

Partners HealthCare Invoicing Procedures for Suppliers/Vendors

Business acknowledges that if invoices are not submitted in accordance with this section, Customer cannot guarantee the timely payment of fees.

A. ORDERS & INVOICES:

Business shall submit invoice(s) for payments due hereunder upon receipt of Customer's written acceptance of Services and/or Deliverables. To ensure timely, and correct payment, Vendor acknowledges and agrees to adhere to the following standard operating procedures for Order Receipt, Invoicing and resolution of non-payment. Failure to follow the below procedures may result in the delay of payment.

Order Receipt

- **Orders from Partners HealthCare must be accompanied by a PO** in standard Partners format: 10 digits, numeric only. Orders not accompanied by a PO will be denied.
- Vendors must acknowledge, and confirm order details within 24 hours of order receipt. Orders may be confirmed via fax to (617) 565-0634, or via email to POConfirmations@PARTNERS.ORG

Invoicing

- Standard payment terms for Customer are Net45 days from the invoice date.
- All invoices must be submitted to Customer upon acknowledgement of receipt of Deliverables, or written confirmation of satisfactory completion of Services.
- Partners preferred method of invoicing is via EDI (Electronic Data Interchange). If your organization is capable of this method of invoice delivery, please contact PHSMMSVENDORUPDATE@PARTNERS.ORG
- Invoices exceeding 1 year after provision of Deliverables or Services will not be accepted without demonstration of earlier collection attempts.
- All invoices must contain, at minimum: the invoice number, invoice date, PO number and remit address.
- Only 1 PO can be listed per invoice.
- No more than 1 invoice may be listed per page. Multiple invoices cannot be combined onto single pages.
- Invoices shall not include interest or late payment charges.
- Invoices must be submitted to Partners HealthCare Corporate Offices directly and may be emailed or mailed to the following addresses. It is suggested that no more than 10 invoices be submitted together by email as a single PDF. Individual invoices that exceed 3 pages should be sent US Mail. There is no page limit on invoices submitted by US Mail.
- Please submit only 1 copy of each invoice.

Mail: Partners HealthCare
Attn: Accts Payable
PO Box 9127
Charlestown, MA 02129

Email: PHSPOINVOICE@PARTNERS.ORG

Payment

- Partners HealthCare method of payment is credit card through Bank of America E-Payables program. Details of the program can be found at www.bankofamerica.com/epayablesvendors
- Other payment inquiries can be directed to PHSePaymode@partners.org

Resolution of Non / Short Payment

- Vendors must contact Partners HealthCare's Client Services department at 617-726-2142 immediately once an invoice becomes past due, or was determined to have been paid short.
- In the event that Business becomes aware of any issue related to payment, Business shall contact Supply Chain Client Services at 617-726-2142. While the parties are engaged in good faith business discussions intended to achieve a resolution to such issue orders will not be held.
- All submissions to Client Services require a ticket number, which can be obtained by calling Partners HealthCare's Client Services department at 617-726-2142. Once a ticket is obtained, invoices requiring resolution may be submitted via email to the provided address.
- Submissions to Client Services not accompanied by the correct ticket number for the invoices submitted will not be accepted.

B. TRAVEL OR OTHER OUT OF POCKET EXPENSES:

Any time spent by any employee of Business ("Business Employee") or agents of Business commuting to and from their homes shall not count as time spent in providing Services to Customer. Any additional time spent by a Business Employee or such agents traveling at the specific request of Customer shall count as time spent in providing Services to Customer. Such time must be pre-approved in writing by Customer and shall be subject to any maximum payment caps agreed upon by the parties. Travel and other out of pocket costs must comply with Partners Travel Expense Requirements for Vendors, including documentation of actual expenses where required and a cap of travel and other costs not to exceed nine percent (9%) of total fees paid.

C. EXPENSES: Customer shall reimburse Business for reasonable expenses directly related to the Services, provided that Customer has authorized such expenses in writing in advance.