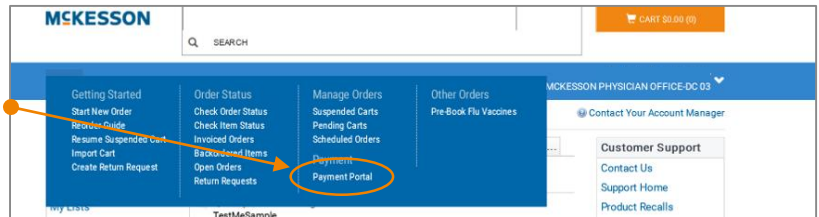




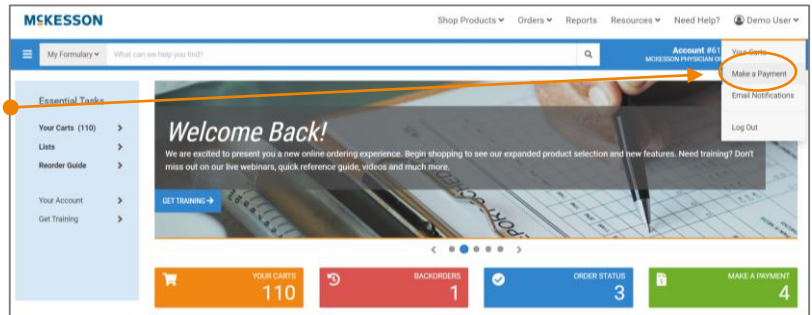
# Payment Portal Access

1. Once you have **logged into Supply Manager**, you will see this screen or the screen below depending on your landing page. Click on **'Orders'** on the toolbar.
2. Click on **'Payment Portal'**

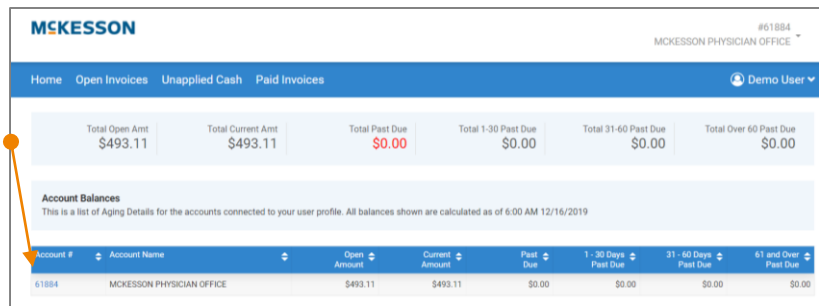


Or you may see the screen below based on your landing page

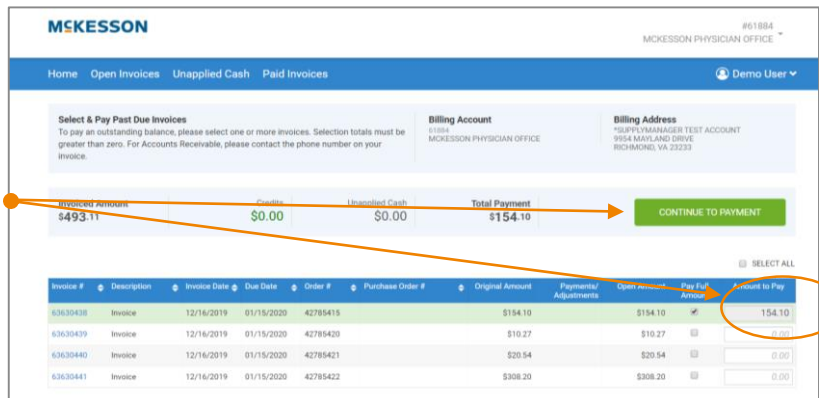
1. Once you have **logged into Supply Manager**, if this is the screen you see, click on **'Make a Payment'** on the toolbar.



3. Once in the **'Payment Portal'**, it brings you to the **'Aging Details'**
4. From here, you can click on **your account** to see your invoices (you can also click on the **'Open Invoices'** link on the toolbar to get to the same screen)



5. From here, you can pay an invoice in full by selecting the checkbox **'Pay Full Amount'** and it will enter the full amount in the **'Amount to Pay'** or hit **'Select All'** to pay all open invoices
6. You can also choose to **'Short Pay'** by entering the amount you want to pay in the **'Amount to Pay'** – will illustrate this on the next page
7. Click **'Continue to Payment'** to pay the invoice



You can click on any of the arrows in the blue headings to sort differently

- 8. To 'Short Pay' simply put in the amount you want to pay in the 'Amount to Pay' box
- 9. Click 'Continue to Payment'

**MCKESSON** #61884 MCKESSON PHYSICIAN OFFICE

Home Open Invoices Unapplied Cash Paid Invoices Demo User

**Select & Pay Past Due Invoices**  
To pay an outstanding balance, please select one or more invoices. Selection totals must be greater than zero. For Accounts Receivable, please contact the phone number on your invoice.

**Billing Account**  
#1884 MCKESSON PHYSICIAN OFFICE

**Billing Address**  
\*SUPPLYMANAGER TEST ACCOUNT  
9954 MAYLAND DRIVE  
RICHMOND, VA 23233

Invoiced Amount: \$493.11 | Credits: \$0.00 | Unapplied Cash: \$0.00 | Total Payment: \$100.00 | **CONTINUE TO PAYMENT**

Invoice #	Description	Invoice Date	Due Date	Order #	Purchase Order #	Original Amount	Payments/Adjustments	Open Amount	Pay Full Amount	Amount to Pay
63630438	Invoice	12/16/2019	01/15/2020	42785415		\$154.10		\$154.10	100.00	100.00
63630439	Invoice	12/16/2019	01/15/2020	42785420		\$10.27		\$10.27	0.00	0.00
63630440	Invoice	12/16/2019	01/15/2020	42785421		\$20.54		\$20.54	0.00	0.00
63630441	Invoice	12/16/2019	01/15/2020	42785422		\$308.20		\$308.20	0.00	0.00

- 10. Click on the drop-down box to select the reason you are choosing to **Short Pay**
- 11. Enter comments in the text box
- 12. Click on 'Continue to Payment'

**MCKESSON** #61884 MCKESSON PHYSICIAN OFFICE

Home Open Invoices Unapplied Cash Paid Invoices Demo User

Invoiced Amount: \$493.11 | Credits: \$0.00 | Unapplied Cash: \$0.00 | Total Payment: \$100.00 | BACK | **CONTINUE TO PAYMENT**

*Review* — **Short Pay** — *Payment* — *Complete*

**Enter Short Pay Reason**  
Please provide a reason as to why you are choosing not to pay the full invoice amount.

Invoice #	Description	Open Amount	Amount to Pay	Difference	Reason	Comments
63630438	Invoice	\$154.10	\$100.00	\$54.10	Product Returned	Didn't need the product

- Select One
- Freight & Handling
- Product Damaged
- Product Returned
- Product Quantity Incorrect
- Incorrect Purchase Order
- Paid Previously
- Incorrect Price
- Tax Rate Incorrect
- Item is Non-taxable
- Other

- 13. Click on the 'Payment Method' drop down box to select choose your payment method

**MCKESSON** #61884 MCKESSON PHYSICIAN OFFICE

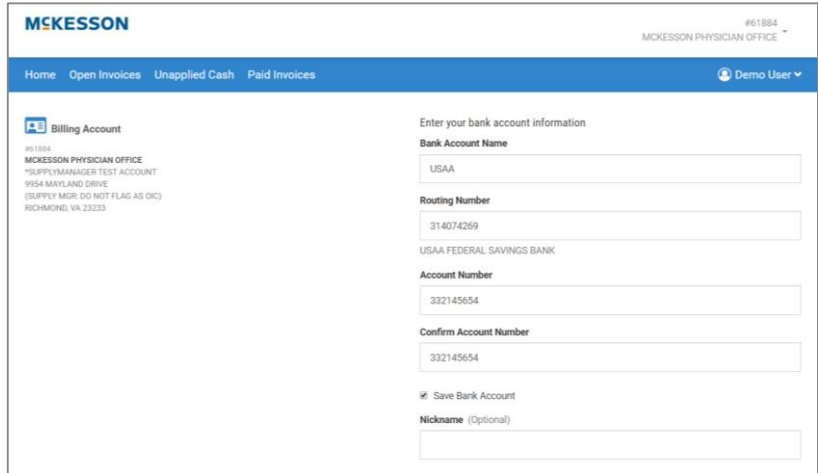
Home Open Invoices Unapplied Cash Paid Invoices Demo User

Invoiced Amount: \$38.04 | Credits: \$0.00 | Unapplied Cash: \$0.00 | Total Payment: \$38.04 | BACK | **MAKE PAYMENT**

*Review* — **Payment** — *Complete*

**Payment Methods:**  
Add a payment method

#61884  
MCKESSON PHYSICIAN OFFICE  
\*SUPPLYMANAGER TEST ACCOUNT  
9954 MAYLAND DRIVE  
(SUPPLY MGR. DO NOT FLAG AS OIG)  
RICHMOND, VA 23233



**MCKESSON** #61884  
MCKESSON PHYSICIAN OFFICE

Home Open Invoices Unapplied Cash Paid Invoices Demo User

**Billing Account**

951184  
MCKESSON PHYSICIAN OFFICE  
\*SUPPLYMANAGER TEST ACCOUNT  
9954 MAYLAND DRIVE  
(SUPPLY MGR; DO NOT FLAG AS OIC)  
RICHMOND, VA 23233

Enter your bank account information

**Bank Account Name**  
USAA

**Routing Number**  
314074269  
USAA FEDERAL SAVINGS BANK

**Account Number**  
332145654

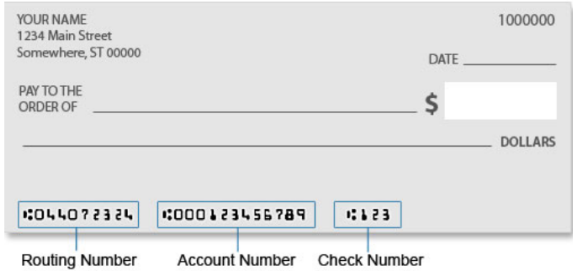
**Confirm Account Number**  
332145654

Save Bank Account

**Nickname (Optional)**

- 14. Enter your **bank account** (or **credit card** if you selected to pay by credit card) information in the text fields
- 15. Scroll down to see the remainder of the page to **accept the payment conditions**

Bank Routing and Account Numbers are located across the bottom of each check.



YOUR NAME  
1234 Main Street  
Somewhere, ST 00000 1000000

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

⑆044072324    ⑆000123456789    ⑆123

Routing Number    Account Number    Check Number

**ACH Customers**

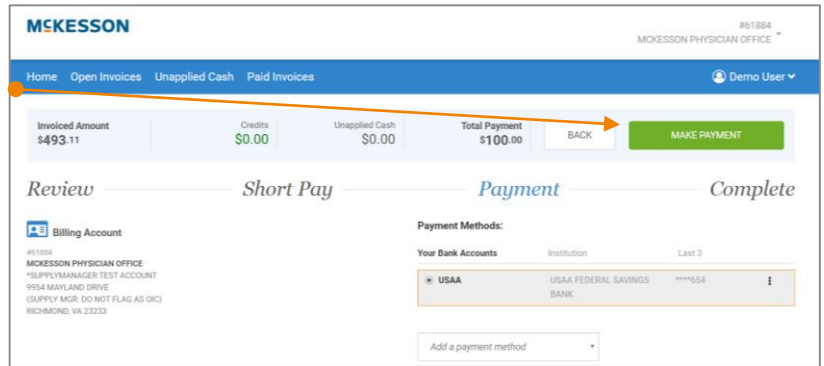
Customer authorizes McKesson Medical-Surgical, Inc. ("McKesson"), to initiate ACH credit and debit entries to/from Customer's business account indicated above for amounts owed on invoices or statements that are provided to Customer and Customer hereby authorized Customer's named financial institution(s) (the "Institution(s)"), to accept the ACH credit and debit entries. Authority to initiate ACH credit and debit entries shall remain in full force and effect until McKesson's Credit Department has received written notice from Customer 30 days in advance of its termination of such authorization. Customer understands that Customer has the legal right to stop payment of an ACH credit or debit entry by notification to Institution, provided, prior to such action, Customer shall give McKesson 30 days written notice to permit McKesson to take any necessary actions to avoid disruptions in payment from Customer. Customer agrees to follow NACHA rules applicable to ACH transactions.

I accept the ACH terms above.

CANCEL CONTINUE

- 16. Click on the **'I accept the ACH terms above'** check box
  - 17. Click on the green **'Continue'** button
- ACH stands for Automated Clearing House. This works as an electronic check and moves money from your bank account to pay for the invoice.*

18. Once you have entered, your **Payment Method**, click on the green **'Make Payment'** button.



**MCKESSON** #61884  
MCKESSON PHYSICIAN OFFICE

Home Open Invoices Unapplied Cash Paid Invoices Demo User

Invoiced Amount \$493.11 Credits \$0.00 Unapplied Cash \$0.00 Total Payment \$100.00 BACK MAKE PAYMENT

Review Short Pay **Payment** Complete

**Billing Account**  
#61884  
MCKESSON PHYSICIAN OFFICE  
\*SUPPLYMANAGER TEST ACCOUNT  
9954 MAYLAND DRIVE  
(SUPPLY MGR; DO NOT FLAG AS OIC)  
RICHMOND, VA 23223

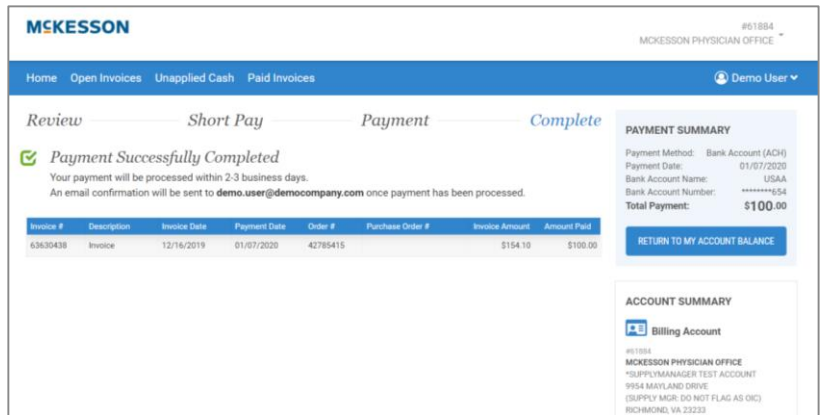
**Payment Methods:**

Your Bank Accounts Institution Last 3

USA USA FEDERAL SAVINGS \*\*\*\*\*654 BANK

Add a payment method

This page confirms that you have successfully processed your payment.  
*Additional comments: You can click on the blue toolbar at any time to view Open Invoices, Unapplied Cash and Paid Invoices*



**MCKESSON** #61884  
MCKESSON PHYSICIAN OFFICE

Home Open Invoices Unapplied Cash Paid Invoices Demo User

Review Short Pay Payment **Complete**

**Payment Successfully Completed**

Your payment will be processed within 2-3 business days.  
An email confirmation will be sent to [demo.user@democompany.com](mailto:demo.user@democompany.com) once payment has been processed.

Invoice #	Description	Invoice Date	Payment Date	Order #	Purchase Order #	Invoice Amount	Amount Paid
63630438	Invoice	12/16/2019	01/07/2020	42785415		\$154.10	\$100.00

**PAYMENT SUMMARY**

Payment Method: Bank Account (ACH)  
Payment Date: 01/07/2020  
Bank Account Name: USAA  
Bank Account Number: \*\*\*\*\*654  
Total Payment: \$100.00

RETURN TO MY ACCOUNT BALANCE

**ACCOUNT SUMMARY**

**Billing Account**  
#61884  
MCKESSON PHYSICIAN OFFICE  
\*SUPPLYMANAGER TEST ACCOUNT  
9954 MAYLAND DRIVE  
(SUPPLY MGR; DO NOT FLAG AS OIC)  
RICHMOND, VA 23223