- 1. Top of invoice should have Scalpel Connect Logo
- 2. Underneath or next to the logo, should be Scalpel Connect contact information (address and website)
- 3. The current invoice has Invoice number (great) and also reference number.
  - 3.1. What is reference number and do we need?
- 4. Next Section should be the Bill to and Amount Due like the current invoice
  - 4.1. Enhance to add Facilty Address
  - 4.2. Enhance to make the amount due more prevalent, (Bold, larger, etc)
- 5. Next, we should present billing terms (Net 15, Net 30) and Due date
  - 5.1. Need to discuss billing terms and if this will be standard across all Employers
  - 5.2. Do we need ability to change with Admin function?
  - 5.3. On the current Invoice, we list Subject, Invoice Date, Due Date
    - 5.3.1. I don't think we need Subject (which is the name of job)
    - 5.3.2. We do need provider name
    - 5.3.3. We need the coverage dates of the week of the invoice
    - 5.3.4. Dates need to be in MM/DD/YYYY format
- 6. Item Detail Section
  - 6.1. Needs to include Reg Hours / Rate / Total
  - 6.2. Overtime Hours / Rate / Total
  - 6.3. Oncall Hours / Rate / Total
  - 6.4. All approved expenses should be separate line item with details, and total amount
  - 6.5. This should then be calculated to a subtotal
  - 6.6. On current invoices, taxes should be Platform fee (with the Percent) and then total
  - 6.7. Then the total is Subtotal plus Platform Fee
- 7. At bottom should be Section for Payment Options and Billing Help
  - 7.1. Ideally, we would have a few fields that an Admin can edit to enter the information EX:
    - 7.1.1. Billing Help
    - 7.1.2. Payment by ACH
    - 7.1.3. Payment by Check
- 8. Question for Team:
  - 8.1. Should we look into adding an Employers full invoice balance and past due amounts?
  - 8.2. Should invoice include anything about late fees?



Tusk Enterprises LLC 2000 E Lamar Blvd # 250 Arlington TX 76006 www.rhinomedical.com www.ivorymedical.com Invoice #INV22158 07/31/2025 PO#/VMS ID#:

Bill To

Blessing Hospital Quincy Anesthesia Associates 1005 Broadway Quincy IL 62305

## AMOUNT DUE

\$11,433.42

Due Date: 08/30/2025

Terms Net 30			Due Date 08/30/2025			
Item		Quantity	Options	Ra	te Amount	
Coverage Dates Mark Blair 07/21/25 - 07/25/25						
Hourly Rate		40.25		\$225.0	00 \$9,056.25	
Per Diem - Actual		5		\$25.0	00 \$125.00	
Lodging Stipend		5		\$100.0	9500.00	
Car Stipend		1		\$950.0	950.00	
Flight - Actual 07/25 07/27		1		\$763.5	97 \$763.97	
Travel Surcharge - Fligh	nt - 5% Service Fee			5	% \$38.20	
				Subtotal	411,100112	
				Total		
				Amount Due		
Current	1-30 Days Past Due	31-60 Days Past Due	>60 Day:	s Past Due	Amount Outstanding	
\$28,543.89	\$9,040.41	\$0.00	\$0	0.00	\$37,584.30	

For assistance, please email Billing Team at invoices@teamtusk.com, or phone 866-267-4466

Remittance Options Include:

Payment by ACH or Transfer ABA/Routing: 111000025 Account#: 004787013471 Payment by Check: Tusk Enterprises LLC 2000 East Lamar Blvd. Ste. 250 Arlington, TX 76006

Please send all remittance information to invoices@teamtusk.com. Please reference your invoice number to ensure your account is properly credited.



## **Current Invoice**



## Moana Stevens

Dolor anim sint laud

Invoice Number Reference

#SCL-00277 333

Billed To Invoice (USD)

Quyn Donaldson Delilah Talley \$0.00

Subject Invoice Date Due Date

Single day job 31/07/2025

Item Detail	Amount
Timesheet Of July 2025 week#1	\$0.00
Over Time	\$0.00
On Call	\$0.00

## **Expenses**

Subtotal	\$0.00
Tax (10%)	\$0.00
Total	\$0.00