

Chino Medical Supply  
12422 Central Ave  
Chino, CA 91710  
Ph: 909-464-1500  
Fax:909-464-1570

# INVOICE

SALESPERSON	ACCN #	CUST. PHONE #	ORDER DATE	DELIVERY DATE

SHIP TO	RESPONSIBLE PARTY
INSURANCE INFORMATION	DOCTOR

MANUF.	ITEM/LOT#	DESCRIPTION	BILLING CODE	QTY	UNIT PRICE	EXT.	PT. COPAY @ 20%
			SALES TAX				
			TOTAL				

Medicare or my insurance has not purchased or rented same or similar items stated above. \_\_\_\_\_ (initials) DELIVERY TIME: \_\_\_\_\_

\_\_\_Delivery \_\_\_Pickup Contact Made\_\_\_\_\_ DELIVERY TECH: \_\_\_\_\_

\_\_\_ **I HAVE READ THE RIGHTS & RESPONSIBILITIES AND AGREE TO ABIDE BY THEM.**

\_\_\_ Basic home safety assessment performed, client informed of real or potential hazards\_\_\_\_\_DT initials. List hazards discovered above in comments section.

\_\_\_ Electrical ground check performed \_\_\_DT Initials \_\_\_Ground OK \_\_\_ Improper Ground \* Please refer to instructions on back regarding proper electrical grounding.

Please notify of any shortage or discrepancies within 3(three) days of receipt of goods or no credit will be allowed. MERCHANDISE CONTAINED IN THIS SHIPMENT HAS BEEN CAREFULLY COUNTED AND CHECKED. PLEASE CALL OR WRITE REFERRING TO YOUR ACCOUNT NUMBER IN THE EVENT OF ANY DISCREPANCIES. THANK YOU!

I ACKNOWLEDGE RECEIPT OF EQUIPMENT AND/OR SUPPLIES LISTED ON THIS ORDER, AND ALSO I ACKNOWLEDGE THAT I HAVE BEEN FULLY TRAINED ON EQUIPMENT.

**Authorization to Assign Benefits to Provider & Release of Medical Information:** I request that payment of authorized Medicare, Medicaid, or other private insurance benefits be paid directly to the above named company for any services furnished me by that supplier. I further authorize a copy of this agreement to be used in place of the original and I authorize any holder of medical information about me to release to the CMS and Accreditation Company and its agents, any information needed to determine these benefits or the benefits payable to related services. Thank You!

\_\_\_\_\_  
ATTENDANT SIGNATURE

(If patient is unable to sign)

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTOMER SIGNATURE