

44



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

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 \$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:

18% GEN 32% FED

**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
		<b>Total</b>		<b>\$11,853.46</b>

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:

<u>Invoice #</u>	<u>Invoice Date</u>	<u>Amount</u>
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

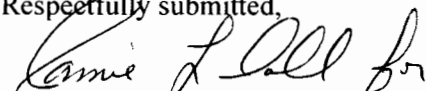
The invoices are attached.

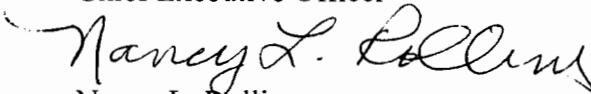
Area served: statewide.

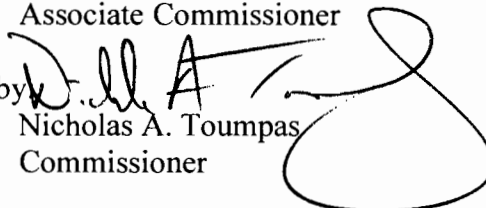
Source of funds: 68% general funds and 32% federal funds.

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





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

SENT TO  
TERI ON 10/24  
@ 8:00 Got  
back on 10/31  
Sent to Bob B  
ON 10/31 @ 2:30

October 18, 2012

Approved by J & C

Date 11-14-12

Item# 57

Initial KJ-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
		<b>Total</b>		<b>\$7,526.54</b>

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 Hospital needed to have the equipment and supplies on hand immediately after admission 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.

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 \$7,526.54, invoice numbers:

<u>Invoice #</u>	<u>Invoice Date</u>	<u>Amount</u>
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



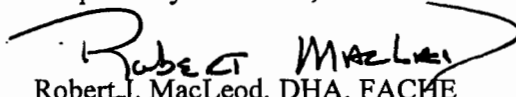
The invoices are attached.


Area served: statewide.

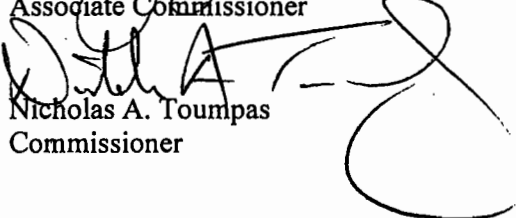
Source of funds: 68% general funds and 32% federal funds.

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







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

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

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

INVOICE # : 13713566  
 INVOICE DATE : 20-OCT-12  
 REFERENCE :  
 ACCOUNT : 766727  
 Page 1 of 1

<b>Purchase Order Number</b>	175179	<b>Terms</b>	30 NET	<b>Due Date</b>	19-NOV-12	<b>Requestor Name / Department / Phone Number</b>	CAL MAGOON/ (603) 271--577
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Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	* QTY	UOM	Unit Price	Total Price
32000.P VAC Freedom	VCEK23285	G18195302	[REDACTED]	10/06/12-10/20/12	P 15	DAY	114.54	1,718.10

\* P indicates Partial Bill, D Indicates Discharge Bill

**RECEIVED**  
 OCT 25 2012  
 BUSINESS OFFICE  
 NH HOSPITAL

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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

<b>SUBTOTAL</b>	1,718.10
<b>TAX</b>	0.00
<b>FREIGHT</b>	0.00
<b>TOTAL</b>	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.

Please submit invoice  
 disputes within 30 days.

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

ADDRESS SERVICE REQUESTED

000014



\*\*\*\*\*SINGLE-PIECE 14 T1:1 14 1 SP 0.450



ATTN: ACCOUNTS PAYABLE  
NEW HAMPSHIRE HOSPITAL  
36 CLINTON ST  
CONCORD NH 03301-2359

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

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 CONCORD NH 03301

**SHIP TO:**  
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 36 CLINTON STREET  
 CONCORD NH 03301

INVOICE # : 13756931  
 INVOICE DATE : 23-OCT-12  
 REFERENCE :  
 ACCOUNT : 766727  
 Page 1 of 1

BUSINESS OFFICE  
 NH HOSPITAL

<b>Purchase Order Number</b>	<b>Terms</b>	<b>Due Date</b>	<b>Requestor Name / Department / Phone Number</b>
1025231	30 NET	22-NOV-12	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
M8275052/10.S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18377822	STOCK, STOCK	10/23/12	1	C10	695.71	695.71

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OCT 31 2012

BUSINESS OFFICE  
 NH HOSPITAL

Job # 501  
 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

<b>SUBTOTAL</b>	695.71
<b>TAX</b>	0.00
<b>FREIGHT</b>	13.00
<b>TOTAL</b>	708.71

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL FAST 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.

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

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**OCT 29 2012**

**BUSINESS OFFICE  
NH HOSPITAL**

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CONCORD NH 03301-2359

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36 CLINTON STREET  
CONCORD NH 03301

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

INVOICE # : 13769884  
INVOICE DATE : 29-OCT-12  
REFERENCE :  
ACCOUNT : 766727  
Page 1 of 1

Purchase Order Number	Terms	Due Date	Requestor Name / Department / Phone Number
1025231	30 NET	28-NOV-12	CAL MAGOON/ (603) 271--577

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		G18377822	STOCK, STOCK	10/29/12	1	C10	521.64	521.64
<b>RECEIVED</b> <b>NOV 02 2012</b> BUSINESS OFFICE NH HOSPITAL								

\* P indicates Partial Bill, D Indicates Discharge Bill

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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

<b>SUBTOTAL</b>	521.64
<b>TAX</b>	0.00
<b>FREIGHT</b>	0.00
<b>TOTAL</b>	<b>521.64</b>

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.

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

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 CONCORD NH 03301

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

**SHIP TO:**  
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 36 CLINTON STREET  
 CONCORD NH 03301

INVOICE # : 13772970  
 INVOICE DATE : 30-OCT-12  
 REFERENCE :  
 ACCOUNT : 766727  
 Page 1 of 1

<b>Purchase Order Number</b> 1025231	<b>Terms</b> 30 NET	<b>Due Date</b> 29-NOV-12	<b>Requestor Name / Department / Phone Number</b> CAL MAGOON/ (603) 271--577
-----------------------------------------	------------------------	------------------------------	---------------------------------------------------------------------------------

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	* QTY	UOM	Unit Price	Total Price
320058/5.S (OSP) 5 PACK, FREEDOM CANISTER WITH GEL		G18195302	[REDACTED]	10/30/12	2	C05	287.65	575.30
NOV 05 2012 BUSINESS OFFICE NH HOSPITAL								

\* P indicates Partial Bill, D Indicates Discharge Bill

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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

<b>SUBTOTAL</b>	575.30
<b>TAX</b>	0.00
<b>FREIGHT</b>	13.00
<b>TOTAL</b>	<b>588.30</b>

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

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**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

NOV 05 2012  
BUSINESS OFFICE  
NH HOSPITAL

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

INVOICE # : 13774049  
INVOICE DATE : 31-OCT-12  
REFERENCE :  
ACCOUNT : 766727  
Page 1 of 1

<b>Purchase Order Number</b>	<b>Terms</b>	<b>Due Date</b>	<b>Requester Name / Department / Phone Number</b>
1025231	30 NET	30-NOV-12	CAL MAGOON/ (603) 271--577

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	* QTY	UOM	Unit Price	Total Price
M8275052/10.S (OSP) SENSATRAC MEDIUM GRANUFOAM DRESSING 10 PACK		G18399589	STOCK; STOCK	10/31/12	1	C10	695.71	695.71

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<b>FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788</b>	
Account Representative:	MCDONALD, VALERIE
REMIT TO:	KCI USA PO BOX 203086 HOUSTON, TX 77216-3086
<b>SUBTOTAL</b>	695.71
<b>TAX</b>	0.00
<b>FREIGHT</b>	9.00
<b>TOTAL</b>	704.71

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.

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

ADDRESS SERVICE REQUESTED

000104

NOV 05 2012



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NEW HAMPSHIRE HOSPITAL  
36 CLINTON ST  
CONCORD NH 03301-2359

BUSINESS OFFICE  
NH HOSPITAL

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

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**BILL TO:**  
 NEW HAMPSHIRE HOSPITAL  
 36 CLINTON STREET  
 CONCORD NH 03301  
 Phone: 1-800-275-4524  
 Fax: 210-406-4703  
**TAX ID: 74-2152396**  
 www.kci1.com

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

INVOICE # : 13749673  
 INVOICE DATE : 04-NOV-12  
 REFERENCE :  
 ACCOUNT : 766727  
 Page 1 of 1

<b>Purchase Order Number</b>	175179	<b>Terms</b>	30 NET	<b>Due Date</b>	04-DEC-12	<b>Requestor Name / Department / Phone Number</b>	CAL MAGOON/ (603) 271--577
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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]	10/21/12-11/04/12	P 15	DAY	114.54	1,718.10

\* P indicates Partial Bill, D Indicates Discharge Bill

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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

<b>SUBTOTAL</b>	1,718.10
<b>TAX</b>	0.00
<b>FREIGHT</b>	0.00
<b>TOTAL</b>	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.

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

ADDRESS SERVICE REQUESTED

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\*\*\*\*\*SINGLE-PIECE 9 T1:1 9 1 SP 0.450



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36 CLINTON ST  
CONCORD NH 03301-2359

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**BILL TO:**  
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 36 CLINTON STREET  
 CONCORD NH 03301

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

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

INVOICE # : 13795247  
 INVOICE DATE : 19-NOV-12  
 REFERENCE :  
 ACCOUNT : 766727  
 Page 1 of 1

<b>Purchase Order Number</b>	175179	<b>Terms</b>	30 NET	<b>Due Date</b>	19-DEC-12	<b>Requestor Name / Department / Phone Number</b>	CAL MAGOON/ (603) 271--577
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Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship Date	* QTY	UOM	Unit Price	Total Price
32000.P VAC Freedom	VCEK23285	G18195302	[REDACTED]	11/05/12-11/19/12	P 15	DAY	114.54	1,718.10

\* P Indicates Partial Bill, D Indicates Discharge Bill

**NOTICE:** This invoice may reflect a discount, rebate or other reduction of regular price. Please refer to the terms of your contract, pricing acknowledgment and/or rebate/expense cap program documentation for information on specific discounts or reductions of regular price, including list price, rebate and expense cap calculations. You will receive a report detailing any rebate or expense cap payments. Federal and State laws may require you to report these discounts, rebates or other reductions when submitting a claim to a Federal or State program, including Medicare and Medicaid. You also may be required to furnish this invoice and documentation of the discount, rebate or other reduction in price.

**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

<b>SUBTOTAL</b>	1,718.10
<b>TAX</b>	0.00
<b>FREIGHT</b>	0.00
<b>TOTAL</b>	1,718.10

Please submit invoice  
 disputes within 30 days.

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

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CONCORD NH 03301-2359

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**DEC 06 2012**  
**BUSINESS OFFICE**  
**NH HOSPITAL**

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

**INVOICE # :** 23832680  
**INVOICE DATE :** 26-NOV-12  
**REFERENCE :**  
**ACCOUNT :** 766727  
 Page 1 of 1

<b>Purchase Order Number</b>	1025231	<b>Terms</b>	30 NET	<b>Due Date</b>	26-DEC-12	<b>Requestor Name / Department / Phone Number</b>	CAL MAGOON/ (603) 271--577
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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]	11/26/12	2	C10	521.64	1,043.28
M8275052/10 S (OSP) SENSATRAC, MEDIUM GRANUFOAM DRESSING 10 PACK		G18195302	[REDACTED]	11/26/12	2	C10	695.71	1,391.42

Job # P10 # 1025231  
 Class  
 Approval Signature Cal McGoan  
 Return to Business Office

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<b>FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT NOVA CLAYTON AT 1-800-275-4524 EXT. 57788</b>	
Account Representative:	MCDONALD, VALERIE
REMIT TO:	KCI USA PO BOX 203086 HOUSTON, TX 77216-3086
<b>SUBTOTAL</b>	2,434.70
<b>TAX</b>	0.00
<b>FREIGHT</b>	23.00
<b>TOTAL</b>	2,457.70

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.

12/5

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*The Clinical Advantage* SAN ANTONIO TX 78265-9508

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BUSINESS OFFICE  
NH HOSPITAL

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The Clinical Advantage

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TAX ID: 74-2152396  
www.kci1.com

DEC 10 2012

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36 CLINTON STREET  
CONCORD NH 03301

**SHIP TO:**  
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36 CLINTON STREET  
CONCORD NH 03301

INVOICE # : 23824249  
INVOICE DATE : 04-DEC-12  
REFERENCE :  
ACCOUNT : 766727  
Page 1 of 1

<b>Purchase Order Number</b>	<b>Terms</b>	<b>Due Date</b>	<b>Requestor Name / Department / Phone Number</b>
175179	30 NET	03-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 #	Shp Date	* QTY	UOM	Unit Price	Total Price
320000.P VAC Freedom	VCEK23285	G18195302	[REDACTED]	11/20/12-12/04/12	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

<b>SUBTOTAL</b>	1,718.10
<b>TAX</b>	0.00
<b>FREIGHT</b>	0.00
<b>TOTAL</b>	1,718.10

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Please submit invoice  
disputes within 30 days.

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