




HOME MEDICAL SUPPLIES
 PO Box 33842
 North Royalton, OH 44133
 1-888-555-1212

1 Account Number	2 Patient Name	3 Invoice Date	Page
0000038400	DOE, JOHN A	1/9/2008	1 of 1
4 Due Date	5 Invoice	6 Order	7 Total Amount Due
01/30/2008	120909	30149	\$40.11

9 IF PAYING BY CREDIT CARD, FILL OUT THE FORM BELOW

CARD TYPE	<input type="checkbox"/> VISA <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	CW2
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	

INVOICE

|||
 AUTOSCH 3-DIGIT 280 1 - 115 3
 JOHN A DOE
 123 MAIN AVE.
 AKRON OH 44141-5521

PLEASE REMIT TO
 HOME MEDICAL SUPPLIES
 123 MAIN ST.
 AKRON, OH 44141

PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN THE BOTTOM PORTION FOR YOUR RECORDS.

10 Account Number	11 Patient Name	12 Invoice Date	Page
00000000038400	DOE, JOHN A	1/9/2008	1 of 1

QTY	DATE	DESCRIPTION	CHARGES	PAYMENTS
1	10/8/2006	E0114	\$50.14	
	10/08/2006	BO CRUTCHES, ALUMINUM Write-Off Allowable		\$10.03

13 Total Charges	\$50.14	14 Total Payments	\$10.03	15 Total Amount Due Upon Receipt	\$40.11
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FOR BILLING INQUIRIES OR QUESTIONS PLEASE CALL 1-888-555-1212

HOME MEDICAL SUPPLIES • 123 MAIN ST. • AKRON, OH 44141