Code
Enter First Name	123
Last Name	Expiration
Enter Last Name	11 ~ 2024 ~
Address 1	
Enter Address Line 1	Check to accept both the Commonwealth of Massachusetts
Address 2	
Enter Address Line 2	Commonwealth of Massachusetts Terms
Zip	Agreement
Enter Zip	I authorize the charge to my credit card for the amount shown above. I agree to pay the total amount above
City Enter City	box above, I certify that I am an authorized user for the above referenced credit card account.
State/Territory	
Enter State/Territory	nCourt Terms Agreement
Country	
Enter Country	
Phone Number	
Email	
Enter Email Address	
Confirm Email	
Enter Email Address	

3. To successfully submit payment, ensure that the following fields are completed -

Billing Information

- a. Company Name OR First Name and Last Name
- b. Address
- c. Zip
- d. City
- e. State/Territory
- f. Phone Number
- g. Email
- h. Confirm Email

Payment Information

a. Credit/Debit Card OR Electronic Check/ACH

Credit Card

- i. Card Number
- ii. CVV
- iii. Expiration

Check/ACH

- i. Routing Number
- ii. Confirm Routing Number
- iii. Account Number
- iv. Confirm Account Number
- v. Account Type
- b. "I Accept" checkbox

Note: You must check off the "I Accept" checkbox before the **Submit Payment** button appears at the bottom of the page, see below –

Billing Information i international Address Company Name Enter Last Name Enter Last Name Enter Last Name Enter Last Name Enter Address Line 1 Address 1 Enter Address Line 2 Performation Enter City Statistication Enter Ental Address Commention Enter Enter Index Statement as NCOURT MASS. CME Passe provide the correct billing address associated with the account being used to make the payment. Torsaction will appear on your financial statement as NCOURT MASS. CME Passe provide the correct billing address associated with the account being used to make the payment. It our would like a text notification payment confirmation sent to your mobile phone, enter the following: Descent Priore Descent Des		
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First Name Enter First Name Let Name Enter Last Name Address Ine 1 Address 2 Enter Address Line 1 Address 2 Enter Address Line 2 Zp Enter Zip Check to accept both the Commonwealth of Massachusetts address 2 Enter Zip City Select State Phone Number	OR	TEST MODE
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Enter Address Line 2	Address 2	and nCourt Terms Agreements.
Zip Enter Zip City Enter City Select State Proce Number 	Enter Address Line 2	
Zp Enter Zip Cw Enter City StateTerritory Select State Phone Number		
Enter Zip Civ Enter City Select State Pione Number	Zip	
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Select State Phone Number Select State Phone	Enter City	
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 If you choose to add your mobile number to the field at the bottom of the payment page in the Important Information section, you will receive the following text message to confirm the payment has been made –



5. You will receive a success message at the top of the portal page confirming your payment has been processed.

Office of the Chief Medical Examiner (OCME) Stage Environment (No transactions will be recognized through use of this system)						
Home Register New Cremation View Existin	ng Registrations View Cremation Authorizations	Back to Main Menu 💄	(Funeral Home Admin) -			
	SuccessI Payment processed successfully		`*			
	Your cremation has been registered successfully!					
	Please drop off the decedent at the selected crematory by 04/25/2024 before 12:00 PM					
	Funeral Home : STONEWALL TEST					
	Decedent Name : TEST TEST					
	Decedent DOB : 01/01/1999					
	Drop off Location : All Faith's					
	Drop off Date : 04/25/2024					
	Drop off Time Range : AM (before 12:00 PM)					
	Crematory Notes :					
	T-LOSSOF					

REFUND REQUEST

If for some reason you need to request a refund for a payment made in the portal, follow the steps outlined below –

1. To submit a refund request from the Cremation portal, you must first select an existing registration that has been submitted.

Office of the Chief Medical E	ixaminer (OCME) Stage Environm	ent be recognized through use of this syst	em)		
Home Register New Cremation View Existing Registrations View	iew Cremation Authorizations			Back to Main Men	u 💄 Sam Stevens (Funeral Home Admin) 🗸
Existing Registrations					
Decedent First Name	Decedent Last Name		Status		
Decedent First Name	Decedent Last Name		All		~
Place of Viewing					
Select	~				
Drop off Date Range: From:	To:				
MM/DD/YYYY	MM/DD/YYYY		=		
		Search Clear			
Show 10 💙 entries					Search:
Funeral Home Name 🔺 Decede	ent Name	Drop Off Window	Date Submitted	¢ Status ¢	Action 🔶
STONEWALL TEST HILARIO, SHANA	Funeral Home	04/25/2024 PM	04/19/2024 2:13PM	Submitted	View View Confirmation
STONEWALL TEST. TEST.	Crematory	04/25/2024 AM	04/23/2024 1:13PM	Submitted	View View Confirmation
STONEWALL TEST BOOTH, JOSE	Crematory	04/11/2024 PM	04/21/2024 1:49PM	Submitted	View View Confirmation
STONEWALL TEST HICKEY, LARRY	Crematory	04/10/2024 AM	04/19/2024 11:49AM	Submitted	View View Confirmation
STONEWALL TEST DUARTE, ANGELL	A Crematory	04/10/2024 AM	04/18/2024 4:10PM	Submitted	View View Confirmation
Showing 1 to 5 of 5 entries					Previous 1 Next

2. Navigate to the bottom of the page and click the **Request a Refund** button.



3. The following popup will appear where you can enter the details of your refund request. When all the necessary information has been entered, click the **Submit** button at the bottom of the popup.

Decedent DOB	Place of Viewing	Select Crematory*		
01/01/1999		Close		~
Select the date you will bring the decedent to the crematory*		ta	ils (exact time or range)	
04/25/2024	Request a refund			
Location of Death	Payment Confirmation Number			
Massachusetts Y Abington	bac58884-4fac-473b-9a82-7f5c5d3d2afe		00 AM ~	
Additional Notes/Comments	Please enter a reason for requesting a refund for this cremation. If a refund is reques examiner may refuse to view/authorize the registration. If an examination is complet For more information about your refund request, contact OCME Finance Department Add Comment.	ted before examination is completed, the ed/authorized, a refund will not be given.		18
	Address* Address	*		
	City*			
Status	State*			
Submitted	State			
Comments (Comments attached below are visible to Funeral Homes	Zip Code*			
	Zip Code			
	Phone Number*			
	Phone Number			
Application Status History	Close Submit			
Name ¢			Comments	¢
Sam Stevens	Submitted U4/	23/2024 1:20PM		
	Request a Refund Cremation Repayment Update	Close		?

4. Once the refund request has been submitted, the details of the request can be seen at the bottom of the cremation application.

Status Submitted Comments (Comments attached below are visible to Funeral Homes & G	√ Crematories.)					
		Refund Status: Pending Re Refund Comment test	eview			
Application Status History						
Name \$	St	tatus \$	Activity Date	, .	Comments	\$
Sam Stevens Sub	omitted		04/23/2024 1:20	PM		
		Request a Refund Crem	mation Repayment Update	Close		?

5. A success message will appear at the top of the page to indicate the refund request was submitted successfully.

CONTACT SUPPORT

For any questions, select the <u>Issues or Questions?</u> link from the login page screen. Once on the support page, submit your inquiry by filling out the form fields that populate then selecting "Send". You may also call the support line at 401-475-9776.