



Invoice

Mid-America Isotopes
706 E. Liberty Lane
Ashland, MO 65010

Bill To:

UMC Hospital & Clinics
Attn: Accounts Payable
1 Hospital Dr.
Columbia, MO 65212

Shipped To:

Ellis Fischel Cancer Center
1 Hospital Drive
COLUMBIA, MO 65212
573-882-7131

Invoice No.	Cust. No.	Invoice Item Dates	P.O. Number
1MOA3239	4018	08/14/2025 To 08/15/2025	H000436579

Charges

Name:	Procedure:	Price:	Qty:	Ext Price:	Tax:
Detectnet Cu-64	Neuroendocrine Study	4050.00	2	8100.00	0.00

Returns/Credits

Name:	Procedure:	Billed:	Credit:	Qty:	Ext Billed:	Ext Credit:	Tax:
Detectnet Cu-64	Neuroendocrine Study	4050.00	(3700.00)	1	4050.00	(3700.00)	(0.00)

Remit Payment To:

ACH/Wire: Routing Number: 121000248
Account Number: 2000027512650
Check: PO Box 787442
Philadelphia, PA 19178-7442
866-624-1776

Sub Total Charges:	\$8,100.00
Sub Total Delivery Charges:	\$0.00
Sub Total Credits:	(\$3,700.00)
Sub Total Finance Charges	\$0.00
Sub Total:	\$4,400.00
Total Tax:	\$0.00
Total Tax Credit:	\$0.00
Prep Fee:	\$0.00
Total:	\$4,400.00

Note(s):

The purchase of the products on this invoice may entitle the purchaser to additional rebates, discounts or free goods which the purchaser must report to the appropriate Medicare/Medicaid agencies or third party payers to the extent required by law. This is the sole responsibility of the purchaser.

Please remit to the above address.
Thank you for your business.
Net 30 days.

Detail Of Charges

Name:	Amount:	Procedure:	RX #:	Date:	Price:	Qty:	Ext Price:	Taxable:
Detectnet Cu-64	4.000mCi	Neuroendocrine Study	1503512	08/14/2025	4050.00	1	4050.00	
Detectnet Cu-64	4.000mCi	Neuroendocrine Study	1503511	08/15/2025	4050.00	1	4050.00	

Totals: Items: 2 Total Charges: \$8,100.00

Detail Of Returns/Credits

Name:	Amount:	Procedure:	RX #:	Date:	Qty:	Ext Billed:	Ext Credit:	Taxable:
Detectnet Cu-64	4.000mCi	Neuroendocrine Study	1503512	08/14/2025	1	4050.00	(3700.00)	

Totals: Items: 1 Total Credits: \$3,700.00