

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083605
Vendor Name: Cardinal Health
Invoice Number: 8002858985
Invoice Date: 5/21/2022
PO Number: B0000204
Check Number: 0299971
Check Amount: \$ 436.62
Check Date: 06/21/2022
Voucher Number: V0740889
Document Type: AP Invoice

Document Below



CardinalHealth

INVOICE 8002858985

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	000204	05/15/2022-05/21/2022	06/25/2022

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
50.00 mCi	Tc-99m NaTcO4 MD	102983	143	2.62	131.00
1.00 ea	Weekday Delivery 1	199001		301.62	301.62
	Fuel Surcharge	199001		0.00	4.00
Sub Total					436.62
Tax					0.00
INVOICE TOTAL					
\$ 436.62 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)-7(b)(3)(A).

Confidential

382515.1-101.2



INVOICE 8002858985
Itemized Billing List for period ending 05/21/2022



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Ship To #: 2100006862
Ship To Name: COLLEGE OF DUPAGE

PO # 204

Rx #	Date	Description	Product #	Usage	Qty	Acty	Price	Tax	Patient Name
517894	05/17/22	Tc-99m NaTcO4 MD	102983	143-Linearity Testing (m	50.00	mCi	131.00		linearity; not

Sales Total for PO # 204

\$ 131.00

Total Sales \$ 131.00 USD
MN Care Tax \$ 0.00 USD
Total Tax \$ 0.00 USD
Invoice Period Total \$ 131.00 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.

382515.1-101.3



CardinalHealth

INVOICE 8002858985

Delivery Charges for period ending 05/21/2022



Page 3 of 3

Ship To #: 2100006662

Ship To Name: COLLEGE OF DUPAGE

Customer: COLLEGE OF DUPAGE

Delivery Date / Time	Charge	Tax	Description
05/17/2022 09:10:17 CT	301.62	0.00	Weekday Delivery 1
05/17/2022 09:10:17 CT	4.00	0.00	Fuel Surcharge

Confidential

382515.1-101.4*

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

Attached Image

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

Thu, Jun 2, 2022 at 06:12 PM GMT

CC:

BCC:

1 attachment

4849_001.pdf