

SHIP TO: **TEST ACCT TEST ACCT ADDRESS** CITY, STATE ZIP

BILL TO: TEST ACCT TEST ACCT ADDRESS CITY, STATE ZIP

INVOICE						
INVOICE NUMBER:	28950643					
INVOICE DATE:	08/06/2013					
CUSTOMER NUMBER:	1DEMO					
P.O. NUMBER:	TEST					

RGH Enterprises dba Independence Medical reminds Customer to refer to its state Medicaid rules for reporting any discounts on billing and that Social Security Act 112B(b) requires information concerning discounts and rebates to be properly disclosed and appropriately reflected in the costs claimed or charges made under Medicare and state health care programs.

Page#: 1 of 1

SALES ORDER #: 1006373150 TERMS: 30 NET **CURRENCY: USD** TRACKING #: SHIP VIA: UPS-Ground-Residential **SHIP DATE:** 8/6/2013

TRACKING #:		SHIP VIA: UPS-Ground-Residential				s	HIP DATE: 8/	WHSE: OH1	
ITEM #	MFTR NAME	QTY SHIPPED	QTY B/O	UOM	UNIT PRICE	EXTENDED PRICE	TAXABLE	HCPCS	UPN
51183910	CONVATEC	1	0	ТВ	\$xx.xx	\$xx.xx	Y	A4406	
DESCRIPTION: STOMAHESIVE PASTE 2 OZ. TUBE						SOLD BY: TB of 2 OZ			
503806	HOLLISTER INC	1	0	ВХ	\$xx.xx	\$xx.xx	Υ	A5063	10610075038067
DESCRIPTION: CENTERPOINTLOCK 2-PIECE DRAINABLE POUCH 4", TRANSPARENT					SOLD BY: BX of 10 EA				
883344	THREE M	1	0	BX	\$xx.xx	\$xx.xx	Υ	A5120	50707387509755
DESCRIPTION: 3M CAVILON NO STING BARRIER FILM WIPES						SOLD BY: B			
FREIGHT						\$xx.xx	N		
DESCRIPTION: FRE	IGHT CHARGES								
FREIGHT						\$x.xx	N		
DESCRIPTION: FUE	LSURCHARGE								

INVOICE SUMMARY

ITEM SUBTOTAL: \$xx.xx

> **SALES TAX:** \$x.xx

SHIPPING & HANDLING: \$xx.xx

> **TOTAL DUE:** \$xx.xx

PLEASE DISREGARD IF ALREADY PAID

PLEASE REMIT BOTTOM PORTION WITH PAYMENT

BILL TO: CUSTOMER #: 1DEMO

TEST ACCT

TEST ACCT ADDRESS CITY, STATE ZIP

REMIT TO: INDEPENDENCE MEDICAL

PO BOX 635864

CINCINNATI OH 45263-5864

INVOICE # INVOICE DATE:

28950643 8/6/2013 **SALES ORDER #:** 1006373150

DUE DATE: 9/5/2013 **AMOUNT DUE:** \$xx.xx

CONTACT: (330) 963-7208

> **AMOUNT** ENCLOSED: -