MSKESSON

McKesson SupplyManager[™]: **Payment Portal Access**

1 Once you have logged into McKesson SupplyManager, you will see this screen or the screen below depending on your homepage. Click on **"Orders"** on the toolbar.

2

3

Click on "Payment Portal"

Or you may see this screen based on your homepage

- Once you have logged into SupplyManager, if this is the screen you see, click on **"Make a Payment"** on the toolbar.
 - Once in the **"Payment Portal"**, it brings you to the **"Aging Details"**
- 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
 - 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"

ISKES	EKESSON #61884 MCKESSON PHYSICIAN OFFICE							#61884 ICIAN OFFICE		
ome Op	pen Invoices	Unapplied Ca	sh Paid I	nvoices					(🖲 Demo User 🗸
Select & P. To pay an o greater than invoice.	ay Past Due In outstanding bala n zero. For Acco	voices nce, please select on unts Receivable, plea	e or more invo se contact the	olces. Selection e phone numb	n totals must be er on your	Billing Account 01894 MCKESSON PHYSICIAN OFFICE		Billing Address *SUPPLYMANAG 9954 MAYLAND RICHMOND, VA	S IER TEST ACC DRIVE 23233	TUUS
Invoiced A \$493.11	mount		Credits \$0.00		Unapplied Cash \$0.00	Total Payment \$100.00		co	NTINUE TO	PAYMENT
										SELECT ALL
voice #	Description	 Invoice Date 	Due Date	Order #	Purchase Order 4	P 🖨 Original Amount	Payments/ Adjustments	Open Amount	Pay Full Amount	Amount to Pay
3630438	Invoice	12/16/2019	01/15/2020	42785415	- 1	\$154.10		\$154.10	0	100.00
3630439	Invoice	12/16/2019	01/15/2020	42785420		\$10.27		\$10.27		0.00
3630440	Invoice	12/16/2019	01/15/2020	42785421		\$20.54		\$20.54		

10 Click on the drop-down box to select the reason you are choosing to Short Pay

Enter comments in the text box

12 Click on "Continue to Payment"





11

13 Click on the "Payment Method"

drop down box to select choose your payment method

lome Open Invoices U	Inapplied Cash Paid Invoic	es		Christy McWhorter •
Invoiced Amount \$38.04	Credits \$0.00	Unapplied Cash \$0.00	Total Payment \$38.04 BACK	MAKE PAYMENT
Review		Payme	ent	Complete
Billing Account billing Account billing billi		Pé	ayment Methods:]



16

17

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



Click on the "I accept the ACH terms above" check box

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.

OURNAME	1000000
omewhere, ST 00000	DATE
PAY TO THE	\$
	DOLLARS
044072324 000123456789	1.1.2.3

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	-



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

MERESSON				MCK	ESSON PHYSICIAI	#61884 N OFFICE
Home Open Invoices Unapp	lied Cash Paid Invoid	es			@ t	Demo User 🛰
Invoiced Amount \$493.11	Credits \$0.00	Unapplied Cash \$0.00	Total Payment \$100.00	BACK	MAKE PAYMEN	۹T
eview Short Pay		Pay	Payment		Complete	
Billing Account			Payment Methods:			
NTIME ACCESSION PHYRICALIN OFFICE SIMPY NAMANANCET TAST ACCOUNT SIMPY MARK NAMO DIRAC DIRAC SOLUCI SIMPY MARK NAMO DIRAC S			Your Bank Accounts	Institution	Lost 3	
			* USAA	USAA FEDERAL SAVINGS BANK	****654	I

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



