

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1083605  
Vendor Name: Cardinal Health  
Invoice Number: 8003026367  
Invoice Date: 11/20/2022  
PO Number: B0000798  
Check Number: 0307120  
Check Amount: \$ 496.18  
Check Date: 01/18/2023  
Voucher Number: V0767089  
Document Type: AP Invoice

Document Below



CardinalHealth

INVOICE 8003026367

REMIT TO

Cardinal Health 414, LLC  
Nuclear Pharmacy Services  
P.O.BOX 70609  
Chicago, IL 60673-0609



Page 1 of 3

PAYER

Payer # 4000017245  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

SHIP TO

Ship-to # 2100006662  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL  
60137-6708

BILL TO

Bill-to # 3000051356  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

SHIP-TO #	SHIP-TO NAME	PO #	INVOICE DATE	DUE DATE
2100006662	COLLEGE OF DUPAGE	000798	11/20/2022-11/30/2022	12/30/2022

Please DO NOT change your payment 'remit to' address without prior written notification from Cardinal Health. For assistance, please contact Cardinal Health's Central Billing department at: 1-866-219-4427 or email Nuclear-Invoicing-Inquiries@cardinalhealth.com

QTY	DESCRIPTION	PRODUCT #	USAGE	UNIT PRICE	AMOUNT
1.00 dos	Tc-99m NaTcO4 UD mCi	102984	137	190.56	190.56
1.00 ea	Weekday Delivery 1	199001		301.62	301.62
	Fuel Surcharge	199001		0.00	4.00
Sub Total					496.18
Tax					0.00
INVOICE TOTAL					
\$ 496.18 USD					

Customer payment Due Date is displayed above. A service charge of 1.5% (or the maximum rate permitted by law, if less) applies on any amount not paid when due. If this invoice reflects any discounted prices, credits or rebates or if price reductions are subsequently earned and paid with respect to the products or services described herein, then federal law may require disclosure of the price reduction on your claim or cost reports to Medicare or Medicaid Reimbursement under 42 U.S.C. 1320(a)-7b(b)(3)(A).

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641585.1-641.2



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**INVOICE 8003026367**  
Itemized Billing List for period ending 11/30/2022



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Ship To #: 2100006662  
Ship To Name: COLLEGE OF DUPAGE

PO # 798

Rx #	Date	Description	Product #	Usage	Qty	Acty	Price	Tax	Patient Name
624300	11/22/22	Tc-99m NaTcO4 UD mCi	102984	137-Point Source mCi	10.00	mCi	190.56		QC - NOT FOR H

Sales Total for PO # 798

\$ 190.56

Total Sales \$ 190.56 USD

MN Care Tax \$ 0.00 USD

Total Tax \$ 0.00 USD

Invoice Period Total \$ 190.56 USD

All information included in this invoice is Confidential and may include Protected Health Information ("PHI"). The recipient is responsible for protecting all PHI as required under applicable federal and state privacy and security laws, including the Health Insurance Portability and Accountability Act ("HIPAA") and HITECH Act.

641585.1-641.3



CardinalHealth

# INVOICE 8003026367

Delivery Charges for period ending 11/30/2022



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Ship To #: 2100006662

Ship To Name: COLLEGE OF DUPAGE

Customer: COLLEGE OF DUPAGE

Delivery Date / Time	Charge	Tax	Description
11/22/2022 08:20:29 CT	301.62	0.00	Weekday Delivery 1
11/22/2022 08:20:29 CT	4.00	0.00	Fuel Surcharge

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**"Barrios, Isabel"** <barriosi142@cod.edu>

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**Attached Image**

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**"Barrios, Isabel"** <barriosi142@cod.edu>

Mon, Dec 12, 2022 at 07:31 PM UTC

CC:

BCC:

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**1 attachment**

2281\_001.pdf