





## Entering Invoices as University of Colorado Hospital Authority

### Payment Vouchers

CU Marketplace Form Request

 Purchase Requisition	 Payment Voucher	 Medical Affiliates - PV	 Supplier Request
---	--	--	---

To begin paying an invoice for University of Colorado Hospital Authority (UCHealth), find the Medical Affiliates – PV tile in CU Marketplace. Once you select the tile, you begin by selecting the “supplier page” which looks like the image below.

**Supplier**

Supplier ★

Do Not Change (PSC01) ★   
Doing Business As: University Physicians Inc

Shipping (Not In Use - Leave as 0.000) ★

Do Not Change (PSC02) ★

Handling (Not In Use - Leave as 0.000) ★

**Remit-To Address**

Remit-To Address ★

Mail Stop F402  
University of Colorado Health  
7901 E. Lowry Blvd, Suite 350  
Denver, Colorado 80230  
United States

Payment Method

★ Required

In the “Supplier” box, type in “University of Colorado Medicine” and select the supplier titled “University of Colorado Medicine”

Then, select the Remit-To Address shown in the picture above and listed below:

Mail Stop F402  
University of Colorado Health  
7901 E Lowry Blvd, Suite 350  
Denver, Colorado 80230

Click “Save Progress” and move to the next page, “Questions”.

On the “Questions” page, you will need to enter information in the following fields:

- I confirm that my invoice is from one of the suppliers listed above
  - o Select “Yes”
- Business Purpose:
  - o Type what the purpose of the voucher is. This can look like “Patient Charges for [Study Number]”
- Amount:
  - o Enter the dollar amount of the invoice
- Supplier Invoice Number
  - o Enter the Supplier Invoice Number
- Invoice Date
  - o Enter the date of the invoice
- Invoice Upload
  - o Only upload the invoice file if there is **no** personally identifiable health information on it. For most CU Medicine Invoices, there is identifiable health information, so **do not** include them.
- Warrant Delivery Code
  - o Select “Campus Mail”

Below are examples of what the most important fields will look like:

The image displays two screenshots of the 'Questions' page form fields. The left screenshot shows the 'Business Purpose' field with the text 'Patient charges for' followed by a redacted area and a '1973 characters remaining' indicator. The right screenshot shows the 'Amount' field with a redacted input and up/down arrows, the 'Currency' dropdown set to 'USD', the 'Supplier Invoice Number' field with a redacted input and a help icon, and the 'Invoice Date' field with a redacted input and a calendar icon.

After completing the “Questions” page, save progress and move to the next screen. This will bring you to the “Codes” screen.

On this screen, you will be entering the account code for the transaction, as well as the speedtype. The form will appear as follows:

LINE	Business Unit	Fund	Speedtype	Org	Program	Project_code	Account	Subclass
							520102 Out-patient charges	no value

Add alternate distribution for: Discount Go

Click the “edit” button circled in the screenshot above to change the Speedtype and Account Code. The Account Code for University of CU Medicine invoices will typically be 535207 for CU Medicine Physician Billings.

Once you have clicked on the “Edit” button, the following screen will appear. In this interface, you can change the account code and speedtype. After completing, select “Recalculate And Save”.

LINE	Business Unit	Fund	Speedtype	Org	Program	Project_code	Account	Subclass
	UCOLO					no value	520102	no value

Select from all values... Select from all values... recalculate / validate

Recalculate And Save Save Cancel

Then, click the “Next” button to advance to the “Additional Information” screen. This will appear below. For the handling code, select “CM” for Campus Mail. In the Payment Message box, type “HS F402 Research Billing”. This will ensure your payment will be delivered to the correct location.

### Additional Information

#### 1099 Indication

1099 Code: no value

#### Payment Information

Hold Reason:

Handling Code: CM  
Select from all values...

Payment Message: HS F402 Research Billing

AP Hold:

After completing this step, you may move to the “Review and Submit” page and submit the Payment Voucher. To make this process easier in the future, you may add the filled-out form to favorites on this screen. If you do, remember to edit your Speedtype, Invoice Number, Amount, Date, and Business Purpose Study Number each new payment voucher you submit from the template.

After you submit your Payment Voucher for approval, write down the form number for future reference information.

Medical Affiliates	
Form Number	18000813
Purpose	Check Request
Status	Incomplete