

Board of Registration in Medicine (BORIM)

eLX Third-Party Payment Link

Beginning on April 6, 2026, the eLX team has implemented a Third-Party Payment Link for the BORIM external module at medboard.mass.gov. This will allow an applicant who is unable to use nCourt due to country restrictions or foreign account ownership to extend a secure capability to pay via our payment vendor nCourt on the applicant's behalf. This is a great option for applicants that have previously had to share their login credentials or to mail payment to BORIM and await application of the payment.

Generating the Payment Link

On the Payment page of the application, select the "**click here**" link at the bottom of the page.

Home > My Licenses/Registrations > Physician Full License > Physician Full License - Lapsed Application

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Application #: PFL1100013 [Print Page](#)

Application Number: PFL1100013
Type: Physician Full License - Lapsed Application

Payment Instructions

Pay online:

IMPORTANT:
You will be directed to a third party payment site to make your payment. After you make the payment, you will automatically return to the licensing system. Your application WILL NOT be processed until you return to the licensing system, proceed to the submit page, and click the "Submit" button at the bottom of the page.

Please make a payment online with a credit or debit card or an ACH payment by clicking the "Pay Fee" button below.

The charge will appear on your statement as "NCOURT*MA BOARD OF MED".

There is a 2.59% non-refundable convenience fee for processing credit card payment(s), a 2.09% convenience fee for Visa/Master Card debit card payments. For Electronic Checks/ACH payments made using your bank routing and account numbers, the convenience fee is \$0.35 per transaction.

Once your online payment is complete, you must return to your application and submit your application for it to be considered complete. Your application will not be processed until it is submitted.

Amount Due: \$4,200.00
Amount Paid: \$2,100.00
Remaining Amount: \$2,100.00

[Go To Previous Page](#) [Pay Fee](#)

To generate a payment link that you can share with the person or department responsible for payment (e.g., your accounting department) to pay the fee on your behalf, [click here](#).

A dialog will appear with a unique payment link. Select "**Click here to copy the link**" and share it with the third-party payor responsible for making the payment.

Payment Link for Third Party

Please copy and share the link below with the person or department responsible for payment (e.g., your accounting team). They can use it to securely pay the fee on your behalf.

<https://qamedboard.hhs.mass.gov/payment/application/1de81e93-65c1-4d7d-9cd4-8eaea0eaa780>

[Click here to copy the link](#)

CLOSE

Third Party: Making the Payment

When the third-party payor opens the link, they will see a payment page showing the application details and the amount due. The payor should then click **“Pay Fee”** to proceed.

Make a Payment on Behalf of the Applicant [Print Page](#)

You are about to be redirected to a third-party payment site.

Please make a payment online with a credit or debit card or an ACH payment by clicking the “Pay Fee” button below.

The email address that you enter on the third-party payment site will receive a email receipt confirming the payment.

Please note: The fee below is non-refundable.

There is a non-refundable convenience fee for processing credit card and debit card payments.

Please print this page for your records by clicking the “Print Page” button above.

Application Type: Physician Full License - Lapsed Application

Application Number: PFL100013

Applicant Name: [REDACTED]

Amount Due: \$4,200.00

Amount Paid: \$2,100.00

Remaining Amount: \$2,100.00

[Pay Fee](#)

The payor will then be taken to the payment portal where the payor can enter their billing and payment information to complete the transaction. Ensure to use the payor’s information, as the payment is already associated to the applicant.

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There is a 2.59% convenience fee for credit card payments, a 2.09% convenience fee for debit card payments, and a \$0.35 convenience fee for Electronic Check/ACH payments. All convenience fees are non-refundable. [ACH FAQ](#).

Payment Receipt

Payment

You have elected to pay for the following item(s).

Description	Application Number	Amount
Physician Full License - Lapsed Application	PFL100013	\$2,100.00
		\$2,100.00

A convenience fee will be applied depending on payment method selected. Review the total payment amount after entering your payment information.

Billing Information

International Address

Company Name
Enter Company Name

OR

First Name
Enter First Name

Last Name
Enter Last Name

Payment Information

Credit/Debit Card Electronic Check/ACH

Card Type
VISA AMERICAN EXPRESS MASTERCARD DISCOVER

Card Number
Enter Card Number

CVV Code
Enter CVV Code

Expiration
11 / 2026

Once the payment is submitted successfully, the payor will see a confirmation page showing the payment has been applied to the application.



Applicant: Payment Successful

The applicant can then log back in or refresh their page, and the payment will be shown as **Successful** and they may proceed.

