47

State of New Hampshire
Department of Health and Human Services

NEW HAMPSHIRE HOSPITAL

Nicholas A. Toumpas
Commissioner

Robert J. MacLeod
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964

April 1, 2013

SOLE SOURCE
RETRO

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make a **sole source** and **retroactive** payment of $19,391.05 and authorize future payments in an amount not to exceed $33,000 for a total of $52,391.05 to KCI USA, PO Box 203086, Houston, TX 77216-3086, vendor number 175999, for equipment rental and supplies required to continue treatment of a patient's serious wound, effective December 19, 2012 through June 30, 2013. Funds are available in the following account for State Fiscal Year 2013:

05-95-94-940010-8410 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, FACILITY/PATIENT CARE

32% FED 68% GEN

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	020-500200	Supplies (Consumable)	94057300	$7,364.35
SFY 2013	020-500257	Rent/Lease Non Office Equipment	94057300	$12,026.70
SFY 2013	020-500200/500257	Supplies/Rent Lease Non Office Equipment	94057300	$33,000.00
		Total		**$52,391.05**

EXPLANATION

This request is sole source because KCI USA is the only company that can provide the equipment and supplies required to treat wounds of this nature. This request is retroactive because the New Hampshire Hospital needed to have the equipment and supplies on hand immediately after admission of the patient and on a continued basis for treatment of the patient. Due to the condition of the patient, anticipated discharge is undetermined. Additional expenses are expected to incur until the patient can be discharged.

Two requests similar to this one for treatment of the same patient were approved by Governor and Council. The first request was approved on November 14, 2012, item number 57. A copy of the approved request is attached. That item approved payment of invoices received through October 6 in the amount of $7,526.54 for equipment rental and supplies required to treat a patient's serious wound. The second request was approved on February 6, 2013, item number 44. A copy of the approved request is attached. That item approved payment of invoices received through December 4 in the amount of $11,853.46 for equipment rental and supplies required to continue treatment of the patient's serious wound. Since approval of the prior Governor and Council request the Hospital has received eleven invoices from the vendor for equipment rental and supplies.

The patient is still under the care of the Hospital and is expected to require care for about four months. It is estimated that future invoices could amount to as much as $33,000.

The purpose of this request is two-fold. First, we request to pay KCI USA for the rental of equipment and the purchase of supplies to treat the serious wound of a current patient. KCI USA has invoiced the Hospital $19,391.05, invoice numbers:

Invoice #	Invoice Date	Amount
23855656	December 19, 2012	1,718.10
23880732	January 3, 2013	1,718.10
23884603	December 21, 2012	1,230.35
23910003	January 18, 2013	1,718.10
23917928	January 9, 2013	1,230.35
23935673	February 2, 2013	1,718.10
23946065	January 25, 2013	207.10
23964523	February 1, 2013	409.20
23966906	February 17, 2013	1,718.10
23985170	February 14, 2013	4,287.35
23990385	March 4, 2013	1,718.10
24024087	March 19, 2013	1,718.10

The invoices are attached. Second, we request authorization to pay future invoices to KCI USA for the rental of equipment and the purchase of supplies to continue to treat this same patient's wound in an amount not to exceed $33,000.

Area served: statewide.

Source of funds: 68% general funds and 32% federal funds.

In the event that federal or other funds become no longer available, general funds will not be requested to support this contract.

Respectfully submitted,

Robert J. MacLeod, DHA, FACHE
Chief Executive Officer

Nancy L. Rollins
Associate Commissioner

Approved by:
Nicholas A. Toumpas
Commissioner

Nicholas A. Toumpas
Commissioner

Robert J. MacLeod
Chief Executive Officer

State of New Hampshire
Department of Health and Human Services

NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964

SENT TO Teri ON 10/2
@ 8:00 Got back ON 10/3
SENT TO Bob B ON 10/31 @ 2:

October 18, 2012

Approved by G & C
Date 11-14-12
Item# 57
Initial KD-KRO

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make a **sole source** and **retroactive** payment of $7,526.54 to KCI USA, PO Box 203086, Houston, TX 77216-3086, vendor number 175999, for equipment rental and supplies required to treat a patient's serious wound, effective September 11, 2012 through June 30, 2013. Funds are available in the following account for State Fiscal Year 2013:

05-95-94-940010-8410 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, FACILITY/PATIENT CARE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	020-500200	Supplies (Consumable)	94057300	$4,090.34
SFY 2013	020-500257	Rent/Lease Non Office Equipment	94057300	$3,436.20
		Total		**$7,526.54**

EXPLANATION

This request is sole source because KCI USA is the only company that can provide the equipment and upplies required to treat wounds of this nature. This request is retroactive because the Hospital needed to have ıe equipment and supplies on hand immediately after admission of the patient. Due to the condition of the atient, anticipated discharge is undetermined. Additional expenses are expected to incur until the patient can be ischarged.

The purpose of this request is to pay KCI USA for the rental of equipment and the purchase of supplies to eat the serious wound of a current patient. KCI USA has invoiced the Hospital $7,526.54, invoice numbers:

Invoice #	Invoice Date	Amount
13638072	September 11, 2012	530.64
13627814	September 20, 2012	1,718.10
13663565	September 21, 2012	530.64
13634853	September 21, 2012	820.50
13674329	September 25, 2012	704.71
13699618	October 1, 2012	1,230.35
13663042	October 5, 2012	1,718.10
13666131	October 6, 2012	273.50

The invoices are attached.

Area served: statewide.

Source of funds: 68% general funds and 32% federal funds.

In the event that federal or other funds become no longer available, general funds will not be requested to support this contract.

Respectfully submitted,

Robert J. MacLeod, DHA, FACHE
Chief Executive Officer

Nancy L. Rollins
Associate Commissioner

Approved by:
Nicholas A. Toumpas
Commissioner

Sent to Bob B on 1/4/

State of New Hampshire
Department of Health and Human Services

NEW HAMPSHIRE HOSPITAL

Nicholas A. Toumpas
Commissioner

Robert J. MacLeod
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964

December 21, 2012

Approved by G & C
Date 2-6-13
Item# 44
Initial KS-KO

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make a **sole source** and **retroactive** payment of $11,853.46 to KCI USA, PO Box 203086, Houston, TX 77216-3086, vendor number 175999, for equipment rental and supplies required to continue treatment of a patient's serious wound, effective October 6, 2012 through June 30, 2013. Funds are available in the following account for State Fiscal Year 2013:

05-95-94-940010-8410 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, FACILITY/PATIENT CARE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	020-500200	Supplies (Consumable)	94057300	$4,981.06
SFY 2013	020-500257	Rent/Lease Non Office Equipment	94057300	$6,872.40
		Total		**$11,853.46**

EXPLANATION

This request is sole source because KCI USA is the only company that can provide the equipment and supplies required to treat wounds of this nature. This request is retroactive because the New Hampshire Hospital needed to have the equipment and supplies on hand immediately after admission of the patient and on a continued basis for treatment of the patient. Due to the condition of the patient, anticipated discharge is undetermined. Additional expenses are expected to incur until the patient can be discharged.

A request similar to this one for treatment of the same patient was approved by Governor and Council on November 14, 2012, item number 57. A copy of the approved request is attached. That item approved payment of invoices received through November 14 an amount of $7,526.54 for equipment rental and supplies required to continue treatment of a patient's serious wound. The patient is still under the care of the Hospital. Since approval of the prior Governor and Council request the Hospital has received nine invoices from the vendor for equipment rental and supplies.

The purpose of this request is to pay KCI USA for the rental of equipment and the purchase of supplies to treat the serious wound of a current patient. KCI USA has invoiced the Hospital $11,853.46, invoice numbers:.

Invoice #	Invoice Date	Amount
13713566	October 20, 2012	1,718.10
13756931	October 23, 2012	708.71
13769884	October 29, 2012	521.64
13772970	October 30, 2012	588.30
13774049	October 31, 2012	704.71
13749673	November 4, 2012	1,718.10
13795247	November 19, 2012	1,718.10
23832680	November 26, 2012	2,457.70
23824249	December 4, 2012	1,718.10

The invoices are attached.

Area served: statewide.

Source of funds: 68% general funds and 32% federal funds.

In the event that federal or other funds become no longer available, general funds will not be requested to support this contract.

Respectfully submitted,

Robert J. MacLeod, DHA, FACHE
Chief Executive Officer

Nancy L. Rollins
Associate Commissioner

Approved by:
Nicholas A. Toumpas
Commissioner

KCI
The Clinical Advantage®

Phone: 1-800-275-4524
Fax: 210-406-4703
TAX ID: 74-2152396
www.kci1.com

BILL TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

SHIP TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 23855656
INVOICE DATE : 19-DEC-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	18-JAN-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	12/05/12-12/19/12	P	15	DAY	114.54	1,718.10

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	**1,718.10**

Please submit invoice disputes within 30 days.

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL PAST DUE INVOICES. CUSTOMER AGREES TO PAY ANY AND ALL AMOUNTS INCURRED IN THE COLLECTION OF AMOUNTS DUE, INCLUDING BUT NOT LIMITED TO, COLLECTION COSTS, COURT COSTS AND REASONABLE ATTORNEY'S FEES.

333455 000061 61 1 1 0 4040 1 1 1 1 0

KCI
The Clinical Advantage™
PO BOX 659508
SAN ANTONIO TX 78265-9508

ADDRESS SERVICE REQUESTED

000061

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36 CLINTON ST
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Please order V.A.C.® Therapy System supplies with sufficient lead-time to allow for delivery from a centralized location to help minimize your shipping costs and delivery fees.

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36 CLINTON STREET
CONCORD NH 03301

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36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 23880732
INVOICE DATE : 03-JAN-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	02-FEB-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	12/20/12-01/03/13	P	15	DAY	114.54	1,718.10

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	1,718.10

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335620 000037 37 1 1 0 4040 1 1 1 1 0

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Fax: 210-406-4703
TAX ID: 74-2152396
www.kci1.com

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36 CLINTON STREET
CONCORD NH 03301

SHIP TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 23884603
INVOICE DATE : 21-DEC-12
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	20-JAN-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320058/10.S (OSP) 10 PACK, FREEDOM CANISTER WITH GEL		G18518060	STOCK, STOCK	12/21/12		1	C10	521.64	521.64
M8275052/10.S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18518060	STOCK, STOCK	12/21/12		1	C10	695.71	695.71

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DEC 27 2012
BUSINESS OFFICE
NH HOSPITAL

P/O # 1025231
Job #
Class
Approval Signature Cal Magoon
Return to Business Office

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,217.35
TAX	0.00
FREIGHT	13.00
TOTAL	**1,230.35**

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL PAST DUE INVOICES. CUSTOMER AGREES TO PAY ANY AND ALL AMOUNTS INCURRED IN THE COLLECTION OF AMOUNTS DUE, INCLUDING BUT NOT LIMITED TO, COLLECTION COSTS, COURT COSTS AND REASONABLE ATTORNEY'S FEES.

Please submit invoice disputes within 30 days.

333937 000026 26 1 1 0 4040 1 1 1 1 0

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36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 23910003
INVOICE DATE : 18-JAN-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	17-FEB-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	01/04/13-01/18/13	P	15	DAY	114.54	1,718.10

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	**1,718.10**

Please submit invoice disputes within 30 days.

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PO BOX 659508
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Call 1-800-275-4524 and ask to speak to a KCI Express® representative.

Please include remittance information with your payment to facilitate prompt application of your payment.

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JAN 25 2013
BUSINESS OFFICE
NH HOSPITAL

Please order V.A.C.® Therapy System supplies with sufficient lead-time to allow for delivery from a centralized location to help minimize your shipping costs and delivery fees.

For your convenience, we accept the American Express® Card and other major credit cards.

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BUSINESS OFFICE
NH HOSPITAL

BILL TO:
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36 CLINTON STREET
CONCORD NH 03301

SHIP TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

INVOICE # : 23917928
INVOICE DATE : 09-JAN-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	08-FEB-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320058/10.S (OSP) 10 PACK, FREEDOM CANISTER WITH GEL		G18195302	[redacted]	01/09/13		1	C10	521.64	521.64
M8275052/10.S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18195302	[redacted]	01/09/13		1	C10	695.71	695.71

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FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788

Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,217.35
TAX	0.00
FREIGHT	13.00
TOTAL	**1,230.35**

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL PAST DUE INVOICES. CUSTOMER AGREES TO PAY ANY AND ALL AMOUNTS INCURRED IN THE COLLECTION OF AMOUNTS DUE, INCLUDING BUT NOT LIMITED TO, COLLECTION COSTS, COURT COSTS AND REASONABLE ATTORNEY'S FEES.

Please submit invoice disputes within 30 days.

336618 000025 25 1 1 0 4040 1 1 1 1 0

KCI
The Clinical Advantage
PO BOX 659508
SAN ANTONIO TX 78265-9508

ADDRESS SERVICE REQUESTED

000025

***AUTO**MIXED AADC 280 25 T2:2 25 1 MB 0.404
ATTN: ACCOUNTS PAYABLE
NEW HAMPSHIRE HOSPITAL
36 CLINTON ST
CONCORD NH 03301-2359

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Please order V.A.C.® Therapy System supplies with sufficient lead-time to allow for delivery from a centralized location to help minimize your shipping costs and delivery fees.

For your convenience, we accept the American Express® Card and other major credit cards.

To pay by credit card, please call your contact listed on the front of this invoice.

KCI
The Clinical Advantage

Phone: 1-800-275-4524
Fax: 210-406-4703
TAX ID: 74-2152396
www.kci1.com

RECEIVED
FEB 08 2013
BUSINESS OFFICE
NH HOSPITAL

BILL TO:
NEW HAMPSHIRE HOSPITAL
36 CLINTON STREET
CONCORD NH 03301

SHIP TO:
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36 CLINTON STREET
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INVOICE # : 23935673
INVOICE DATE : 02-FEB-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	04-MAR-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	01/19/13-02/02/13	P	15	DAY	114.54	1,718.10

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	**1,718.10**

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL PAST DUE INVOICES. CUSTOMER AGREES TO PAY ANY AND ALL AMOUNTS INCURRED IN THE COLLECTION OF AMOUNTS DUE, INCLUDING BUT NOT LIMITED TO, COLLECTION COSTS, COURT COSTS AND REASONABLE ATTORNEY'S FEES.

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340770 000007 7 1 1 0 4800 1 1 1 1 0

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CONCORD NH 03301

INVOICE # : 23946065
INVOICE DATE : 25-JAN-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	24-FEB-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
M6275034/10.S (OSP) 10 PACK, V.A.C. WHITEFOAM LARGE		G18195302	[redacted]	01/25/13		1	C10	198.10	198.10

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	198.10
TAX	0.00
FREIGHT	9.00
TOTAL	**207.10**

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INVOICE # : 23964523
INVOICE DATE : 01-FEB-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	03-MAR-13	CAL MAGOON/ (603) 271--577

* P indicates Partial Bill, D Indicates Discharge Bill

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
M6275034/10.S (OSP) 10 PACK, V.A.C. WHITEFOAM LARGE		G18601573	STOCK, STOCK	02/01/13		2	C10	198.10	396.20

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	396.20
TAX	0.00
FREIGHT	13.00
TOTAL	**409.20**

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INVOICE # : 23966906
INVOICE DATE : 17-FEB-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	19-MAR-13	CAL MAGOON/ (603) 271--577

* P indicates Partial Bill, D Indicates Discharge Bill

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	02/03/13-02/17/13	P	15	DAY	114.54	1,718.10

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	**1,718.10**

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INVOICE # : 23985170
INVOICE DATE : 14-FEB-13
REFERENCE :
ACCOUNT : 766727
Page 1 of 1

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	16-MAR-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320058/10.S (OSP) 10 PACK, FREEDOM CANISTER WITH GEL		G18631545	STOCK, STOCK	02/14/13		3	C10	521.64	1,564.92
M8275052/10.S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18631545	STOCK, STOCK	02/14/13		3	C10	695.71	2,087.13
M6275034/10.S (OSP) 10 PACK, V.A.C. WHITEFOAM LARGE		G18631545	STOCK, STOCK	02/14/13		3	C10	198.10	594.30

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Approval Signature Cal McJoon
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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
HOUSTON, TX 77216-3086

SUBTOTAL	4,246.35
TAX	0.00
FREIGHT	41.00
TOTAL	**4,287.35**

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343046 000028 28 1 1 0 4050 1 1 1 1 0

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INVOICE # : 23990385
INVOICE DATE : 04-MAR-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	03-APR-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	02/18/13-03/04/13	P	15	DAY	114.54	1,718.10

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Account Representative: MCDONALD, VALERIE

REMIT TO: KCI USA PO BOX 203086
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SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	**1,718.10**

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INVOICE # : 24024087
INVOICE DATE : 19-MAR-13
REFERENCE :
ACCOUNT : 766727

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
175179	30 NET	18-APR-13	CAL MAGOON/ (603) 271--577

*** P indicates Partial Bill, D Indicates Discharge Bill**

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	*	QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[redacted]	03/05/13-03/19/13	P	15	DAY	114.54	1,718.10

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Account Representative: MCDONALD, VALERIE

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SUBTOTAL	1,718.10
TAX	0.00
FREIGHT	0.00
TOTAL	**1,718.10**

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