

SUBJECT: Invoice and Payment Policy for Suppliers and Contractors		
The following MemorialCare affiliates have adopted this: <input checked="" type="checkbox"/> Policy & Procedure or <input type="checkbox"/> Policy (only) or <input type="checkbox"/> Procedure (only)	<input checked="" type="checkbox"/> MemorialCare Shared Services <input checked="" type="checkbox"/> Long Beach Medical Center <input checked="" type="checkbox"/> Miller Children’s & Women’s Hospital Long Beach <input checked="" type="checkbox"/> Orange Coast Medical Center <input checked="" type="checkbox"/> Saddleback Medical Center <input checked="" type="checkbox"/> MemorialCare Medical Foundation <input type="checkbox"/> Select Health Plan <input type="checkbox"/> Memorial Medical Center Foundation <input type="checkbox"/> Saddleback Memorial Foundation	REFERENCE: FP-###
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		EFFECTIVE: 05/01/2024
MANUAL:	Campus/Manual	
OWNER:	Finance Department	

I. POLICY

A. To provide specific invoicing guidance to all Suppliers and Contractors. Suppliers and Contractors must adhere to the following requirements when submitting an invoice to MemorialCare (MC). Failure to follow the requirements will result in invoices **not** being processed and returned to the Suppliers or Contractors.

II. DEFINITIONS

- A. **Suppliers:** Vendors, contactors, and anyone providing products and/or services to MemorialCare.
- B. **MemorialCare (MC):** An entity participating in the integrated health care delivery system doing business as MemorialCare (listed above).
- C. **Valid Contract:** Contract signed by MemorialCare and supplier.
- D. **MC Department Contact:** Any communication, contact or interaction which takes place in the context of establishing, developing, maintaining, servicing or otherwise furthering a business relationship or transaction on behalf of MC.

III. PROCEDURE

1. Invoices	
Vendor Set Up	*IMPORTANT* If you are not a supplier with a valid contract, please reach out to your MC Department Contact who can initiate the contracting process with the MC Contract Support team (MHSContracting@memorialcare.org).
Invoice Requirements	Invoices must be billed to an MC entity (listed above) and include,

	<ol style="list-style-type: none"> 1. 10-character Purchase Order(ex.MS00123456) or a 6-digit Cost Center(ex.812345) and GL Account (ex: 666900) 2. Supplier “remit to” address, 3. total amount to be processed, 4. invoice number (must not be a previously used identifier), 5. Supplier’s email address, and 6. invoice date <p>Invoices must be in PDF format, one invoice per PDF. With special instructions noted directly on the invoice.</p> <p>Quotes and Statements are not considered invoices and will be rejected.</p>
<p>Invoices <u>Not</u> Acceptable</p>	<p>MC will <u>not</u> accept:</p> <ul style="list-style-type: none"> • PHI/PII Information included on the invoice image, • PDF files exceeding 30 pages, • JPEG, TIFF, PNG, WORD files, • EXCEL files submitted via email (MC has other avenues for EXCEL/spreadsheet uploads), • Handwritten invoices or receipts, • Zipped, password protected, encrypted files or a link to a website to download the invoice
<p>Submission of Invoices</p>	<p>Option 1: Supplier must submit invoices directly to MC’s Accounts Payable (MHSAPInvoices@memorialcare.org) and not to the MC Department Contact placing the order.</p> <p>Option 2: If the Supplier is set up and enabled in the MC services procurement system, then the Supplier must submit invoices using that system. For more information about EDI, reach out to Supply Chain.</p> <p>Internal: Submit ServiceNow Ticket External: e-mail MHS_SCSupport@memorialcare.org</p> <p>Option 3: Mail paper invoices (not a preferred method) to:</p> <p>MemorialCare/Medical Center Entity Name (listed above) Attn: Accounts Payable PO Box 20892 Fountain Valley, CA 92728</p>
<p>PO Invoices</p>	<ul style="list-style-type: none"> • Invoices without a valid MC PO Number will be rejected. A PO is required prior to receipt of supplies, equipment and services, unless an exception is noted. See MC Purchasing Policy – PO Exceptions. Contact MC Buyers (MCbuyers@memorialcare.org) for a PO.

	<ul style="list-style-type: none"> • Invoices submitted against a PO must contain the full MC issued PO Number. Failure to put the full MC issued PO Number on the invoice will result in delays in payment. • PO line-item number must be on the associated invoice line. • Supplier should only bill MC one PO per invoice. Invoices received with multiple PO numbers on the same invoice will be rejected. <p>Guidance:</p> <ul style="list-style-type: none"> • The Purchasing Department will provide the Supplier with the PO number. If not provided, the Supplier must ask for it. • Supplier must include required data points directly on the invoice for the technology to properly capture. MC cannot capture data in the email body.
<p>Non-PO Invoices</p>	<p>*IMPORTANT* NON-PO Invoices are determined in accordance with the MC Purchasing Policy - PO Exceptions.</p> <p>NON-PO Invoices will be rejected, and payment will be delayed if the following data points are not present on the invoice (in addition to the data points identified under “Invoice Requirements”):</p> <ol style="list-style-type: none"> 1. MC Department Contact’s name, 2. MC 6-digit Cost Center (ex: 812345), 3. MC 6-digit GL Account (ex: 666900) <p>Guidance:</p> <ul style="list-style-type: none"> • The MC Department Contact requesting the order will provide the Supplier with the Cost Center and GL String for NON-PO Invoice. If this MC Department Contact does not supply this information, the Supplier must ask for it. • Supplier must include required data points directly on the invoice for the technology to properly capture. MC cannot capture data in the email body.

<p>2. Payments</p>
<p>MC’s current preferred payment method is through the Commerce Credit Card Program and checks.</p> <p>To enroll in the Commerce Credit Card program or request a change to the payment method, submit a ServiceNow ticket.</p> <p>To inquire about the invoice payment status, submit a ServiceNow Ticket.</p> <p>External Link - AP ServiceNow Ticket Internal Link - AP ServiceNow Ticket</p>

3. Contacts	
Contacts	<p>For payment questions contact AP Customer Service by submitting a ServiceNow Ticket.</p> <p>External Link - AP ServiceNow Ticket Internal Link - AP ServiceNow Ticket</p> <p>For urgent matters, please call our AP Customer Service line @ 714.377.3142 to speak to an AP Customer Service Representative.</p> <p>For contract questions contact MC Contract: MHSContracting@memorialcare.org</p> <p>For purchase order questions contact MC Buyers: MHSBuyers@memorialcare.org</p> <p>For EDI and general procurement inquiries contact MC Supply Chain: Internal – Procurement ServiceNow Ticket External - E-mail: MHS_SCSupport@memorialcare.org</p>

Sample Invoice:

Company Name

INVOICE

Street Address
City, St Zip Code
Phone
E-mail

INVOICE No #####
Date Invoice Date

Purchase Order # MS00#####

TO

MemorialCare Entity
Street Address
City, St Zip Code
E-mail

NON-PO Approver Name
Business Unit Entity Name
GL Account #####
Cost Center #####

Description	Amount
Enter description 1	Enter amount
Enter description 2	Enter amount
Enter description 3	Enter amount
Enter description 4	Enter amount
Enter description 5	Enter amount
Enter description 6	Enter amount
Enter description 7	Enter amount
Total	Total Amount

Make all checks payable to **Company Name**

Payment is due within 30 days.

Remit Address:

Street Address
City, ST ZIP Code

If you have any questions concerning this invoice, contact Name | Phone | Email

THANK YOU FOR YOUR BUSINESS!