



PO: P0100000006091

christine.cruz@providence.org

# Invoice

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2 Sun Court  
Norcross, GA 30092

Direct Questions To: <https://www.ironmountain.com/support> - click  
"Contact Support"

PROVIDENCE MEDICAL INSTITUTE 0110  
MARIA E. TAYLOR  
PO BOX 389 673  
SEATTLE, WA 98138

## Account Overview

Invoice Number:	JXGG138
Invoice Date:	10/31/2024
Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024
Customer ID/Name:	C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Due By:	11/30/2024
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## New Charges

Storage	6,161.09
Service	379.32
Supplies	0.00
Other Charges	292.60
Tax	0.00

INVOICE AMOUNT DUE	<b>\$6,833.01</b>
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### LEGEND:

- When paying by check please include applicable customer ID(s), invoice number(s) and invoice amount(s)
- If applicable, Balance Activity does not reflect any payment received that has not or could not be applied to open invoices.
- Storage is billed in advance and may include prorated storage charges for the current period\*
- Services are billed in arrears\*
- If applicable, adjustment amount includes credits, debits and other adjustments made by the specified date.
- Payment is due per contract Net terms from the invoice date

\*Unless otherwise expressly agreed upon in writing

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USE THIS ENROLLMENT CODE TO CREATE YOUR ORGANIZATION'S  
ADMINISTRATION ACCOUNT:

**XRK RGF TVB**

SUBMIT PAYMENTS TO:	IRON MOUNTAIN PO BOX 601002 PASADENA, CA 91189-1002
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**Customer ID/Name:** C110D/PROVIDENCE MEDICAL  
INSTITUTE 0110

**Invoice Number:** JXGG138  
**Invoice Date:** 10/31/2024

Description	Qty	Rate	Amount
STORAGE,REGULAR 11/01/2024	2959.20	2.082	6,161.09
<b>TOTAL STORAGE</b>			<b>6,161.09</b>
OFFSITE SHRED, SEC CONSOLE	4.00	47.980	191.92
SHRED SURCHARGE, 8-WEEK CYCLE	1.00	0.000	0.00
SHRED TRANSPORTATION	1.00	157.400	157.40
SHRED TRANSPORTATION ZONE 2	1.00	30.000	30.00
<b>TOTAL SERVICE</b>			<b>379.32</b>
ADMINISTRATION FEE	1.00	166.660	166.66
FUEL SURCHARGE - SHREDDING	1.00		55.38
PAPER RECYCLING SURCHARGE	1.00	70.560	70.56
<b>TOTAL OTHER</b>			<b>292.60</b>
<b>Sub Total</b>			<b>6,833.01</b>
<b>INVOICE AMOUNT DUE</b>			<b>6,833.01</b>

**CERTIFICATE OF DESTRUCTION:**

IRON MOUNTAIN CERTIFIES THAT THE MATERIALS RELATED TO SHREDDING SERVICES ON THIS INVOICE HAVE ENTERED THE DESTRUCTION PROCESS IN ACCORDANCE WITH OUR SECURE SHREDDING WORKFLOW SO THAT THE INFORMATION CANNOT BE RECONSTRUCTED.



2 Sun Court  
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# Activity Totals Report

## Division/Department

<b>Storage Period:</b>	11/01/2024 - 11/30/2024
<b>Service Period:</b>	09/25/2024 - 10/22/2024

PROVIDENCE MEDICAL INSTITUTE 0110  
MARIA E. TAYLOR  
PO BOX 389 673  
SEATTLE, WA 98138

**Customer ID/Name:** C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Division	Division Name	Department	Department Name	Amount
			MASTER DEPARTMENT	671.92
		A094	094	134.91
		ACT	ACT	10.00
		BIL	BIL	2,191.09
		C/N	C/N	5.00
		DEL	DEL	109.94
		ECH	ECH	14.99
		FIN	FIN	12.49
		KUW	KUW	34.98
		M/R	M/R	3,422.82
		MDV	MDV	44.98
		RSH	RSH	92.45
		X/R	X/R	87.44
			<b>TOTAL</b>	<b>6,833.01</b>



2 Sun Court  
Norcross, GA 30092

# Detail Billing Transaction Report

**Customer ID/Name:** C110D/PROVIDENCE MEDICAL INSTITUTE 0110

**Department ID/Name:** /MASTER DEPARTMENT

**Storage Period:**

**Service Period:** 09/25/2024 - 10/22/2024

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
22	10/22/2024	9002	FUEL SURCHARGE - SHREDDING		1.00	EA	1		55.38
23	10/22/2024	2003	PAPER RECYCLING SURCHARGE		1.00	EA	1	70.560	70.56
44	10/22/2024	319	ADMINISTRATION FEE		1.00	EA	1	166.660	166.66
290565995	10/17/2024	2041	OFFSITE SHRED, SEC CONSOLE		4.00	EA	1	47.980	191.92
290565995	10/17/2024	2009	SHRED SURCHARGE, 8-WEEK CYCLE		1.00	EA	1	0.000	0.00
290565995	10/17/2024	2411	SHRED TRANSPORTATION		1.00	EA	1	157.400	157.40
290565995	10/17/2024	2412	SHRED TRANSPORTATION ZONE 2		1.00	EA	1	30.000	30.00

KATHY MANDAC | MARIBEL NAVARRO IS THE CONTACT FOR ORDER #290565995

**Sub Total** 671.92

**TOTAL** 671.92

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2 Sun Court  
Norcross, GA 30092

## Detail Billing Transaction Report

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Department ID/Name: A094/094

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	64.80	CF	1	2.082	134.91
Sub Total									134.91
TOTAL									134.91

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Norcross, GA 30092

## Detail Billing Transaction Report

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Department ID/Name: ACT/ACT

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	4.80	CF	1	2.082	10.00
Sub Total									10.00
TOTAL									10.00

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## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: BIL/BIL

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	1052.40	CF	1	2.082	2,191.09
Sub Total									2,191.09
TOTAL									2,191.09

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Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: C/N/C/N

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	2.40	CF	1	2.082	5.00
Sub Total									5.00
TOTAL									5.00

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Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Department ID/Name: DEL/DEL

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	52.80	CF	1	2.082	109.94
Sub Total									109.94
TOTAL									109.94

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Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: ECH/ECH

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	7.20	CF	1	2.082	14.99
Sub Total									14.99
TOTAL									14.99

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## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: FIN/FIN

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	6.00	CF	1	2.082	12.49
Sub Total									12.49
TOTAL									12.49

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## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: KUW/KUW

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	16.80	CF	1	2.082	34.98
Sub Total									34.98
TOTAL									34.98

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Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: M/R/M/R

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	1644.00	CF	1	2.082	3,422.82
Sub Total									3,422.82
TOTAL									3,422.82

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Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: MDV/MDV

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	21.60	CF	1	2.082	44.98
Sub Total									44.98
TOTAL									44.98

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Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Department ID/Name: RSH/RSH

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	44.40	CF	1	2.082	92.45
Sub Total									92.45
TOTAL									92.45

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2 Sun Court  
Norcross, GA 30092

## Detail Billing Transaction Report

Customer ID/Name: C110D/PROVIDENCE MEDICAL INSTITUTE 0110

Storage Period:	11/01/2024 - 11/30/2024
Service Period:	09/25/2024 - 10/22/2024

Department ID/Name: X/R/X/R

Order Number	Order Date	Bill Code	Description	Storage Date	Qty	UOM	MOS	Rate	Amount
66	10/22/2024	890	STORAGE,REGULAR	11/01/2024	42.00	CF	1	2.082	87.44
Sub Total									87.44
TOTAL									87.44

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## Purchase Order: P0100000006091

**Ship To:** PE - PMI-PMA  
5215 TORRANCE BLVD STE 120  
DROP  
TORRANCE CA 90503

<b>Order Date</b>	10/31/2024
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**Confirm To:** ProvPOConfirmation@provsjh.org  
Phone: (949) 381-4500

**Bill To:** Providence@ghxinvoicing.com

Providence St. Joseph  
PO BOX 31263  
Salt Lake City, UT 84131  
United States

**Supplier:** IRON MOUNTAIN RECORDS MGMT  
19826 RUSSELL RD  
KENT WA 98032

Ship-To Account	Payment Terms	FOB	Freight Code	Shipping Method
	Net 30	DESTINATION	FedEx	Ground-Truckload-Ground

Line	PROV Item #	Item Description	Supplier Item #	MFG Item #	Qty	UOM	Price	Line Total
1	Invoice# JXGG138	Iron Mountain Invoice# JXGG138 10/31/24	Invoice# JXGG138				6,833.01	\$ 6,833.01
<b>Line Comments:</b>		Iron Mountain Invoice# JXGG138 10/31/24						

**Purchase Order Sub Total:** \$6,833.01 (USD)

**Tax Total:** \$0.00 (USD)

**Purchase Order Total:** \$6,833.01 (USD)

Providence Health assumes no liability for material delivered without a PO#. Confirmation of Order, Pricing, & Availability are to be sent to the appropriate confirmation e-mail box. Items received w/out a PO# may be returned at vendor's expense. Items must be shipped to Shipping/Receiving at address on PO & include packing slip. All hazardous items must be shipped with a SDSs (Safety Data Sheets). Invoices must be sent via EDI OR to email address on PO, include PO#. Missing information can result in invoice rejection or delayed payment. If applicable, subject to the requirements set forth in EO 11246, EO 13496, Rehab Act of 1973, and VEVRAA and are incorporated by reference. If shipping charges CONTRACTUALLY apply, ship 3rd party via FedEx account 919930799 FOB Destination. If combined shipping weight exceeds 150 lbs call 888-457-5851 for carrier instructions prior to shipping. Insert our PO# in recipient 2nd address field. Taxes displayed on the Purchase Order are an estimate and the actual tax determination will be based on the Invoice submitted.

Vendor represents and warrants that neither it, nor any of its employees or other contracted staff (collectively referred to in this Section as "employees") has been or is about to be excluded from participation in any Federal Health Care Program (including, but not limited to, Medicare or any State Medicaid Program). Vendor agrees to notify Providence within five (5) business days of Vendor's receipt of notice of intent to exclude or actual notice of exclusion from any such program. The listing of Vendor or any of its employees on the Office of Inspector General's exclusion list (OIG website), the General Services Administration's Lists of Parties Excluded from Federal Procurement and Non procurement Programs (GSA website) for excluded individuals or entities, any state Medicaid exclusion list, or the Office of Foreign Assets Control's (OFAC's) blocked list shall constitute "exclusion" for purposes of this Section. If Vendor is excluded from any Federal Health Care Program and fails to notify Providence within five (5) business days of receipt of notice of exclusion of Vendor, Vendor agrees to indemnify

**Purchase Order: P0100000006091**

Providence for any sanctions, penalties, or fines incurred under the federal Civil Monetary Penalty Law (Section 1128A of the Social Security Act), the Health Insurance Portability and Accountability Act of 1996 and/or the Balanced Budget Act of 1997.

To the extent that Section 952 of the Omnibus Reconciliation Act of 1980 and the regulations promulgated there under ("Section 952") are applicable to this Agreement, Vendor and the organizations related to it, if any, performing any of the duties pursuant to this Agreement valued at Ten Thousand Dollars (\$10,000) or more in any twelve (12)-month period shall, until four (4) years after the furnishing of Equipment pursuant to this Agreement, comply with requests by the Comptroller General, the Secretary of the Department of Health and Human Services, and their duly authorized representatives for access (in accordance with Section 952) to any contract between Vendor and Ministry for Equipment to any contract between Vendor and such related organizations, as well as the books, documents and records of Vendor and its related organizations, if any, which are necessary to verify the cost of the Equipment provided.

Best Regards,  
**Christine B. Cruz**  
Practice Manager  
Providence Medical Institute | Torrance Cardiology & Vascular  
5215 Torrance Blvd. Suite 120 Torrance, CA 90503  
Phone: 310-370-3568  
Fax: 310-540-0676

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**From:** noreply@ghx.com  
**Sent:** Thursday, December 05, 2024 11:48 PM  
**To:** GHXODAP ProvidenceStJos  
**Subject:** Iron Mountain Invoice JXGG138 10/31/24 - Providence St. Joseph Health System  
**Attachments:** f1b7966e83964e449e72874c768efc59-105184434-1730406450671.pdf

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