

## Instructions for use of the Vendor Invoice Submission Form.

1. Use the drop down box to select the State where the hospital is located, then the name of the hospital on the invoice.
2. If known enter your Healthscope Vendor No. or alternatively enter your ABN (no spaces).



### Vendor Invoice Submission

Welcome to Healthscope Vendor Assist.

Please complete the details below to submit an invoice to Accounts Payable.

(A) Enter the State and Location where the goods/services were delivered.

**State\*:**

**Location\*:**

(B) Enter your Healthscope Vendor No or registered ABN.

**Vendor No:**

OR

**ABN:**

Healthscope Ltd.  
Level1, 312 St. Kilda Road Melbourne VIC 3001

3. Click 'Submit'. A window will appear summarising your details.

**Vendor Invoice Submission**

Please check your details below, click 'Mail' and attach your invoices.

**Results**

Invoice State: \_\_\_\_\_

Invoice Location: \_\_\_\_\_

Vendor ABN: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Healthscope Ltd.  
Level 1, 312 St. Kilda Road Melbourne VIC 3001

4. Click Mail. An email box will appear for you to attach your invoice/s.
5. Attach the invoices (one invoice per attachment) click send.
6. This email address is not monitored. Do not send any correspondence.

Send

To...

Vendor.InvoiceSubmission

CC...

Bcc...

Subject

Vendor Submission: Darwin Private Hospital|1008|67075468209||

**HEALTHSCOPE VENDOR ASSIST  
INVOICE SUBMISSION**

**STEPS:**

- (1) Attach your invoice/s to this email
- (2) Please ensure each invoice is a separate attachment
- (3) DO NOT ALTER OR ADD to this email in any way
- (4) Click Send

Your invoice/s have now been submitted to the Accounts Payable Department for processing.

For more information, see our **FAQ** section.