

Updating Your Remittance Email Quick Reference Guide

Purpose: This document provides instructions to submit a request to update the email address that is used to sent remittance notifications for electronic payments. **Audience**: Ascension Suppliers receiving electronic payments

General Information

- Ascension suppliers that are enrolled for ACH direct deposit payments will receive an email notification with
 remittance details for each payment. Emails come from <u>MSCAccPayableNoReply@ascensionhealth.org</u>. If you
 are not receiving these emails, it may be because of a security restriction in place by your company. Emails from
 <u>MSCAccPayableNoReply@ascensionhealth.org</u> may be flagged as "High Confidence Phish" by your
 organization's email security. Please work with your company's IT/security team to ensure our email address is
 whitelisted in your system to allow these emails to come through.
- If you receive payments via Wells Fargo virtual credit card or ACH direct deposit, follow the instructions below to update the email address used for remittance.
- If you receive payments via **GHX**, please contact GHX directly to update the email address used for remittance by emailing epay.support@ghx.com or calling 1-888-392-5401, option 1.
- If you do not have a user ID for the Ascension Supplier Portal, please refer to the <u>Supplier Portal Access Quick</u> <u>Reference Guide</u> for instructions to create a user ID.
- If you are encountering an error when logging in to the Ascension Supplier Portal, refer to the <u>Supplier Portal Log</u> <u>In Issues Quick Reference Guide</u>.

Instructions

- 1. Navigate to the Ascension Supplier Portal: https://supplierportal.ascension.org
- 2. Click the Update Your Information button.





3. A new browser tab will open. Enter your user ID and password in the Oracle PeopleSoft login and click the **Sign In** button. **Note:** Both your user ID and password are case sensitive.

| C | DRACLE [®] PeopleSoft | |
|-------------------|--------------------------------|---|
| User ID | | |
| Password | | |
| Select a Language | | |
| English | | ~ |
| | Sign In | |
| | Enable Screen Reader Mode | |
| | | |

4. If you have more than one supplier ID number, you will be prompted to select the supplier that you would like to submit the change for. Select the supplier from the dropdown option and click **Create New Request.**

| Supplier Change Request Selection | | |
|-----------------------------------|--------------------------------------|--|
| Select Supplier | | |
| *Supplier | 0000064931 - WORLD WIDE TECHNOLOGY V | |
| | Create New Request | |

5. On the **Welcome** page, fill in all required fields for the **Requestor Information** section. Your name and email address will auto-populate, but please update both fields as needed so that this information is correct for your request.

| Welcome | Company Profile | Addresses | Contacts | Payment Profile | Submit |
|--------------------------------|---|--|---|-----------------|---------------------------------|
| | | | Exit | Save for Later | Previous Next |
| Welcome | Test account | | | | be <u>Review Changes</u> |
| (\$1 | HRED-IT) | | Requestor Information | | |
| We Se info apj you | elcome! lect from the train stops ab odify your information. Who ormation is complete you c proval, or save and return ur request. | ove to view and en required an submit for later to complete | *Requestor Nan *Requestor Tit *Requestor Ema *Requestor Phor | le | |
| | | | | | 6.0 ■+ <u>Review Changes</u> |
| | | | Exit | Save for Later | Previous Next |

6. Click the **Next** button to move on to the **Company Profile** page.



7. On the **Company Profile** page, complete all questions in the **Profile Questions** section. Note that all questions are required. In the text box, include details about the changes needed to your remittance email.

| Profile Questions |
|---|
| *Is your company a disadvantaged, minority, small veteran, woman, or underutilized business? |
| Information not available at this time |
| *Is this a contracted provider? |
| OYes |
| ● No |
| *Provide detail as to why the supplier is being added/changed and attach any related documentation above including contracts. |
| Please update email address for remittance to accountsreceivable@mycompany.com |
| *Is this supplier an employee or affiliated with an employee? |
| OYes |
| ● No |
| *Will this vendor provide supplies to Ascension? |
| • Yes |
| ONO |
| *Please provide additional detail about the supplies being purchased from the vendor: |
| |

8. Click the **Submit** icon in the top navigation. **NOTE:** Your request is not submitted until you confirm your changes on the final Submit page.

| | | | | | _ |
|---------|-----------------|-----------|----------|-----------------|--------|
| Welcome | Company Profile | Addresses | Contacts | Payment Profile | Submit |

9. On the **Review and Submit** page, you will be prompted to review your changes. Check the box to confirm your changes and click the **Submit** button. **Please note** that your request will not be submitted for processing until you have confirmed the changes and clicked the final Submit button.



| Review a | nd Submit Chang | jes | | | |
|-----------------------------|---|--------------------|-----------------------------|------------------------------|------------------|
| Select the ' Changes'' a | 'Review" button to re and then click "Subm | eview the chang | e request information. Wher | n ready to submit, check the | box for "Confirm |
| Email comr | nunication regarding | g this request wil | I be sent to: | | |
| myname@myc | ompany.com | | | | |
| 🗹 Confirm Chan | iges | | | | |
| Review |] | Submit | | | |

10. After submitting your request, you will see the **Supplier Change Request Submit Confirmation** screen with the Change Request ID. You will receive email updates about this request and can view the status of the request via the Supplier Portal.

| | Supplier Homepage |
|----------|--|
| Supplie | er Change Request Submit Confirmation |
| Per | nding Approval |
| ~ | You have successfully submitted your Supplier Change Request |
| | Your Change Request ID 00000000000397 |
| | Any email regarding the request status will be sent to: |
| | TestpsftFSCM@ascensionhealth.org |
| | Return to Supplier Change Request Selection Page |
| | Return to Supplier Home Page |