



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

Jared M. Smith  
Broward Health Coral Springs  
3000 Coral Hills Dr.  
Coral Springs, FL 33065

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 012040500**

Dear Mr. Smith:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$133,988 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **012040500**

Facility Name (current) : **Broward Health Coral Springs**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$133,988
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$133,988</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$33,497
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$33,497</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

Randy Gross  
Broward Health Imperial Point  
6401 N Federal Hwy  
Fort Lauderdale, FL 33308

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010821900**

Dear Mr. Gross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$255,630 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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Medicaid Program Finance

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010821900**

Facility Name (current) : **Broward Health Imperial Point**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$255,630
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$255,630</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$63,908
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$63,907</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
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SECRETARY

March 20, 2020

Jonathan R. Turton  
Broward Health Medical Center  
1600 S Andrews Ave  
Fort Lauderdale, FL 33316

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010012900**

Dear Mr. Turton:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,934,058 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010012900**

Facility Name (current) : **Broward Health Medical Center**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,934,058
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$1,934,058</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$483,515
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$483,514</b>

[1] This payment may be made by check or transferred electronically.



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March 20, 2020

Alice Taylor  
Broward Health North  
201 E Sample Rd.  
Pompano Beach, FL 33064

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010021800**

Dear Ms. Taylor:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$217,047 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010021800**

Facility Name (current) : **Broward Health North**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$217,047
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$217,047</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$54,262
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$54,262</b>

[1] This payment may be made by check or transferred electronically.





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March 20, 2020

Carlos A. Migoya  
Jackson Memorial Hospital  
1611 NW 12th Ave  
Miami, FL 33136

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010042100**

Dear Mr. Migoya:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$2,169,624 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Medicaid Program Finance

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State of Florida  
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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010042100**

Facility Name (current) : **Jackson Memorial Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$2,169,624
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$2,169,624</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$542,406
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$542,406</b>

[1] This payment may be made by check or transferred electronically.



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March 20, 2020

Grisel Fernandez-Bravo  
Memorial Hospital Miramar  
1901 SW 172nd Ave  
Miramar, FL 33029

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010345400**

Dear Ms. Fernandez-Bravo:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$43,634 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010345400**

Facility Name (current) : **Memorial Hospital Miramar**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$43,634
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$43,634</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$10,909
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$10,908</b>

[1] This payment may be made by check or transferred electronically.



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SECRETARY

March 20, 2020

Mark E. Doyle  
Memorial Hospital Pembroke  
7800 Sheridan St.  
Pembroke Pines, FL 33024

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010222900**

Dear Mr. Doyle:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$87,268 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010222900**

Facility Name (current) : **Memorial Hospital Pembroke**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$87,268
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$87,268</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$21,817
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$21,817</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

March 20, 2020

Leah Carpenter  
Memorial Hospital West  
703 N Flamingo Rd.  
Pembroke Pines, FL 33028

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010252100**

Dear Ms. Carpenter:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$201,192 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010252100**

Facility Name (current) : **Memorial Hospital West**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$201,192
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$201,192</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$50,298
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$50,298</b>

[1] This payment may be made by check or transferred electronically.





RON DESANTIS  
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MARY C. MAYHEW  
SECRETARY

March 20, 2020

Zeff Ross  
Memorial Regional Hospital  
3501 Johnson St.  
Hollywood, FL 33021

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010020000**

Dear Mr. Ross:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,358,119 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,  
Medicaid Program Finance

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010020000**

Facility Name (current) : **Memorial Regional Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,358,119
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$1,358,119</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$339,530
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$339,530</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

Leon L. Haley Jr., MD  
UF Health Jacksonville  
655 W 8th St.  
Jacksonville, FL 32209

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010067600**

Dear Dr. Haley:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$1,855,769 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Medicaid Program Finance

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010067600**

Facility Name (current) : **UF Health Jacksonville**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$1,855,769
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$1,855,769</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$463,942
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$463,943</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

Edward Jimenez  
UF Health Shands Hospital  
1600 SW Archer Rd.  
Gainesville, FL 32608

**RE: State Fiscal Year 2019-2020  
Second Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number: 010003000**

Dear Mr. Jimenez:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 50% of your annual appropriation of \$221,817 for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

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Medicaid Program Finance

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Medicaid Program Finance

Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Second Payment

Medicaid Number : **010003000**

Facility Name (current) : **UF Health Shands Hospital**

Annual Provider Service Network Payment Distribution to your facility	(A)	\$221,817
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	<b>\$221,817</b>
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	\$55,454
<b>Second Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	<b>\$55,455</b>

[1] This payment may be made by check or transferred electronically.



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

March 20, 2020

**RE: State Fiscal Year 2019-2020  
Scheduled Provider Service Network Disproportionate Share Payment  
Medicaid Number:**

Dear :

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019-2020. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent % of your annual appropriation of for state fiscal year 2019-2020. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

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Provider Service Network Disproportionate Share Payment

State Fiscal Year 2019-2020 Payment

Medicaid Number :

Facility Name (current) :

Annual Provider Service Network Payment Distribution to your facility	(A)	
Amount being withheld from distribution in anticipation of funding reductions	(B)	
<b>Total of your facility's annual Provider Service Network payments</b>	<b>(A – B) = (C)</b>	
Total of your Provider Service Network payments previously paid in this fiscal year	(D)	
<b>Scheduled Provider Service Network payment [1]</b>	<b>(C x 0.50) – (D) = (E)</b>	

[1] This payment may be made by check or transferred electronically.