13-22840-rdd Doc 158 Filed 07/09/13 Entered 07/09/13 16:04:39 Main Document Pg 1 of 5

Robert M. Hirsh, Esq. David J. Kozlowski, Esq. Arent Fox LLP 1675 Broadway New York, NY 10019-5820

Tel.: (212) 484-3900 Fax: (212) 484-3990

Attorneys for Medline Industries, Inc.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re

Chapter 11

Sound Shore Medical Center of Westchester, et al.,

Debtors.

Chapter 11

Case No. 13-22840 (RDD)

Jointly Administered

MOTION OF MEDLINE INDUSTRIES, INC. FOR ALLOWANCE AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM UNDER 11 U.S.C. § 503(b)(9)

Medline Industries, Inc. ("Medline"), by and through its undersigned counsel, hereby files this motion (the "Motion") for an order (i) allowing Medline's Section 503(b)(9) administrative expense claim (the "503(b)(9) Claim") and (ii) directing the Debtors to pay Medline's 503(b)(9) Claim, pursuant to 11 U.S.C. § 503(b)(9). In support of this Motion, Medline respectfully represents as follows:

JURISDICTION

1. This Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(A) and (B), and the statutory

NYC/751080.1

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, include: Sound Shore Medical Center of Westchester (0117); Howe Avenue Nursing Home, d/b/a Michael Schaffer Extended Care Center (0781); New Rochelle Sound Shore Housing, LLC (0117); NRHMC Services Corporation (9137); The M.V.H. Corporation (1514); The Mount Vernon Hospital, Inc. (0115); Sound Shore Health System, Inc. (1398). The principle address for the parent Debtor: Sound Shore Medical Center of Westchester is: 16 Guion Place, New Rochelle, New York 10802.

basis for the relief requested herein is 11 U.S.C. § 503. Venue is proper in this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

BACKGROUND

- 2. On May 29, 2013 (the "Petition Date"), the Debtors filed voluntary petitions for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code"). The Debtors remain in possession of their assets and continue to manage their businesses as debtors in possession pursuant to Sections 1107 and 1108 of the Bankruptcy Code.
- 3. Medline supplied various medical goods and products to the Debtors in the ordinary course of business prior to the Petition Date. Goods worth \$316,043.29 were, in the ordinary course of business, sold to and received by the Debtors during the twenty (20) days prior to the Petition Date, when the Debtors were insolvent, and for which Medline has not received payment (the "503(b)(9) Goods").
- 4. Upon information and belief, the Debtors continue to operate their businesses post-petition, have used the 503(b)(9) Goods in the ordinary course of business, and have generated revenue. Despite generating post-petition revenue, the Debtors have not paid for the 503(b)(9) Goods.
- 5. True and correct copies of supporting documentation of the unpaid charges for the 503(b)(9) Goods are attached hereto as **Exhibit A**.

RELIEF REQUESTED

6. By this Request, Medline seeks (i) allowance of Medline's administrative expense claim pursuant to Section 503(b)(9) in the amount of \$316,043.29, and (ii) direction that the

Debtors pay the 503(b)(9) Claim to Medline immediately, or as soon as practicable, pursuant to 11 U.S.C. § 503(b)(9).²

ARGUMENT

7. Medline is entitled to the allowance and payment of its 503(b)(9) Claim pursuant to Section 503(b)(9) of the Bankruptcy Code, which provides that:

After notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under § 502(f) of this title, including . . . the value of any goods received by the debtor within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business.

11 U.S.C. § 503(b)(9). As identified in Exhibit A, the Debtors received the 503(b)(9) Goods sold and delivered by Medline in the ordinary course of business within 20 days before the Petition Date, and Medline is therefore entitled to an allowed 503(b)(9) Claim pursuant to Section 503(b)(9) of the Bankruptcy Code. Further, Medline's 503(b)(9) Claim is entitled to priority, pursuant to section 507(a)(2) of the Bankruptcy Code.

8. Under section 503(b)(9), this Court may require the Debtors to make an immediate payment of Medline's 503(b)(9) Claim. *See In re Photo Promotion Assocs., Inc.*, 881 F.2d 6, 8–9 (2d Cir. 1989) (stating that bankruptcy court has "broad discretion" in applying section 503(b)); *In re Dakota Indus., Inc.*, 31 B.R. 23, 26 (D.S.D. 1983) ("There is no restriction on the debtor's paying administrative claims prior to confirmation of the plan in a Chapter 11 case"); *In re Isis Foods, Inc.*, 27 B.R. 156, 157–58 (W.D. Mo. 1982) (affirming bankruptcy court's order authorizing payment of administrative expenses by debtor before effective date of chapter 11 plan).

Medline reserves all rights, including the rights to amend the amount of the 503(b)(9) Claim and to request additional amounts owing. If there is a difference between the amount of the 503(b)(9) Claim and the corresponding amount in the Debtors' books and records, Medline will attempt to address such difference with the Debtors in an effort to fix the amount of the 503(b)(9) Claim.

9. Medline respectfully submits that immediate payment by the Debtors of the 503(b)(9) Claim is appropriate. Section 503(b)(9) helps troubled companies to continue their operations by assuring suppliers that they will be paid promptly and in full in the event of bankruptcy. The Debtors here continue to operate their businesses and generate revenue postpetition, have used the 503(b)(9) Goods in the ordinary course of business, and yet have not paid for the 503(b)(9) Goods. Immediate payment of the 503(b)(9) Claim is consistent with the purpose and the letter of Section 503(b)(9) of the Bankruptcy Code, and should be approved.

NOTICE

10. Notice has been provided to (a) counsel to the Debtors, (b) the office of the United States Trustee, and (c) all parties who have requested and are receiving notices through the Bankruptcy Court's electronic filing system. In light of the nature of the relief requested herein, Medline submits that no other or further notice is required.

NO PRIOR REQUEST

11. No previous motion for the relief sought herein has been made to this or to any other court.

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CONCLUSION

12. Medline respectfully requests that this Court enter an order (i) allowing the 503(b)(9) Claim as set forth herein; (ii) directing the Debtors to immediately pay Medline the full amount of the 503(b)(9) Claim; and (iii) for such other and further relief as is proper and just.

Dated: New York, New York

July 9, 2013

ARENT FOX LLP Attorneys for Medline Industries, Inc.

By: /s/Robert M. Hirsh

Robert M. Hirsh, Esq. David J. Kozlowski, Esq. 1675 Broadway New York, NY 10019

(212) 484-3900

EXHIBIT A - PART 1



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176810	05/10/2013	1063745393

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	FEDEX GROUND	MEDLINE	1084466	USD	\$335.60

	O Subtotal	3.00 CS			HUD1690 /CANNUL	TE,C A,NASAL,CPAP Tex:		108.25	324.74 324.74
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Eligible Gross Amount \$324.74

Discount amount \$6.49 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer # 1084466
Invoice # 1063745393
Invoice Date 05/10/2013
Sales Rep # 210
Payment Terms 2% 30, 1% 60, Net 90

Payment Terms
Amount Due

\$335.60

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176624	05/10/2013	1063745394

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680618743	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$106.90

			106.90			0.00	0.00	\$106.90
			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
Subtotal		Freight:	0.00		Tax:	0.00		106.90
0 10 101			PDC505014PD	M /BAND,ID,WRI	TE-ON,TRI-	LAM,SNAP,YELLOV	<i>I</i>	
0	2.00	вх		DC505014PDM	TE	853477982	53.45	106.90
NE OF	RDER QTY	U/M II		EM NO. / ESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$106.90

Discount amount \$2.14 if recd. by 06/09/13

* Code

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745394

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$106.90

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176597	05/10/2013	1063745395

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680613228	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$830.93

O142200 /DRESSING,WET,ISOTONIC SALINE,8X4,2/PK ^O142200 Subtotal 999 Freight: 0.00 Tax: 0.00 830.5	0142200 /DRESSING,WET,ISOTONIC SALINE,8X4,2/PK ^0142200 Subtotal 999 Freight: 0.00 Tax: 0.00 830.93 GROSS TAX AMOUNT FREIGHT TOTAL	O142200 /DRESSING,WET,ISOTONIC SALINE,8X4,2/PK ^O142200 Freight: 0.00 Tax: 0.00 830.93 GROSS TAX AMOUNT FREIGHT TOTAL	T 11- 0	Amount \$830.9	^		*	Code
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		O ORDER GTY U/M INVOICE GTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT	70	6.00 CS	6.00 KDL3606	TE 85	3482411 138.49	830.93

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745395

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$830.93

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Datach and raturn this portion with your payment

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176597	05/10/2013	1063745396

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680613228	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$79.11

804800 /TUBE, ENDOTRACH, LO-PRO, MURPHY, 9.0 MM	30 5.00 BX 5.00 MLK86055 TE 853483468 15.82 79.11 804800 /TUBE,ENDOTRACH,LO-PRO,MURPHY,9.0 MM Subtotal Freight: 0.00 Tax: 0.00 79.11	804800 /TUBE,ENDOTRACH,LO-PRO,MURPHY,9.0 MM Subtotal Freight: 0.00 Tax: 0.00 79.11			79.11		0.00	0.00	\$79.11
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804800 /TUBE, ENDOTRACH, LO-PRO, MURPHY, 9.0 MM	30 5.00 BX 5.00 MLK86055 TE 853483468 15.82 79.11 804800 /TUBE,ENDOTRACH,LO-PRO,MURPHY,9.0 MM	30 5.00 BX 5.00 MLK86055 TE 853483468 15.82 79.11 804800 /TUBE,ENDOTRACH,LO-PRO,MURPHY,9.0 MM		Freight:	0.00	Tax:	0.00		79.11
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		O ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT	30	5.00 BX	5.00 MLK86055	TE	853483468	15.82	79.11

Eligible Gross Amount \$79.11

Discount amount \$1.58 if recd. by 06/09/13

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1063745396 05/10/2013 **Invoice Date** Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$79.11

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/10/2013	1063745397

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$483.00

INE OF	DER QTY U/M	NVOICE GTY DESCRIPTION	CODE* DELIVER	Y # UNIT PRICE	AMOUNT
20	10.00 PK	10.00 SMI1507232 SMI1507232 /AIRWAY	TE 853485 NASOPHARYNGEAL,ADJ		483.00
Subtotal	Freight:	0.00	Tax: 0.00		483.00
		GROSS	TAX AMOUNT	FREIGHT	TOTAL
		483.00	0.00	0.00	\$483.00
				*Cada	

Eligible Gross Amount \$483.00

Discount amount \$9.66 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lise Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745397

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$483.00

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176911	05/10/2013	1063745398

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703071	FEDEX GROUND	CUSTOMER	1084466	USD	\$70.23

LINE NO OR	DER QTY U/M INV		ITEM NO. / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	2.00 BX	2.00	SGECT01921Z	TE	853493595	30.16	60.32
			/GLOVE,CHE	MOPLUS,LA	TEX,18MIL,MD		
Subtotal	Freight:	9.91		Tax:	0.00		60.32
		GROSS		TAX AM	DUNT	FREIGHT	TOTAL
		60.32			0.00	9.91	\$70.23

Eligible Gross Amount \$60.32 Discount amount \$1.21 if recd. by 06/09/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745398

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$70.23

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CUSTOMER #	CURRENCY	AMOUNT DUE		
210	680702385	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$9,123.56

LINE NO. C	ORDER OTY	U/M I		NO. / CRIPTION CO	DDE* DELIVER	Y # UNIT PRICE	AMOUNT
260	6.00	вх	6.00 OMM	IATO704Z TE	853494	652 28.00	168.00
			521400	/LANCET,21G,SAFET	Y,UNISTIK 2,20	00/BX	
		521400					
HCPCS Co	de #: A4259)					
Subtotal !	500						
		Freight:	0.00	Tax:	0.00		168.00
10	2.00	CS	2.00 NON	25416 TE	853494	652 69.80	139.60
			600400	/GAUZE,SPONGE,4">	(4",16PLY,WOV	/EN,NS,LF	
		600400					
HCPCS Co	de #: A6216	3					
Subtotal 4	400						
		Freight:	0.00	Tax:	0.00		139.60
270	6.00	CS	6.00 NON	27381 TE	853494	652 22.03	132.18
			601200	/MASK,FACE,BLUE,C	ONE STYLE,1 E	BAND,LF	
		601200					
Subtotal	300						
		Freight:	0.00	Tax:	0.00		132.18

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVDICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745399

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$9,123.56

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$





Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

1		300000000000000000000000000000000000000					1	
NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
I								
20	3.00	CS	3.00	DYND80235S	TE	853494652	15.18	45.54
				2600 /URINAL,MALE	SUPREME,			
30	2.00	CS		NON21453	TE	853494652	22.72	45.44
			307	7200 /PAD,ABDOMIN	IAL,8"X7.5"	',STERILE,LF,1/PK		
	Code #: A6253					050404050	47.50	2 272 20
40	50.00	CS	_	CUR9225	TE	853494652	47.52	2,376.00
				3100 /GLOVE,EXAM,			16.50	49.50
50	3.00	CS		DYND80347	TE	853494652	16.50	49.50
				7300 /WASHBASIN,F	TE	853494652	8.99	44.95
60	5.00	CS		NON042001 1600 /TEASPOON,PL			0.99	44.55
70	1.00	00		DYND80000	TE	853494652	26.94	26.94
70	1.00	CS		5800 /CUP,MEDICINE			20.04	20.01
80	3.00	CE		MSC095020	TE	853494652	34.53	103.59
80	3.00	CS	_	9000 /SHAMPOO,BA			01.00	,,,,,,,
90	3.00	CS		DYND10500	TE	853494652	33.91	101.73
30	3.00	CO		6300 /TRAY,URETHE				
HCPCS	Code #: A4353	₹	00	0000 , , , , , , , , , , , , , , , , ,	.,, .,			
110	1.00		1.00	BRD0038460	TE	853494652	77.50	77.50
,,,			30	5400 /SYRINGE,TOO	MEY,70CC	-ORDR QTY 50		
120	2.00	cs		NPKB10800	TE	853494652	106.90	213.80
			60	6800 /PAD,PREP,CH	LORASCRUE	3,1ML		
130	4.00	cs	4.00	MDS090735	TE	853494652	26.00	104.00
			MDS09	0735 /PAD,PREP,ALG	COHOL,STE	RILE,MEDIUM,2-PLY		
HCPCS	Code #: A4245	5						
140	2.00	CS	2.00	DYND50216	TE	853494652	22.54	45.08
			60	1800 /TUBING,SUCT	ION,CONNE	CTING,3/16"X6',STR	L	
HCPCS	Code #: A7002	2						
150	4.00	ВХ	4.00	EXG128800	TE	853494652	88.73	354.91
			017	4900 /COVER,THER	M,EAR,DISP,	PROBE WRAP,LTX		
160	2.00	CS	2.00	SWD850558	TE	853494652	86.93	173.86
			40	6600 /NEEDLE,SAFE	TY,25G X 5	5/8",MAGELLAN		
HCPCS	Code #: A421	5						
170	4.00	CS		B-D367342	TE	853494652	267.25	1,069.00
				9600 /SET,BLOOD C				440.40
180	4.00	CS		SWD300777CS	TE	853494652	29.53	118.10
			40	8700 /SYRINGE,3 C	C,LL,SOFT F	PACK		
	Code #: A4210					050404050	70.07	001.00
190	4.00	CS		CLH49100	TE	853494652	72.97	291.88
	_			1400 /DEODORIZER,			24.00	34.00
200	1.00	CS		MDS057006	TE	853494652	34.00	34.00
11000		_	30	1700 /BANDAGE,EL	HOTIC, SURE	-VVNAF,O ASTD,VVHI	1 L	
HCPCS	Code #: A464	9						



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/10/2013	1063745399

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

INE				ITEM NO. /				
10	ORDER QTY	U/M IN	VOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
210	1.00	CS	1.00	DYND44140	TE	853494652	51.16	51.16
			303	500 /TRAP,MUCL	IS SPECIMEN	1,40CC		
220	1.00	CS		BRN1313	TE	853494652	53.78	53.78
				700 /RAZOR,TWI				
230	2.00	CS		NON70500	TE	853494652	48.44	96.88
				300 /PACK,SHRO			28.85	346.20
240	12.00	CS		DYND75020	TE	853494652	28.85	346.20
050	1.00	00	-	7000 /TOURNIQUE	TE	853494652	36.56	36.56
250	1.00	CS		KDL7831 3400 /GAUZE,PAC	. –		30.30	30.50
שרפרפ רי	ode #: A6266		300	J400 /GAUZE,FAC	KING STIM,	100B01 011W1, 174		
280	3.00		3.00	MDS136000	TE	853494652	8.83	26.49
200	0.00				SH,INDIVDUA	LLY WRAPPED,30	TUFT	
290	2.00	GR		MDS137007	TE	853494652	6.67	13.34
			602	2600 /COMB,BLAC	CK,7"			
300	2.00	CS	2.00	MMM15272	TE	853494652	74.83	149.66
			606	200 /TAPE,SURG	ICAL,TRANS	PORE,2"X10YD		
HCPCS Co	ode #: A4452	!						
310	1.00	CS	1.00	MMM132224MM	TE	853494652	76.97	76.97
						1,LEAD FREE,1322,2		
320	1.00	CS		KDL2500SA	TE	853494652	56.89	56.89
			607	7800 /CONTAINER	,SPECIMEN,	COMMODE ONE		
	ode #: A9270		40.00	NDDMANA	7.5	050404650	235,22	2,352.23
330	10.00	CS		NPBMAXA	TE	853494652	235,22	2,302.23
0.40	1.00	60		2200 /SENSOR,AD DYND80327	TE	853494652	16.61	16.61
340	1.00	CS		DYND80327 D200 /BASIN,EME			10.01	10.01
350	3.00	CS		DYND20102	TE	853494652	19.10	57.30
350	3.00	CS				SYRINGE,60ML,STI		•
HCPCS Co	ode #: A4320)	30					
360	3.00		3.00	USU150462	TE	853494652	24.63	73.89
			803	2600 /REMOVER,S	STAPLE, SKIN	PREMIUM, SINGLE	ISE	
Subtotal								
		Freight:	0.00		Tax:	0.00		8683.78
*			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
			9,123.56			0.00	0.00	\$9,123.56

Eligible Gross Amount \$9,123.56

Discount amount \$182.47 if racd. by 06/09/13

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176908	05/10/2013	1063745400

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702488	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$87.58

		GROSS 87.58		TAX AMOU	JNT 00	FREIGHT 0.00	TOTAL \$87.58
Subtota		eight: 0.00		Tax:	0.00		87.58
Subtota		MDT216820	4 /TOWEL,OR,DSF	P,ST,BLUE,	DLX,4/PK,20PK/CS		
0	2.00 CS	2.00 ME	OT2168204	TE	853494654	43.79	87.58
INE IO.	ORDER QTY U/N		M NO. / SCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$87.58

Discount amount \$1.75 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745400

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$87.58

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176910	05/10/2013	1063745401

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702736	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$943.39

0 5.00 CS 5.00 SGE9707CS TE 853494658 188.68 943.39 200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS Subtotel Freight: 0.00 Tax: 0.00 943.39			GROSS	TAX AN	MOUNT	FREIGHT	TOTAL
200000 /CLOTH,SKIN PREP,PREOP,2%CHG,2 PK/32 SETS	Subtotel	Freigh	nt: 0.00	Tax:	0.00		943.39
0 5.00 CS 5.00 SGE9707CS TE 853494658 188.68 943.39			200000 /C	LOTH,SKIN PREP,PRE	EOP,2%CHG,2 PK/32	SETS	
	0	5.00 CS	5.00 SGE9 7 0	7CS TE	853494658	188.68	943.39

Eligible Gross Amount \$943.39

Discount amount \$18.87 if recd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745401

 Invoice Date
 05/10/2013

 Seles Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$943.39

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176913	05/10/2013	1063745402

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703825	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$165.00

LINE NO	ORDER QTY U/M INVO	ITEM NO.) DICE QTY DESCRIPTION	ON CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	3.00 CS	3.00 DYND1520 309400 /BAG,		853496099 EFLUX DEVICE,200	55.00 OML	165.00

HCPCS Code #: A4357

Subtotal

Freight:

0.00

Tax:

0.00

165.00

FREIGHT GROSS TAX AMOUNT TOTAL 0.00 0.00 \$165.00 165.00

Eligible Gross Amount \$165.00

Discount amount \$3.30 if recd. by 06/09/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1063745402 Invoice # 05/10/2013 **Invoice Date** 210 Sales Rep # Payment Terms

2% 30, 1% 60, Net 90 \$165.00 Amount Due

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176915	05/10/2013	1063745403

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228014		MEDLINE	1084466	USD	\$51,981.66

LINE NO.	ORDER OTY	U/M		ITEM NO. / DESCRIPTION	COD	E* DELIVERY #	UNIT PRICE	AMOUNT
140.	GROCH GIV	Other	MAYORE CITY	DESCRIPTION	1 200	L DIGING T	J. J. J. H. J. H. J. L.	диоси
10	3.00	вх	3.00	ETHB12LT	TE	853500772	1,249.94	3,749.82
			ETHB1	2LT /TROCAR,	BLADELESS,	OBTUR,OPTICAL,12/	100MM	
20	4.00	CS	4.00	NONFB100	TE	853500772	26.36	105.44
			NONFE	3100 /KIT,ANTI	FOG,W/SPOI	NGE & FLUID,SOFT	PACK	
30	2.00	BX	2.00	USU020730	TE	853500772	215.80	431.60
			USU020	730 /STAPLER,	INTERNAL,P	URSTRING,45MM,SS	,DISP	
40	2.00	BX	2.00	USU030449	TE	853500772	301.17	602.34
			USU030	449 /STAPLER	ENDO GIA U	JNIVER,INTRNL,30/4	5/60	
50	1.00	вх	1.00	USU030451	TE	853500772	859.73	859.73
			USU030)451 /STAPLER,	ENDO GIA U	JNIVERSL,30-2.5,TIT	ANUM	
60	4.00	ВХ	4.00	USU030455	TE	853500772	982.50	3,929.99
			USU030	455 /STAPLER	ENDO GIA U	JNIVERSL,45-3.5,TIT	ANUM	
70	2.00	ВХ	2.00	USU030456	TE	853500772	1,031.69	2,063.38
			USU030)456 /STAPLER,	ENDO GIA U	JNIVERSL,45-4.8,TIT	ANUM	
80	8.00	вх		USU030458	TE	853500772	1,223.73	9,789.82
			USU030	458 /STAPLER	ENDO GIA U	JNIVERSL,60-3.5,TIT	ANUM	

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE, ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063745403

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$51,981.66

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

3



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176915	05/10/2013	1063745403

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

140	3.00	BX		USU173049 049 /RETRIEVER.E	TE NDO-CATCH	853500772 .II 15MM	327.66	982.98
30	4.00	ВХ		USU173019 019 /DEVICE,ENDO	TE SCOPIC,PEA	853500772 ANUT,5MM,3/PK	83.64	334.55
140	3.00	BX		USU173049 :049 /RETRIEVER,E	. –		327.66	982.98
50	4.00	вх		USU176643	TE	853500772	375.99	1,503.95
			USU176	643 /SHEARS,END	OSCOPIC,5N	ЛM		
160	5.00	BX	5.00	USU176657	TE	853500772	512.80	2,564.00
			USU176	657 /APPLIER,CLIP	ENDO CLIP	II,10MM,TITANIUN	√l	
170	20.00	вх	20.00	USU179075	TE	853500772	167.12	3,342.34
			USU179	075 /TROCAR,BLU	NTPORT, DIS	P,5MM-12MM		
180	40.00	вх		USU179093F	TE	853500772	88.83	3,553.36
.00	10.00			93F /TROCAR,VER	SAPORT V2	2,FIX-CANNULA,SH	RT,5MM	
190	2.00	RY		USUEEAXL2535	TE	853500772	1,150.51	2,301.02
190	2.00	DΛ		2535 /STAPLER,DS			· ·	_,
							481.88	2,409.42
200	5.00	вх		USUEGIAUNIVXL	TE	853500772		2,409.42
				VXL /STAPLER,ENI				
210	2.00	CS	2.00	USULF1537	TE	853500772	3,401.99	6,803.97
			USULF1	537 /LIGASURE,5M	ΜM			
Subtotal								
		Freight:	0.00		Tax:	0.00		519 81 .6 6
		ridigiiti	0.00		. =			
			GROSS		TAX AMO	UNT	FREIGHT	TOTAL
			51,981.66		(0.00	0.00	\$51,981.66

Eligible Gross Amount \$51,981.66

Discount amount \$1039.63 if recd. by 06/09/13

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/10/2013	1063747964

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	VENDOR	MEDLINE	1084466	USD	\$101.64

		GROSS 101.64		TAX AMOU	.00	0.00	\$101.64
	Freight:	0.00		Tax:	0.00	FREIGHT	101.64 TOTAL
Subtotal							
		MDG114195	6 /HOOK,GRAH	AM,BLUNT,NI	ERVE,1/8",7"		
80	2.00 EA	2.00 M	DG1141956	TE		50.82	101.64
IO. OR	DER QTY U/M I	NVOICE GTY DI	ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
JINE OR		IT	EM NO. /				

Eligibla Gross Amount \$101.64

Discount amount \$2.03 if racd. by 06/09/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063747964

 Invoice Date
 05/10/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$101.64

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176895	05/11/2013	1063777793

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432205355	MEDTRANS	MEDLINE	1084466	USD	\$814.86

		GROSS 814.86	TAX AN	10UNT 0.00	FREIGHT 0.00	TOTAL \$814.86
Subtotal	Freight	: 0.00	Tax:	0.00		814.86
Db.4 - 4 - 1		ETHDHV12 /	ADHESIVE, SKIN, DERM.	ABOND,.5ML,DOME	ΓΙΡ	
0	2.00 BX	2.00 ETHDH	HV12 TE	853457655	407.43	814.86
NO.	ORDER QTY U/M	INVOICE GTY DESCR		E* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$814.86 Discount amount \$16.30 if recd. by 06/10/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN OELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777793

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$814.86

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176894	05/11/2013	1063777794

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680695972	MEDTRANS	CUSTOMER	1084466	USD	\$368.32

LINE NO 0	ORDER QTY	U/M IN		M NO. / CRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS		N28625	TE	853459237	70.20	140.40
						TIE BACK,BLUE	75.07	227.92
30	3.00	CS	3.00 MCI MCK2002S	(2002S /DECANTE	TE R BAG 9IN	853459237	75.97	227.92
Subtotal		Freight:	0.00		Tax:	0.00		368 .32
			GROSS		TAX AM	OUNT	FREIGHT	TOTAL
			368.32			0.00	0.00	\$368.32

Eligibla Gross Amount \$368.32

Discount amount \$7.37 if racd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED,

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777794

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$368.32

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR175732	05/11/2013	1063777795

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680337584	MEDTRANS	CUSTOMER	1084466	USD	\$85.60

LINE NO. OR	DER QTY U/M INV		ITEM NO / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	3.00 EA	3.00	PTX512060	TE	853480009	25.44	76.33
0			/TUBE,TRA	CH,UNCUFFEL	D,FENESTRATED,6.0N	/IIVI	
Subtotal	Freight:	9.27		Tax:	0.00		76.33
		GROSS		TAX AM	DUNT	FREIGHT	TOTAL
		76.33		0.00		9.27	\$85.60

Eligible Gross Amount \$76.33 Discount amount \$1.53 if recd. by 06/10/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRADES

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777795

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$85.60

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176520	05/11/2013	1063777796

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680594561	MEDTRANS	CUSTOMER	1084466	USD	\$225.00

NO. C	ORDER OTY U/N	A INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00 CS	2.00	8XTDIN1518X	TE	853482408	96.43	192.85

Subtotal

Freight: 3

32.15

Tax:

0.00

192.85

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 192.85
 0.00
 32.15
 \$225.00

Eligible Gross Amount \$192.85

Discount emount \$3.86 if recd. by 06/10/13

*Code

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777796

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$225.00

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176520	05/11/2013	1063777797

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680594561	MEDTRANS	CUSTOMER	1084466	USD	\$225.30

LINE NO.	ORDER QTY	U/M IN		A NO. / CRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	CS		DIN1515X /NEEDLE.15G	TE ia adj lgt	853484391 H,BONE, MARROW,	92.04	184.08
Subtote	ıl	Freight:	41.22	,,,,,,,	Tax:	0.00		184.08
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
			184.08		0.00		41.22	\$225.30

Eligible Gross Amount \$184.08

Discount amount \$3.68 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1063777797 Invoice # 05/11/2013 **Invoice Date** Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$225.30

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176768	05/11/2013	1063777798

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680660057	MEDTRANS	MEDLINE	1084466	USD	\$361.32

LINE NO	ORDER QTY U/M INV	DICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
140	4.00 CS	4.00 SGE7943	TE	853485249	90.33	361.32
		200100 /CL O TH,E	BATH, DEODORA	NT		
Subtotal						
	Freight:	0.00	Tax:	0.00		361.32
		GROSS	TAX AM	DUNT	FREIGHT	TOTAL
		361.32	0.00		0.00	\$361.32

Eligible Gross Amount \$361.32

Discount amount \$7.23 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777798

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$361.32

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176909	05/11/2013	1063777801

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702729	MEDTRANS	MEDLINE	1084466	USD	\$6,845.63

LINE				ITEM NO. /	oopra	DELINICANI A	HAUT ODIOS	AKAGNINIT
NO.	ORDER QTY	U/M II	NVOICE GTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	CS	3.00	DYNJP2498	TE	853494656	51.70	155.10
			102	200 /SHEET, DR	APE, SPLIT, S	TERILE		
		102200						
Subtot	al 200							
		Freight:	0.00		Tax:	0.00		155.10
10	2.00	CS	2.00	DYNJAA4836A	TE	853494656	100.00	200.00
			130	100 /CIRCUIT,AN	IESTHESIA,AD	ULT		
30	1.00	CS	1.00	DYNJP2416	TE	853494656	50.09	50.09
			102	2500 /DRAPE,REIN	N 53X77,STER	ILE		
40	2.00	CS	2.00	DYNJP3009	TE	853494656	64.38	128.76
			10:	2900 /DRAPE,LAP	AROTOMY,T,P	EDI,STERILE		
50	2.00	CS	2.00	DYNJP5020A	TE	853494656	69.53	139.06
			DYNJP50	20A /PACK,CYS	roscopy,pk II	I,AURORA		
60	3.00	CS	3.00	DYNJ24994C	TE	853494656	348.72	1,046.16
			104	1400 /BASIC PAC	K-LF			
70	2.00	CS	2.00	MDS251518RNG	TE	853494656	64.99	129.98
			104	4600 /SPONGE,LA	AP,18"X18",RI	NG,XR,ST,5/PK,40	PK	

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777801

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$6,845.63

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Datach and return this portion with your payment

3



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176909	05/11/2013	1063777801

Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

LINE NO.	ORDER OTY	U/M IN		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
coccossisted		•			Coordinate			
80	1.00	CS	1.00	DYNJP2707	TE	853494656	84.86	84.86
			107	'500 /GOWN,R	EINFORCED,POLY	,AURORA,LARG	E,STRL	
90	2.00	CS	2.00	CDS981070C	TE	853494656	635.20	1,270.40
			107	900 /TOTAL J	IOINT PROCEDUR	E		
100	3.00	CS	3.00	MDS8085	TE	853494656	72.93	218.79
			609	500 /GLOVE,E	XAM, NITRILE, PF,	LF,MD		
110	4.00	CS	4.00	MDS8086	TE	853494656	72.93	291.72
			609	600 /GLOVE,E	XAM, NITRILE, PF,	LF,LG		
120	30.00	CS	30.00	CUR9225	TE	853494656	47.52	1,425.60
			313	3100 /GLOVE,E	XAM,STRETCH \	/INYL,M		
130	20.00	CS	20.00	CUR9226	TE	853494656	47.52	950.40
			CURS	226 /GLOVE,E	XAM,STRETCH \	/INYL,L		
140	4.00	CS	4.00	SGE9707CS	TE	853494656	188.68	754.71
			200	0000 /CLOTH,	KIN PREP,PREOP	,2%CHG,2 PK/3	2 SETS	
Subtote	al							
		Freight:	0.00		Tex:	0.00		6690.53
			GROSS		TAX AMOU	INT	FREIGHT	TOTAL
			6,845.63		C	.00	0.00	\$6,845.63

Eligible Gross Amount \$6,845.63

Discount amount \$136.91 if recd. by 06/10/13

*Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176920	05/11/2013	1063777802

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228243	FEDEX GROUND	CUSTOMER	1084466	USD	\$740.73

DER QTY	U/M			CODE	* DELIVERY #	UNIT PRICE	AMOUNT
1.00	PK	1.00	SKR0700001026	TE	853506606 PTIME 2	462.36	462.36
			/CLEANEN,DO	CKING, NLI	TONE 2		
	Freight:	278.37		Tax:	0.00		462.3 6
		GROSS		TAX AM	DUNT	FREIGHT	TOTAL
		462.36			0.00	278.37	\$740.73
		1.00 PK	1.00 PK 1.00 Freight: 278.37 GROSS	1.00 PK 1.00 SKR0700001026 /CLEANER,DC	1.00 PK 1.00 SKR0700001026 TE /CLEANER, DOCKING, NEF	1.00 PK 1.00 SKR0700001026 TE 853506606 /CLEANER, DOCKING, NEPTUNE 2 Freight: 278.37 Tax: 0.00 GROSS TAX AMOUNT	1.00 PK 1.00 SKR0700001026 TE 853506606 462.36 /CLEANER, DOCKING, NEPTUNE 2 Freight: 278.37 Tax: 0.00 GROSS TAX AMOUNT FREIGHT

Eligible Gross Amount \$462.36 Discount amount \$9.25 if recd. by 06/10/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777802

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$740.73

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/11/2013	1063777803

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709898	FEDEX GROUND	MEDLINE	1084466	USD	\$55.45

		GROSS 44.57	TAX AMO	OUNT 0.00	FREIGHT 10.88	TOTAL \$55.45
	Freight:	10.88	Tex:	0.00		44.57
Subtotal						
		808000 /PO	UCH, STERILIZATION, S	SELF-SEAL,12" X 18	3"	
60	1.00 BX	1.00 MPP1005	58GSZ TE,C	853528529	44.57	44.57
unaneake recessaria	onerare representation and the second particular and the second partic					
NE O C	RDER QTY U/M INV	OICE GTY DESCRIPT	TON CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$44.57

Discount amount \$0.89 if recd. by 06/10/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

CDMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL 8E COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777803

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$55.45

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/11/2013	1063777804

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	FEDEX GROUND	MEDLINE	1084466	USD	\$6,744.62

		GROSS 6,735.46		TAX AMOU	.00	FREIGHT 9.16	\$6,744.62
oubtota	Freigh			Тах:	0.00	FREIGHT	6735.46 TOTAL
Subtota	31	BAR573373	BOCS /KIT,CATHETE	R,HEMOSPLI	T,STRAIGHT,14.5I	FR .	
0	2.00 CS	2.00	BAR5733730CS	TE,C	853536385	3,367.73	6,735.46
INE 10.	ORDER OTY U/M	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$6,735.46

Discount amount \$134.71 if recd. by 06/10/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foremen x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063777804

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$6,744.62

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176904	05/11/2013	1063779975

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702376	NONE PROVIDED	MEDLINE	1084466	USD	\$774.54

LINE		ITEM NO. /	N CODE*	OCHNODY #	UNIT PRICE	AMOUNT
NO. C	ORDER OTY U/M INV	OICE OTY DESCRIPTIO	N LODE.	DELIVERY #	UNIT PRICE	MINIOUNI
10	2.00 CS	2.00 BRD0172L18	B TE,C		373.04	746.08
		BRD0172L18 /CATH	ETER, COUNCIL TII	5CC 18FR		
Subtotal						
	Frt/Handlg:	3.46	Tax:	0.00		746.08
Additional	charges which have been	n added into the freight/	handling total on tl	nis invoice		
Orop ship	fee					25.00

TAX AMOUNT

0.00

Eligible Gross Amount \$746.08

Discount amount \$14.92 if recd. by 06/10/13

*Code

28.46

FREIGHT/HANDLING

TE - Tax Exempt

C - Customer Freight

TOTAL

\$774.54

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

GROSS

746.08

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063779975

 Invoice Date
 05/11/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Amount Due 2% 30, 1% 60, Net 90 \$774.54

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176525	05/13/2013	1063784883

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680595093	MEDTRANS	MEDLINE	1084466	USD	\$410.30

INE NO. OR	DER QTY U/M IN	VOICE GTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
0	3.00 CS	1.00 UTD59480300 UTD59480300 /DRESSING,	TE ALGINATE,C	853511559 ALCIUM,ALGISITE,6"X	410.30	410.30
CPCS Code	#: A6197					
Subtotal	Freight:	0.00	Тах:	0.00		410.30
	1 1	GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		410.30		0.00	0.00	\$410.30

Eligible Gross Amount \$410.30

Discount amount \$8.21 if recd. by 06/12/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784883

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$410.30

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
	05/13/2013	1063784884

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	MEDTRANS	MEDLINE	1084466	USD	\$1,286.07

NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
--

30

6.00 EA

6.00 BRD777624

TE 853513637

214.35

1,286.07

BRD777624 /STENT, URETERAL, INLAY, 6FR, 24CM

Subtotal

Freight:

0.00

Tax:

0.00

1286.07

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 1,286.07
 0.00
 0.00
 \$1,286.07

Eligible Gross Amount \$1,286.07

Discount amount \$25.72 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer #
Invoice #
Invoice Date
Sales Rep #

1084466 1063784884 05/13/2013

Sales Rep #
Payment Terms

210 2% 30, 1% 60, Net 90

Amount Due

\$1,286.07

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176630	05/13/2013	1063784885

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680620880	MEDTRANS	MEDLINE	1084466	USD	\$59.71

		GROSS 59.71	TAX	AMOU	NT .00	FREIGHT 0.00	TOTAL \$59.71
Subtota		reight: 0.00	Tax		0.00		59.71
10	30.00 EA		IUD60705EA EA /MASK,DISPOSABL	re E FULL	853515245 FACE MASK,VEI	2 9 .86 NTED L	59.71
NO.	ORDER OTY U/		ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$59.71

Discount amount \$1.19 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784885

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$59.71

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176871	05/13/2013	1063784886

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687045	MEDTRANS	MEDLINE	1084466	USD	\$32.16

LINE NO OR	DER QTY	U/M IN	VOICE QTY DESCRIP		DELIVERY #	UNIT PRICE	AMOUNT
160	4.00	CS	1.00 HUD719	00 2 5 TE	853516053	32.16	32.16
			106500 /SI	PIROMETER, INCENTI	VE, VOLDYNE, 2500ML		
Subtotal							
		Freight:	0.00	Tax:	0.00		32.16
			GROSS	TAX AI	MOUNT	FREIGHT	TOTAL
			32.16		0.00	0.00	\$32.16

Eligible Gross Amount \$32.16

Discount amount \$0.64 if recd. by 06/12/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784886

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$32.16

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176871	05/13/2013	1063784886

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687045	MEDTRANS	MEDLINE	1084466	USD	\$32.16

LINE NO. OR	DER QTY U/M INV	OICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
160	4.00 CS	1.00 HUD719025	TE FER INCENTIVE	853516053 E,VOLDYNE,2500ML	32.16	32.16
Subtotal		700000 701 111011121	2/1/1110211111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Freight:	0.00	Tax:	0.00		32.16
		GROSS	TAX AM	DUNT	FREIGHT	TOTAL
		32.16		0.00	0.00	\$32.16

Eligible Gross Amount \$32.16

Discount amount \$0.64 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784886

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$32.16

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176887	05/13/2013	1063784887

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	\$34.38

106700 /CANNULA,FLARED,7' TUBING Subtotal Freight: 0.00 Tax: 0.00 34	106700 /CANNULA,FLARED,7' TUBING ptotal Freight: 0.00 Tax: 0.00 34.38	106700 /CANNULA,FLARED,7' TUBING ubtotal Freight: 0.00 Tax: 0.00 34.38			34.38		0.00	0.00	\$34.38
106700 /CANNULA,FLARED,7' TUBING Subtotal	106700 /CANNULA,FLARED,7' TUBING	0 5.00 CS 2.00 HUD1104 TE 853519233 17.19 34.38 106700 /CANNULA,FLARED,7' TUBING			GROSS	TAX AM	DUNT	FREIGHT	TOTAL
106700 /CANNULA,FLARED,7' TUBING Subtotal	106700 /CANNULA,FLARED,7' TUBING	0 5.00 CS 2.00 HUD1104 TE 853519233 17.19 34.38 106700 /CANNULA,FLARED,7' TUBING		Freight:	0.00	Tax:	0.00		34.38
3.00 00 1001101	3,00 00 2,00 11011	00 5.00 CS 2.00 HUD1104 TE 853519233 17.19 34.38	Subtotal						
90 5.00 CS 2.00 HUD1104 TE 853519233 17.19 34	5.00 CS 2.00 HUD1104 TE 853519233 17.19 34.38	24.28			106700 /CANNUL	A,FLARED,7' T	UBING		
		ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT	90	5.00 CS	2.00 HUD1104	TE	853519233	17.19	34.38

Eligible Gross Amount \$34.38

Discount amount \$0.69 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784887

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$34.38

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176502	05/13/2013	1063784888

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680585417	MEDTRANS	MEDLINE	1084466	USD	\$101.77

		GROSS 101,77	TAX AM	DUNT 0.00	FREIGHT 0.00	TOTAL \$101.77
Subtotal	Fraight	0.00	Tax:	0.00		101.77
30	6.00 EA	4.00 PTX512060 PTX512060 /TUBE,T	TE RACH,UNCUFFEI	853520808 D,FENESTRATED,6.0	25.44 MM	101.77
NO.	ORDER QTY U/M	INVOICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT

Eligibla Gross Amount \$101.77

Discount amount \$2.04 if racd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

CDMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784888

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$101.77

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176593	05/13/2013	1063784889

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680611946	MEDTRANS	CUSTOMER	1084466	USD	\$343.54

		GROSS 343.54		TAX AMOL	.00	FREIGHT 0.00	TOTAL \$343.54
	Freiç	ght: 0.00		Tax:	0.00		343. 5 4
Subtotal		SGE9324	1631 /GLOVES,LA	TEX,HIGH NIS	K,18ML,PF,LF,LG,	BLO	
0	1.00 CS		SGE9324831	TE NICH BIS	853520809	343.54	343.54
10 0	RDER QTY U/M	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$343.54

Discount amount \$6.87 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784889

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$343.54

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176504	05/13/2013	1063784890

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680586815	MEDTRANS	MEDLINE	1084466	USD	\$27.88

LINE NO ORI	DER QTY U/M INV	/OICE OTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
30	1.00 CS	1.00 HUD1080 HUD1080 /MASK,A	TE \EROSOL,PEDIA	853524114 FRIC	27,88	27.88
Subtotal	Freight:	0.00	Tax:	0.00		27.88
		GROSS	TAX AM	DUNT 0.00	FREIGHT 0.00	TOTAL \$27.88

Eligible Gross Amount \$27.88

Discount emount \$0.56 if recd. by 06/12/13

* Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784890

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$27.88

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176930	05/13/2013	1063784891

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680708971	MEDTRANS	MEDLINE	1084466	USD	\$2,634.06

LINE NO:	ORDER QTY	U/M If		EM NO. /	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	вх	6.00 H	DT312107	TE	853529044	139.31	835.86
			HDT3121	07 /TUBING,CIF	RCUIT/6' F/CPA	P/BIPAP DISP		
20	30.00	EA	25.00 H	UD60705EA	TE	853529044	29.86	746.43
			HUD60705	EA /MASK,DISF	OSABLE FULL	FACE MASK, VEN	TED L	
30	30.00	EA	30.00 H	UD60704EA	TE	853529044	29.86	895.72
			HUD60704	EA /MASK,DISF	OSABLE FULL	FACE MASK, VEN	TED M	
10	6.00	CS		UD1607	TE	853529044	26.01	156.05
			HUD16	07 /CIRCUIT,VE	NT,STRAIGHT	,72"		
Subtota	l .							
		Freight:	0.00		Tax:	0.00		2634.06
			GROSS		TAX AMOU	JNT	FREIGHT	TOTAL
			2,634.06		0	.00	0.00	\$2,634.06

Eligible Gross Amount \$2,634.06

Discount amount \$52.68 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784891

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$2,634.06

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176933	05/13/2013	1063784892

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709790	MEDTRANS	MEDLINE	1084466	USD	\$1,176.56

INE ORDER OTY HAM INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
40 ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT

10

2.00 CT

2.00 SWD668007

TE 853529045

588.28

1,176.56

SWD668007 /TRAY, CATHETER, SE, MAHURKAR, 11.5FR, 19.5CM

Subtotal

Freight:

0.00

Tax:

0.00

1176.56

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 1,176.56
 0.00
 0.00
 \$1,176.56

Eligible Gross Amount \$1,176.56

Discount amount \$23.53 if racd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer #
Invoice #
Invoice Date
Sales Rep #

1084466 1063784892 05/13/2013

Sales Rep #
Payment Terms

210 2% 30, 1% 60, Net 90

Amount Due

\$1,176.56

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176932	05/13/2013	1063784894

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709795	MEDTRANS	CUSTOMER	1084466	USD	\$226.06

LINE NO O	RDER QTY U/M IN	VOICE QTY DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00 CS	2.00 LTP30806726 LTP30806726 /GEL,SKIN F	TE	853529046 PREP 407 TURE	86.90	173.80
Subtotal		E11 30000720 /GEE,0KIN 1	1127,220,110	THE , +02 TOBE		
	Freight:	52.26	Tax:	0.00		173.80
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
		173.80		0.00	52.26	\$226.06

Eligible Gross Amount \$173.80 Discount amount \$3.48 if recd. by 06/12/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784894

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$226.06

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709898	MEDTRANS	MEDLINE	1084466	USD	\$7,820.47

LINE	ORDER QTY	11/8/8	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
NO.	ORDER GIT	U/IVI	INVOICE OTT	DESCRIT TION	0000	DELIVERY #	J Other Hinds	
110	6.00	CS		B-D364902	TE	853529047	139.18	835.10
			10	1300 /DEVICE,AC	CESS,MALE LU	ER ADAPT,STRL	BULK	
		10130	0					
80	3.00	CS	3.00	B-D367861	TE	853529047	65.00	194.99
			10	1600 /TUBE,WHO	LE BLOOD,LVN	DR,ADD,13X75M	M,4ML	
		10160	00					
Subtot	al 999							
		Freigl	nt: 0.00		Tax:	0.00		1030.09
60	8.00	CS	8.00	MSC281230	TE	85352 9 04 7	27.94	223.52
			60	0900 /UNDERPAD	,FLUFF,STD,PR	OTPLUS,17X24"		
		60090	0					
Subtot	al 100							
		Freigl	nt: 0.00		Tax:	0.00		223.52
10	2.00	CS	2.00		TE	85352 9 047	64.38	128.76
				2700 /SHEET, T,				
20	3.00	CS		MSG1080	TE	853529047	157.71	473.13
			60	4700 /GLOVE,SUF	RG, SENSICARE,	ALOE,LF,PF,8		

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784898

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$7,820.47

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____





Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

20000000000000000000000000000000000000				I		
NO.	ORDER QTY U/M	INVOICE QTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INC.	ONDER GITTOMI	WYORK OF TOO		I DESIVEIT II I	5111.1.10E	
30	3.00 CS	3.00 AUG42568	TE	853529047	63.28	189.85
		130800 /BLANKET,WA	RM,LOW BO	DDY WH		
40	6.00 CS	6.00 AUG42268	TE	853529047	63.29	379.71
		130700 /BLANKET,WA	RM,UP BOD	OY WH 74X24		
50	8.00 CS	8.00 CUR9224	TE	853529047	47.52	380.16
		313000 /GLOVE,EXAM	STRETCH	VINYL,S		
70	2.00 CS	2.00 HUD04128	TE	853529047	33.03	66.06
		107200 /NEBULIZER,LG				405.04
90	2.00 CS	2.00 MPH18107	TE	853529047	52.92	105.84
		206100 /SOAP,COMPL			10.50	66.00
100	4.00 CS	4.00 DYND80347	TE RECTANCIII	853529047	16.50	66.00
100	E 00 CC	707300 /WASHBASIN,I 5.00 MMM1624W	TE	853529047	96.59	482.97
120	5.00 CS	300400 /DRESSING,TE				402.57
HCPCS C	ode #: A6257	300400 /BNEGGNIG,TE	ONDEHIN, H	1110,11211,2.010,2.10		
130	2.00 CS	2.00 DYND40982	TE	853529047	45.10	90.20
100	2.00	306010 /KIT,CATHETE				
HCPCS C	ode #: A4624 + A49	·	,	, ,		
140	4.00 CS	4.00 KDL6146LL	TE	853529047	68.26	273.02
		310000 /TRAY,FOLEY	CATHETER,	,16FR,5CC,ANTI-REFL	UX	
150	5.00 CS	5.00 B-D381433	TE	853529047	338.87	1,694.37
		407700 /CATHETER,IV	,20GX1",RE	TRACTABLE, STERILE		
160	2.00 CS	2.00 B-D381423	TE	853529047	338.88	677.75
		407800 /CATHETER,IV	,22GX1",RE	TRACTABLE STERILE		
170	2.00 CS	2.00 B-D381444	TE	853529047	338.88	677.75
		407600 /CATHETER,IV				
180	1.00 CS	1.00 MDS032280	TE	853529047	51.00	51.00
		309800 /JELLY,LUBE,S			67.00	124.16
190	2.00 CS	2.00 KDL5072	TE	853529047	67.08	134.16
LIODOO O	#. ACAOO	306800 /SPONGE,KERI	LIX, I ZPLY,S	STERILE,4"X4",2 5		
200	ode #: A6402 1.00 CS	1.00 MDS093917	ΤE	853529047	33.19	33,19
200	1.00 C5	605000 /PAD,PREP,PO			00.10	00.10
210	2.00 CS	2.00 NON260101	TE	853529047	93.79	187.58
210	2.00 00	607600 /TAPE,CLOTH			• • • • • • • • • • • • • • • • • • • •	
HCPCS C	Code #: A4450	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
220	1.00 BX	1.00 MMM29501Z	TE	853529047	9.51	9.51
		703500 /TAPE,CLOTH,	,SURGICAL,	ADHESIVE,1"X10YD		
HCPCS C	Code #: A4450					
230	2.00 BX	2.00 NON250314Z	TE	853529047	33.95	67.90
		801100 /STRIP,CLOSU	JRE,WOUND	,MEDI-STRIP,1/4"X3"		
HCPCS C	Code #: A4450					



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176934	05/13/2013	1063784898

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

			GROS S 7,820.47		TAX AMOU	NT .00	FREIGHT 0.00	TOTAL \$7,820.47
		Freight:	0.00		Tax:	0.00		6566.86
Subtot	al							
	Code #: A4349							
			509	600 /CATHETER	,EXTERNAL,MA	LE,ULIHAFLX,N	ID,29MM	
290	2.00	ВХ		RCH33302	TE	853529047	25.48	50.95
	Code #: A4349		0.00	501100000	~-	050500047	05.40	E0.05
			509	800 /CATHETER	,EXTERNAL,MA	LE,ULIRAFLX,L	G,36MM	
280	4.00	BX		RCH33304	TE	853529047	25.48	101.90
				300 /COVER TH				
270	1.00	CS		IMEP850A	TE	853529047	93.54	93.54
				900 /TUBE,ENDO				00.54
250	5.00	BX		MLK86491	TE	853529047	15.82	79.11
	Code #: A9270					0=0=0004=	45.00	70.11
			802	700 /TRAY,SUT	JRE REMOVAL	METAL FCP,LIT	1 5015	
240	3.00	CS		MDS708550	TE	853529047		72.45
0.40	0.00		0.00	MD0700550	TE	052520047	24.15	72.45
NO.	ORDER QTY	U/M IN	VOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
LINE				ITEM NO. /	oonra!	DELGREDAY #	LINUT DOLGE	ANADUNT

Eligible Gross Amount \$7,820.47

Discount amount \$156.41 if recd. by 06/12/13

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176939	05/13/2013	1063784900

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680710622	MEDTRANS	MEDLINE	1084466	USD	\$4,337.74

LINE				ITEM NO. /				
NO.	ORDER QTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
0.0	0.00	00	0.00	0011001	TE	05050040	10.20	22.40
60	2.00	CS		CRI1004	TE	853529048	16.20	32.40
			CRI1	004 /CAP,BOUF	FANT, SPUNBON	ND,BLUE,24"		
		601300						
Subtota	al 300							
		Freight:	0.00		Tax:	0.00		32.40
40	3.00	CS	3.00	DYNJP2498	TE	853529048	51.70	155.10
			102	200 /SHEET, DF	RAPE, SPLIT, S	TERILE		
		102200						
Subtota	al 200							
Cubioto	2. 2.00	Freight:	0.00		Tax:	0.00		155.10
10	1.00	-		MDSV80534	TE	853529048	103.72	103.72
10	1.00	Co			• –			103.72
110000	0 " =0444		805	OOO /CHUICH,A	LUMINUM, ADU	LT,TALL,LF,300LE	5	
HCPCS	Code #: E0114	+						
20	1.00	CS	1.00	MDSV80535	TE	853529048	103.72	103.72
			805	100 /CRUTCH,A	LUMINUM,ADU	LT,MED,LF,300 L	В	
HCPCS	Code #: E0114	ļ.						

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063784900

 Invoice Date
 05/13/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$4,337.74

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176939	05/13/2013	1063784900

Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

LINE NO:	ORDER OTY	U/M IN	VOICE OTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	4.00	CS		MDS80212 5200 /CANE,WOO	TE	853529048	31.34 TER	125.36
HCDCS (Code #: E0100		808	5200 /CANE, WOO	D,37 ,1113 7/6	TOBING DIAME	TEN	
50	6.00		6.00	DYNJP8003	TE	853529048	61.79	370.74
	0.00			2800 /T-DRAPE,E	KTREMITY,STE	RILE		
70	1.00	CS	1.00	CR13000	TE	853529048	25.38	25.38
			103	3800 /COVERALL,	SPUNBOND,ST	RT WRST/ANKL,X	L,WHT	
80	12.00	CS	12.00	CDS981069C	TE	853529048	285.11	3,421.32
			10	7800 /LAP CHOLE	PROCEDURE			
Subtota	I							
		Freight:	0.00		Tax:	0.00		4150.24
			GROSS		TAX AMOL	INT	FREIGHT	TOTAL
			4,337.74		0	.00	0.00	\$4,337.74

Eligible Gross Amount \$4,337.74

Discount amount \$86.75 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176942	05/13/2013	1063784903

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432244631	MEDTRANS	MEDLINE	1084466	USD	\$858.67

TINE I I TEM NO. / I I I I I
NO DRDER OTY HAM INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
NO. CHIEF ATT ON HYPOROL CTT DESCRIPTION DOCUMENTS

10

3.00 BX

3.00 SKE0250070500

ΤE 853534722 286.22

858.67

SKE0250070500 /IRRIGATOR, SUCTION, STRYKEFLOW 10' TUBE

Subtotal

Freight:

0.00

Tax:

0.00

858.67

GROSS 858.67

TAX AMOUNT 0.00 **FREIGHT**

TOTAL

0.00 \$858.67

Eligible Gross Amount \$858.67

Discount amount \$17.17 if recd. by 06/12/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date**

1084466 1063784903 05/13/2013

Sales Rep #

210 2% 30, 1% 60, Net 90

Payment Terms **Amount Due**

\$858.67

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



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	N	V		()	- H.
_	T.4		_		

Customer PO #	Invoice Date	Invoice #
NR176950	05/14/2013	1063820125

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712906	MEDTRANS	CUSTOMER	1084466	USD	\$705.45

LINE NO.	ORDER OTY	U/M I		ITEM NO / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
						050500700	05.00	100.40
10	5.00	CS		NON27212XXL	TE	853538769	25.68	128.40
			NON27212	XXL /SHIRT,SCRU	B,ROUND-NEC	K,BLUE,2XL,DISP		
20	5.00	CS	5.00	NON27212XXXL	TE	853538769	26.24	131.20
			NON27212X	XXL /SHIRT,SCRU	B,ROUND-NEC	K,BLUE,3XL,DISP		
30	5.00	CS	5.00	NON27213XXXL	TE	853538769	37.25	186.25
			NON27213X	XXL /PANT,SCRUE	B,ELASTIC-WA	NIST,BLUE,3XL,DIS	SP	
40	5.00	CS		NON27213XXL	TE	853538769	36.81	184.05
			NON27213	XXL /PANT,SCRUE	B,ELASTIC-WA	NST,BLUE,2XL,DIS	SP	
Subtota	al							
		Freight:	75.55		Tax:	0.00		629.90
			GROSS		TAX AMOU	NT	FREIGHT	TOTAL
			62 9 .90		0	.00	75.55	\$705.45

Eligible Gross Amount \$629.90

Discount amount \$12.60 if recd. by 06/13/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063820125

 Invoice Date
 05/14/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$705.45

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176946	05/14/2013	1063820126

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432245366	FEDEX GROUND	CUSTOMER	1084466	USD	\$199.80

						TOTAL
Subtotal	Freight:	10.52	Tax:	0.00		189.28
0	1.00 CS	1.00 PEGFQW50310 PEGFQW503100 /PAPER,E		853538966 (100,ARRAY GRID	189.28	189.28

Eligible Gross Amount \$189.28

Discount amount \$3.79 if recd. by 06/13/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL RE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVDICE DATE, DR THEY ARE DEEMED WAIVED.

ITEM NO 7

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063820126

 Invoice Date
 05/14/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$199.80

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176788	05/14/2013	1063820127

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680667524	MEDTRANS	MEDLINE	1084466	USD	\$53.92

LINE NO.	ORDER QTY U/M	INVOICE OTY DESCRIPTION		DELIVERY #	UNIT PRICE	AMOUNT
10	2.00 CS	2.00 J-J6822A 0145200 /CAS	TE T TAPE,DELTA LIT	853547104 	26.96	53.92
Subtotal	Freight:		Tax:	0.00		53.9 2
-		GROSS	TAX AN	IOUNT	FREIGHT	TOTAL
		53.92		0.00	0.00	\$53.92

Eligibla Gross Amount \$53.92 Discount amount \$1.08 if recd. by 06/13/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL BE

CDMMUNICATED TO MEDLINE IN WRITING WITHIN TWD BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVDICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063820127

 Invoice Date
 05/14/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Amount Due

Detach and return this portion with your payment

\$53.92



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176933	05/14/2013	1063820128

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	GARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432256263	FEDEX GROUND	CUSTOMER	1084466	USD	\$596.40

	CONTRACTOR OF THE PARTY OF THE
LINE NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT	

10

1.00 CT

1.00 SWD668007

TE 853567275

588.28

588.28

SWD668007 /TRAY, CATHETER, SE, MAHURKAR, 11.5FR, 19.5CM

Subtotal

Freight:

8.12

Tax:

0.00

588.28

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 588.28
 0.00
 8.12
 \$596.40

Eligible Gross Amount \$588.28

Discount amount \$11.77 if recd. by 06/13/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL RE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer #
Invoice #
Invoice Date
Sales Rep #

1084466 1063820128 05/14/2013

210

Payment Terms 2% 30, 1% 60, Net 90

Amount Due

\$596.40

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176575	05/14/2013	1063822423

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680604717	VENDOR	MEDLINE	1084466	USD	\$2,243.71

10

10.00 EA

10.00 MDR30RWFRAME

TE,C

203.91

2,039.10

/BED,ROLLAWAY,30",FRAME ONLY

Subtotal

Freight:

204.61

Tax:

0.00

2039.10

TAX AMOUNT **FREIGHT** TOTAL **GROSS** 0.00 204.61 \$2,243.71 2,039.10

Eligible Gross Amount \$2,039.10

Discount amount \$40.78 if recd. by 06/13/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date Sales Rep #

1084466 1063822423 05/14/2013 210

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$2,243.71

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176888	05/14/2013	1063822424

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694523	FEDEX GROUND	CUSTOMER	1084466	USD	\$41.92

LINE NO OR	DER QTY U/M I		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 CS	1.00	SLT1611710 /CANNULA/	TE NEONATAL,CL	.EAR,7' TUBING	32.52	32.52
Subtotal	Freight:	9.40	,	Tax:	0.00		32.52
		GROSS 32.52		TAX AMO	UNT 0.00	FREIGHT 9.40	TOTAL \$41.92

Eligible Gross Amount \$32.52 Discount amount \$0.65 if recd. by 06/13/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lise Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063822424

 Invoice Date
 05/14/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$41.92

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176970	05/15/2013	1063858939

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722562	MEDTRANS TRUCK # 3	CUSTOMER	1084466	USD	\$25.06

ITEM NO /

		GROSS 25.06	TAX AMO	UNT 0.00	FREIGHT 0.00	TOTAL \$25.06
Subtotal	Freight:	0.00	Tax:	0.00		25.06
	2.00 EA	MDS91413 /SET,BP			. — . – .	25.00
0	2.00	2.00 MDS91413	TE	853581197	12.53	25.06
O. OR	DER QTY U/M IN	OICE OTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$25.06 Discount amount \$0.50 if recd. by 06/14/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lise Serpico-Foremen x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063858939

 Invoice Date
 05/15/2013

 Seles Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$25.06

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/15/2013	1063858940

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$710.31

LINE NO.	ORDER OTY U/M	INVOICE QTY DESCRIPT		DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 CS	1.00 UTD6680 UTD66800951 /PIC	00951 TE 00 4X8 (10X20 CM)	853590623	710.31	710.31
Subtotal	Freight	: 0.00	Tax:	0.00		710.31
		GROSS	TAX AMC	DUNT	FREIGHT	TOTAL
		710.31		0.00	0.00	\$710.31

Eligible Gross Amount \$710.31

Discount amount \$14.21 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063858940

 Invoice Date
 05/15/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$710.31

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176970	05/15/2013	1063858941

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722562	FEDEX GROUND	CUSTOMER	1084466	USD	\$26.38

			GROSS 19.28		TAX AMOU	INT .00	FREIGHT 7.10	TOTAL \$26.38
Subtota	al	Freight:	7.10		Tax:	0.00		19.28
0	2.00	EA		MDS91410 410 /SET,BP,CUI	TE FF,BLADDER,BF	8535 9 5587 P,1 TUBE,ADULT,L	9.64 F	19.28
•	0.00		2.00	MDC04440	TE	052505507	0.64	10.28
INE IO	ORDER OTY	U/M	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$19.28 Discount amount \$0.39 if recd. by 06/14/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1063858941 Invoice Date 05/15/2013 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$26.38

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176981	05/15/2013	1063858942

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432280338	FEDEX GROUND	CUSTOMER	1084466	USD	\$527.22

LINE NO.	ORDER QTY U/M INV	ITEM NO. / VOICE GTY DESCRIPTIO		* DELIVERY #	UNIT PRICE	AMOUNT
20	2.00 EA	2.00 W-A470060	TE D,MOBILE,FOR SI	853607980	243.42	486.84
Subtotal		/STAN	D, MOBILE, FOR 31	OT VITAL SIGN		
Custotal	Freight:	40.38	Tax:	0.00		486.84
-		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		486.84		0.00	40.38	\$527.22

Eligible Gross Amount \$486.84 Discount amount \$9.74 if recd. by 06/14/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVDICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, DR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063858942

 Invoice Date
 05/15/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$527.22

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726530	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$6,829.83

LINE NO.	ORDER QTY	U/M IN	VOICE QTY DESCRIPT		* DELIVERY #	UNIT PRICE	AMOUNT
l		I	!	<u></u>			
250	2.00	BX	2.00 MLK8645	1 TE	853608313	15.82	31.64
			0143000 /TUE	E,ENDOTRACH,INTE	ERMED,HI-LO,7.5 MI	M	
		^0143000					
Subtotal	999						
		Freight:	0.00	Tax:	0.00		31.64
10	40.00	EA	40.00 MDT2196	84 TE	853608313	3.96	158.40
			208800 /PILL	OW,MEDSOFT,18X	24,20EA/CS		
20	4.00	CS	4.00 MSG1075	TE	853608313	157.71	630.84
			604600 /GLC	OVE, SURG, SENSICA	RE,ALOE,LF,PF,7.5		
30	3.00	CS	3.00 MSG1070	TE	853608313	157.71	473.13
			604500 /GL0	VE,SURG,SENSICA	RE,ALOE,LF,PF,7		
40	4.00	CS	4.00 DYND802	35S TE	853608313	15.18	60.72
			702600 /URI	NAL,MALE,SUPREM	E		
50	2.00	CS	2.00 NON2560	00 TE	853608313	36.69	73.38
			304300 /GA	JZE,SPONGE,DRAIN	,4"X4",6PLY,STRL,2	2'S	

HCPCS Code #: A6402

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063858945

 Invoice Date
 05/15/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$6,829.83

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____





Customer PO #	Invoice Date	Invoice #
	05/15/2013	1063858945

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER GTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
60	4.00	cs		HUD1734	TE	853608313 MOUTHPC,6" RES,TU	40.16	160.65
70	6.00	cs	6.00	CRI2003	TE	853608313	19.44	116.64
80	3.00	cs	3.00	3900 /COVER,SHOE, NON27385	TE	853608313	31.74	95.22
90	6.00	cs	6.00	1800 /MASK,FACE,V DYND50252	TE	853608313	20.02	120.12
ЦСВС9	S Code #: A700	2	102	4300 /SUCT CONN	TUBE 1/4"	X 12' SI		
100	10.00 Todae 10.00		10.00	CUR9227	TE	853608313	47.52	475.20
100	10.00	00	_	3300 /GLOVE,EXAM				
110	12.00	вх	12.00	DRCPC1604Z	TE	853608313	8.61	103.33
			208	3900 /BATTERY, AL	KALINE, DU	JRACELL, 9V		
120	5.00	CS		PTXG1675	TE	853608313	131.38	656.90
			406	6000 /ABG-PROVEN	T CUSTOM	SOUND SHORE		
130	2.00	CS		DYNDS1087	TE	853608313	129.12	258.24
				8800 /TRAY,SUTUR				
140	8.00	вх		484406Z	TE	853608313	15.74	125.92
				6100 /GLOVE,EXAM			05.75	440.00
150	4.00	CS		MDS093944	TE	853608313	35.75	143.00
4.00	0.00			1300 /SOLUTION,PR		•	26.20	150.00
160	6.00	CS		MSC095001	TE	853608313	26.38	158.28
470	0.00	00		2200 /LOTION,HANI CTR000413	TE	853608313	19.59	117.54
170	6.00	CS		6100 /MOUTHWASH			19.55	117.54
180	1.00	CS		MSC095492	TE	853608313	63.87	63.87
100	1.00	CS		6300 /POWDER,BAE	. –		00.07	00.07
200	1.00	CS		DYND40582	TE	853608313	25,20	25,20
200	1.00	00		5800 /TRAY,TRACH				
HCPCS	S Code #: A462	6 +	A4930 + A6402 -		,			
210	1.00			BRD0038460	TE	853608313	77.50	77.50
			30!	5400 /SYRINGE,TOO	MEY,70CC	-ORDR QTY 50		
220	2.00	CS	2.00	KDL7006LL	TE	853608313	113.21	226.41
			310	0200 /TRAY,URINE	METER,FOL	EY,16FR,DRN BAG,LL		
230	6.00	CS	6.00	MDS090735	TE	853608313	26.00	156.00
			MDS09	0735 /PAD,PREP,AL	.COHOL,STE	RILE,MEDIUM,2-PLY	-	
HCPC	S Code #: A424	5						
240	1.00	CS		NON24272	TE	853608313	77.85	77.85
				4900 /APRON,PULL				
260	4.00	CS		SWD850815	TE	853608313	85.03	340.11
HCPC	S Code #: A421	5	40	6100 /NEEDLE,SAFE	:1Y,18G X	1-1/2",MAGELLAN		



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176979	05/15/2013	1063858945

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

		GROSS 6,829.83		TAX AMOU	J NT).00	FREIGHT 0.00	TOTAL \$6,829.83
	Fr	eight: 0.00		Tax:	0.00		6798.19
Subtotal	_			_			
		80	5600 /WASH,BABY	HEAD-TO-TO	E,10Z -ORDR QT	Y 3	
350	3.00 CS	3.00	JIP003268	TE	853608313	37.56	112.68
		80	1800 /SLIPPER,SING	GLE TREAD,G	RAY,XXL		
340	4.00 CS		MDT211218XXLI	TE	853608313	25.77	103.08
			1700 /SLIPPER,SING	SLE TREAD,E	BEIGE,XL		
330	4.00 CS	4.00	MDT211218XLI	TE	853608313	25.07	100.28
HCPCS Cod	e #: A6413	70.	2000 /BANDAGE,AL	JIILOIVL,I LA	0110,1 A0 ,0111L,	Li	
340	3.00 68	_	NON25600 2900 /BANDAGE,AI	. –			00.00
320	3.00 CS		2200 /SENSOR,ADU NON25600	JLT,ADHESIV TE	853608313	22.00	66.00
310	4.00 CS		NPBMAXA	TE	853608313	235.22	940.89
210	4.00 .00		2500 /TOOTHBRUS	•	•		040.00
300	3.00 GR		MDS136000	TE	853608313	8.83	26.49
			5600 /STAPLER,SKI				00.10
290	8.00 BX		USU054887	TE	853608313	36.62	292.99
	e #: A 6266						
		308	8700 /GAUZE,PACK	ING STRIP,IC	DDOFORM, 2"X5YE),STRL	
280	3.00 CS		NON256025	TE	853608313	40.90	122.70
	e #: A4210						
		408	8900 /SYRINGE,120	CC,LL,SOFT F	PACK,STRL		
270	4.00 CS	4.00	SWD200777	TE	853608313	34.66	138.63
			Life and the second				
vo. 0	RDER QTY U/	M INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INE			ITEM NO. /				

Eligible Gross Amount \$6,829.83

Discount amount \$136.60 if recd. by 06/14/13

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
	05/15/2013	1063858946

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$719.14

LINE ITEM NO. /	
NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DE	ELIVERY # UNIT PRICE AMOUNT

20

2.00 BX

1.00 USUPCO15X

TE 853608314 719.14

719.14

/PARIETEX COMPOSITE OPTIMIZED 15CM ROUND

Subtotal

Freight:

0.00

Tax:

0.00

719.14

GROSS

TAX AMOUNT

FREIGHT

TOTAL

719.14

0.00

0.00

\$719.14

Eligible Gross Amount \$719.14

Discount amount \$14.38 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date**

1084466 1063858946 05/15/2013

Sales Rep # **Payment Terms**

210 2% 30, 1% 60, Net 90

Amount Due

\$719.14

Remit To:

Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/15/2013	1063858947

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	FEDEX GROUND	MEDLINE	1084466	USD	\$215.70

LINE NO C	RDER QTY	U/M INV		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	BRD175808	TE,C	853609478	103.27	103.27
				/CATHETE	R,HYDROGEL C	COATED, SILICONE, 3	CC	
20	1.00	CS	1.00	BRD175810	TE,C	853609478	103.27	103.27
				/CATHETE	R,HYDROGEL C	COATED, SILICONE, 3	CC	
Subtotal		Freight:	9.16		Tax:	0.00		2 06 .54
			GROSS		TAX AMO	UNT	FREIGHT	TOTAL
			20 6 .54			0.00	9.16	\$215.70

Eligible Gross Amount \$206.54

Discount amount \$4.13 if racd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063858947

 Invoice Date
 05/15/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$215.70

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



T	N	V	\mathbf{O}	T	C	F
1	1.4	v	V			

Customer PO #	Invoice Date	Invoice #
NR176987	05/15/2013	1063858948

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680730158	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$1,772.67

LINE NO.	ORDER QTY	11/84	INVOICE GTY E	TEM NO. /	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
		10000				l		
10	4.00	cs	4.00 H	IUD19912	TE	853617276	138.39	553.57
			HUD199	12 /EXCHANGE	ER,HEAT/MOIS	T,GILBECK		
20	3.00	вх	3.00 ⊦	IDT312107	TE	853617276	139.31	417.93
			HDT3121	07 /TUBING,CII	RCUIT/6' F/CP	AP/BIPAP DISP		
30	3.00	CS	3.00 E	XTRT210	TE	853617276	267.06	801.17
			BXTRT2	10 /KIT,CIRCUI	T,DUAL-LIMB,	HEATED,MR290 IN	CL	
Subtota	al							
		Fraight:	0.00		Tax:	0.00		1772.67
			GROSS		TAX AMO	UNT	FREIGHT	TOTAL
			1,772.67			0.00	0.00	\$1,772.67

Eligible Gross Amount \$1,772.67

Discount amount \$35.45 if recd. by 06/14/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063858948

 Invoice Date
 05/15/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$1,772.67

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



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1	IN	\mathbf{V}	U		L

Customer PO #	Invoice Date	Invoice #
HA06562	05/15/2013	1063860103

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694674	WAREHOUSE MOVES-MEDLINE	CUSTOMER	1084466	USD	\$456.69

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. /	CODE* DE	ELIVERY #	UNIT PRICE	AMOUNT
[Ditoch Q11	Blad Added &					-	
10	2.00	EA	2.00	SNRC70901202	TE		40.54	81.08
				/SPLINT, HAN	ID, POSITION, LE	EFT, REGLR, S	ML	
HCPCS	Code #: L3999							
20	2.00	EA	2.00	SNRC70901201	TE		40.54	81.08
				/SPLINT,HANI	D,POSITION,RIGH	IT,REGLR,SML		
HCPCS	Code #: L3999							
30	2.00	EA	2.00	SNRC70911202	TE		40.94	81.88
				/SPLINT, HAN	ID, POSITION, LI	EFT, REGLR, N	IED	
HCPCS	Code #; L3999							
40	2.00	EA	2.00	SNRC70911201	TE		40.94	81.88
				/SPLINT,HAN	D,POSITION,RIGH	IT,REG,MED		
HCPCS	Code #: L3999							
50	2.00	EA	2.00	SNRC70921202	TE		40.94	81.88
				/SPLINT,HAN	D,POSITION,LEFT	,REG,LG		
HCPCS	Code #: L3999							

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL RE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063860103

 Invoice Date
 05/15/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$456.69

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

3



448.74

INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/15/2013	1063860103

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

/SPLINT, HAND, POSITION, RIGHT, REGLR,LRG CPCS Code #: L3999 Subtotal				GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
/SPLINT, HAND, POSITION, RIGHT, REGLR,LRG	ubtota	al	Freight:	7.95		Tax:	0.00		448.74
2.00 EA 1.00 SINTO/0021201									
O 2.00 EA 1.00 SNRC70921201 TE 40.94 40.9					/SPLINT, HAN	ID, POSITIO	N, RIGHT, REGL	R,LRG	
	0	2.00	EA	1.00	SNRC70921201	TE		40.94	40.94
	INE				ITEM NO. /				

0.00

Eligible Gross Amount \$448.74

Discount amount \$8.97 if recd. by 06/14/13

* Code

7.**9**5

TE - Tax Exempt

C - Customer Freight

\$456.69



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/16/2013	1063894739

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	MEDTRANS	CUSTOMER	1084466	USD	\$488.87

LINE NO.	ORDER QTY	U/M	INVOICE QTY DESCRI		E* DELIVERY #	UNIT PRICE	AMOUNT
10	5.00	cs	3.00 B-D305		853537174	61.62	184.85
20	6.00	cs	6.00 PTX005	YRINGE,NEEDLE,BLUI 5445 TE MASK,PREMIUM ANES	8 53537174	50.67	304.02
Subtotal		Freight		Tax:	0.00		488.87
			GROSS 488.87	TAX AM	MOUNT 0.00	FREIGHT 0.00	TOTAL \$488.87

Eligible Gross Amount \$488.87

Discount amount \$9.78 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894739

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Amount Due

% 30, 1% 60, Net 90 \$488.87

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176948	05/16/2013	1063894740

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712663	MEDTRANS	MEDLINE	1084466	USD	\$413.20

		GRO SS 413.20	IAX AMI	0.00	0.00	\$413.20
		CROSS	TAX AMO	NINT	FREIGHT	TOTAL
Subtota	aı Freight:	0.00	Tax:	0.00		413.2 0
Cb4 - 4.	al	NON249005 /POUC	H,TELEMETRY,MU	LTI-LAYER,TIES,BLU	JE	
20	5.00 CS	5.00 NON249005		853537175	82.64	413.20
10.	ORDER OTY U/M	NVOICE QTY DESCRIPTIO	N CODE	DELIVERY #	UNIT PRICE	AMOUNT
INE		ITEM NO. /				

Eligible Gross Amount \$413.20

Discount amount \$8.26 if recd. by 06/15/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894740

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$413.20

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/16/2013	1063894741

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	MEDTRANS	MEDLINE	1084466	USD	\$2,154.48

LINE NO	ORDER QTY	11/8/1	INVOICE QTY	ITEM NO. /	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
	CHECH 4	1 20001			1			
10	6.00	cs	6.00	LTP40000009KT	TE	853541660	112.25	673.47
			LTP4000000	9KT /BELT,TRANS	DUCER,LIFE	TRACE,LF,36"		
20	3.00	CS	3.00	9165	TE	853541660	91.51	274.53
		C	000000000000000	165 /PAD,GROUNI	DING,UNIVI	ERSAL, SPLIT, W/ CO		
30	3.00	CS	3.00	ESPB3000	TE	853541660	141.71	425.13
			ESPB:	BOOO /PENCIL,CAUT	TERY,PUSH	BUTTON, STERILE, LF,	ss	
40	12.00	CS	12.00	GCT30748696CS	TE	853541660	65.11	781.35
			GCT3074869	6CS /PAPER,FETAI	_,HEWLETT	-PACKARD,HP 50		
Subtota	al							
		Freig	ht: 0.00		Tax:	0.00		2154.48
+			GROSS		TAX AM	OUNT	FREIGHT	TOTAL
			2,154.48			0.00	0.00	\$2,154.48

Eligibla Gross Amount \$2,154.48

Discount amount \$43.09 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEOLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894741

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$2,154.48

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176795	05/16/2013	1063894742

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680669412	MEDTRANS	CUSTOMER	1084466	USD	\$22.35

LINE NO. ORI	DER QTY	U/M IN		M NO. / SCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS		THS711100) /MOUTHPIECE,AS	TE SSESS.PE	853547105 AK FLO.ADULT	22.35	22.35
Subtotal		Freight:	0.00		вх:	0.00		22.35
			GROSS	T/	AX AMOL	INT	FREIGHT	TOTAL

Eligible Gross Amount \$22.35

Discount amount \$0.45 if recd. by 06/15/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894742

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$22.35

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176930	05/16/2013	1063894743

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680708971	MEDTRANS	MEDLINE	1084466	USD	\$149.29

LINE NO. ORDER QTY U/M INVOICE QTY	ITEM NO. / DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
1	

20

30.00 EA

5.00 HUD60705EA

TE 853548524

29.86

149.29

HUD60705EA /MASK, DISPOSABLE FULL FACE MASK, VENTED L

Subtotal

Freight:

0.00

Tax:

0.00

149.29

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 149.29
 0.00
 0.00
 \$149.29

Eligible Gross Amount \$149.29

Discount amount \$2.99 if recd. by 06/15/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer #
Invoice #
Invoice Date
Sales Rep #

Amount Due

1084466 1063894743 05/16/2013

Sales Rep # 210 **Payment Terms** 2% 30, 1% 60, Net 90

2% 30, 1% 60, Net 90 \$149.29

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176688	05/16/2013	1063894744

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680642750	MEDTRANS	MEDLINE	1084466	USD	\$205.25

Subtotal	Freight:	0.00	Tax:	0.00		205.25
0	1.00 CS	1.00 ALA30485 ALA30485 /GLOVE,S	TE URG,LATEX,BIO	853556377 DGEL,SURGICAL,PF,8	205.25 .5	205.25

Eligible Gross Amount \$205.25

Discount amount \$4.11 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

ITEM NO. /

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1063894744 Invoice Date 05/16/2013 Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms \$205.25

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176746	05/16/2013	1063894745

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652198	MEDTRANS	MEDLINE	1084466	USD	\$780.46

ITEM NO. /

		GROSS 780.46		TAX AMOU	INT .00	FREIGHT 0.00	TOTAL \$780.46
Subtota	al Freigh	nt: 0.00		Тах:	0.00		780.46
30	40.00 EA	39.00 A ABR171!		TE HYGIENIKIT	853556378 STRILE WITHOUT E	20.01 PA	780.46
NO.	ORDER OTY U/M	INVOICE QTY D	SCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$780.46

Discount amount \$15.61 if recd. by 06/15/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRDRS.

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894745

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$780.46

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
nr176758	05/16/2013	1063894747

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR** 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432113858	MEDTRANS	MEDLINE	1084466	USD	\$710.31

NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
--

20

1.00 CS

1.00 UTD66800951

TE

853590256

710.31

710.31

UTD66800951 /PICO 4X8 (10X20 CM)

Subtotal

Freight:

0.00

Tax:

0.00

710.31

GROSS TAX AMOUNT **FREIGHT** TOTAL 710.31 0.00 0.00 \$710.31

Eligible Gross Amount \$710.31

Discount amount \$14.21 if recd. by 06/15/13

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date Sales Rep #

1084466 1063894747 05/16/2013 210

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$710.31

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/16/2013	1063894748

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	MEDTRANS	MEDLINE	1084466	USD	\$1,238.61

LINE				EM NO. /				Annual Control
NO.	ORDER OTY	U/M IN	VOICE OTY DI	SCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	CS	3.00 M	DS098710	TE	853611037	91.44	274.32
			MDS09871	O /PREP,CHG	,LIQUID,4%,4	OZ BTL,48 EA/CS		
50	5.00	CS	5.00 K-	C62645	TE	853611037	98.90	494.52
			K-C6264	5 /WRAP,STE	RILIZATION, C	SR,ONE-STEP,45"X4	5"	
60	5.00	CS	5.00 K-	C62136	TE	853611037	93.95	469.77
			K-C6213	6 /WRAP,STE	RILIZATION, C	SR,ONE-STEP,36"X3	36"	
Subtota	ıl							
		Freight:	0.00		Tex:	0.00		1238.61
			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
			1,238.61		0.00		0.00	\$1,238.61

Eligible Gross Amount \$1,238.61

Discount amount \$24.77 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED, ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894748

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$1,238.61

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176404	05/16/2013	1063894749

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680549397	FEDEX GROUND	CUSTOMER	1084466	USD	\$86.78

-		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
Subtotal	Freight:	10.39	Tax:	0.00		76.39
		MDSHXS1BH /EXERCISE	B A ND,GRAY	SPR HVY,50YD ROL	LLS	
20	1.00 E A	1.00 MDSHXS1BH	TE	85 3 6 3 0276	76.39	76.39
NO O	RDER QTY U/M IN	VOICE GTY DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

0.00

76.39 Eligible Gross Amount \$76.39

ITEM NO. /

*Code

10.39

TE - Tax Exempt

C - Customer Freight

\$86.78

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Discount amount \$1.53 if recd. by 06/15/13

Customer # 1084466 1063894749 Invoice # **Invoice Date** 05/16/2013 Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$86.78

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
HA06557	05/16/2013	1063894750

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671421	FEDEX GROUND	CUSTOMER	1084466	USD	\$138.79

INE NO.	ORDER OTY	U/M IN		ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
20	4.00	EA	4.00	CHT1512	TE	853632995 E,LF,OVERSIZE,11"X2	30.67	122.68
Subtotal				/PACK,COL	D, NEAV 1-03E	:,LF,OVERSIZE, II X	21	
oubtotui		Freight:	16.11		Tax:	0.00		122.68
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
		122.68			0.00		16.11	\$138.79

Eligible Gross Amount \$122.68

Discount amount \$2.45 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894750

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$138.79

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176788	05/16/2013	1063894751

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680667524	MEDTRANS	MEDLINE	1084466	USD	\$2,982.51

O ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT 0 2.00 BX 2.00 DVL0112760 TE 853633507 596.50 1,193.00 DVL0112760 /MESH PLUG MED -ORDR QTY 2				GROSS 2,982.51		TAX AM	OUNT 0.00	FREIGHT 0.00	TOTAL \$2,982.51
O ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT 2.00 BX 2.00 DVL0112760 TE 853633507 596.50 1,193.00 DVL0112760 /MESH PLUG MED -ORDR QTY 2 3.00 BX 3.00 DVL0112750 TE 853633507 596.50 1,789.51 DVL0112750 /MESH,PERFIX PLUG,SMALL,1"X1.35"	Subtotal		Freight:	0.00		Tax:	0.00		2982.51
O PROBER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT 2.00 BX 2.00 DVL0112760 TE 853633507 596.50 1,193.00 DVL0112760 /MESH PLUG MED -ORDR QTY 2 3.00 BX 3.00 DVL0112750 TE 853633507 596.50 1,789.51	Cubtotal			512011276	,		,		
O ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT 0 2.00 BX 2.00 DVL0112760 TE 853633507 596.50 1,193.00 DVL0112760 /MESH PLUG MED -ORDR QTY 2				DVI 011275	O /MESH.PERI	IX PLUG.SM	IALL.1"X1.35"		
O ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT 0 2.00 BX 2.00 DVL0112760 TE 853633507 596.50 1,193.00	10	3.00	BX	3.00 D	/L0112750	TE	853633507	596.50	1,789.51
O ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT				DVL011276	O /MESH PLU	G MED -ORD	OR QTY 2		
	30	2.00	ВХ	2.00 D	/L0112760	TE	853633507	596.50	1,193.00
			1 5			<u> </u>			
NE ITEM NO. /	INE OF	RDER OTV	LIZAN IN			CODE	* DELIVERY #	UNIT PRICE	AMOUNT

Eligibla Gross Amount \$2,982.51

Discount amount \$59.65 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894751

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$2,982.51

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176984	05/16/2013	1063894752

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680728060	FEDEX GROUND	MEDLINE	1084466	USD	\$112.11

NO. ORDER QTY U/M INVOICE QTY	ITEM NO. / DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
Market Control of the	A STATE OF THE STA

30

1.00 CS

1.00 BRD175812

TE.C 853643968 103.27

103.27

/CATHETER, HYDROGEL COATED, SILICONE, 5 CC

Subtotal

Freight:

8.84

Tax:

0.00

103.27

TAX AMOUNT **FREIGHT** TOTAL **GROSS** \$112.11 0.00 8.84 103.27

Eligibla Gross Amount \$103.27

Discount amount \$2.07 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date Sales Rep #

1084466 1063894752 05/16/2013 210

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$112.11

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$9,357.72

LINE NO. O	RDER QTY	LIZAZ SALV		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
190. 0	NUCH UIT	O/M IIV	OIGE GIT	DESCRIPTION	1000	WALLY IIII P	0.41	
4.00	10.00	DV.	10.00	D D0670717	TE	853644536	10.50	104.99
180	10.00	BX		B-D367871Z				104.99
		20405400	0105	400 /TUBE,PLAS	SIVIA,GRIV,SODI	UM HEP,13X75MN	VI,41VIL	
		^0165400						
Subtotal 9	99				_			40400
		Freight:	0.00		Tax:	0.00		104.99
20	2.00	CS	2.00	NON25416	TE	853644536	69.80	139.60
			600	400 /GAUZE,SP	ONGE,4"X4",1	6PLY,WOVEN,NS,L	F	
		600400						
HCPCS Cod	le #: A6216	3						
Subtotal 4	00							
		Freight:	0.00		Tax:	0.00		139.60
10	2.00	CS	1.00	ASO1C5208	TE	853644536	57.10	57.10
			202	700 /CLEANER,I	NZYMATIC.VA	LSURE.1 GAL		
30	2.00	CS		PTX8503	TE	853644536	94.56	189.11
	2.00	00			· -	JLT,MASK,FLEX TI		,

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063894753

 Invoice Date
 05/16/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$9,357.72

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$_____





Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

NO. OF	RDER QTY U/M		TEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
		1		500000000000000000000000000000000000000			
40	4.00 CS		DYND50252	TE	853644536	20.02	80.08
		104	300 /SUCT CONN	TUBE 1/4"	X 12' ST		
HCPCS Code		0.00	UD74000E	TE	050644506	32.16	96.47
50	3.00 CS		HUD719025 500 /SPIROMETER	TE	853644536	32.10	90.47
60	4.00 CS		NON27710	TE	853 6 44536	48.17	192.68
00	4.00 03				ROTECT,SHIELD/TIE		,02,00
70	2.00 CS		BXT002620	TE	853644536	18.03	36.05
, 0	2.00 00				TERILE WATER,500		
80	1.00 CS		NON02325	TE	853644536	53.80	53.80
		205	100 /STRAW,7 3/	4",WRAPPE),FLEX		
90	1.00 CS	1.00	NON24357W	TE	853644536	17.00	17.00
		805	300 /PAPER,PRO	TOWEL,TISS	UE,3PLY,WHITE,13	X18"	
100	4.00 CS	4.00	DYND80347	TE	853644536	16.50	66.00
		707	300 /WASHBASIN	I,RECTANGU	LAR,GRAPHITE,6 C	ìΤ	
110	3.00 CS		DYNDS1087	TE	853 6 44536	129.12	387.36
			300 /TRAY,SUTUR	RING			
130	5.00 CS		DYND30261	TE	853644536	43.66	218.30
				•	RD,ZIPLOK,6X9,PC		
140	3.00 CS		MMM1624W	TE	853644536	96.59	289.78
		300	400 /DRESSING,1	EGADERM, I	RNS,FILM,2.375X2	./5"	
HCPCS Cod		0.00	DVND45007	75	050044500	EE 00	110.00
150	2.00 CS		DYND15207	TE NGE ANTI BEI	853644536	55.00	110.00
HCPCS Cod	o #. A4257	309	400 /BAG,DRAINA	AGE, ANTI-NE	FLUX DEVICE,2000	/IVIL	
160	1.00 CS	1.00	NONTP85DS	TE	853644536	230.43	230.43
100	1.00 03				FRESH,FLUORIDE,.		2000
170	1.00 CS		DYND50211	TE	853644536	15,41	15.41
170	1.00				CTING,3/16"X20",		
HCPCS Cod	e #: A7002			•			
190	1.00 CS	1.00	SWD850215	TE	85364453 6	86.93	86.93
		406	500 /NEEDLE,SAF	ETY,22G X	1-1/2",MAGELLAN		
HCPCS Cod	e #: A4215						
200	1.00 CS	1.00	SWD850310	TE	853644536	85.03	85.03
		407	100 /NEEDLE,SAF	ETY,23G X	1",MAGELLAN		
HCPCS Cod	e #: A4215						
210	4.00 CS		8-D381423	TE	853644536	338.87	1,355.49
		407	800 /CATHETER,I	V,22GX1",RI	ETRACTABLE STEF		
220	2.00 CS		SWD560125	TE	853644536	32.75	65.49
		407	500 /SYRINGE,60	CC,LUER LO	CK TIP		
	e #: A4213				05004:500	007.05	4 000 00
230	4.00 CS		B-D367342	TE	853644536	267.25	1,069.00
		409	600 /SET,BLOOD	COLL, VACO	TAINER,23G X .75		



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/16/2013	1063894753

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M IN		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
250	2.00	CS		MDS032280	TE	853644536	51.00	102.00
			309	800 /JELLY,LUE	E,STRL,FOIL P.	ACK,5 GRAM		
260	1.00	CS	1.00	DYND70293	TE	853644536	25.60	25.60
			603	000 /CONTAINE	R,DENTURE,W	'LID,AQUA,		
270	20.00	BX	20.00	MMM15301Z	TE	853644536	3.91	78.25
			607	000 /TAPE,PAP	ER,SURGICAL,N	ICROPORE,1"X10YI)	
HCPCS Co	ode #: A4450)						
280	2.00	CS		MMM15272	TE	853644536	74.83	149.66
			606	200 /TAPE,SUR	GICAL,TRANSF	ORE,2"X10YD		
HCPCS Co	ode #: A4452	2						
290	20.00	BX	20.00	MMM15382Z	TE	853644536	6.90	137.90
			607	700 /TAPE,SUR	GICAL, DURAPO	RE,2"X10YD		
HCPCS Co	ode #: A4452	2						
300	10.00	CS		NPBMAXA	TE	853644536	235.22	2,352.23
			702	200 /SENSOR,A	DULT, ADHESI	/E,USE,W/D-25		
310	1.00	CS		DYND80327	TE	853644536	16.61	16.61
			800	200 /BASIN,EM	ESIS,GRAPHITE	,500ML		
320	3.00	BX		USUCG905	TE	853644536	57.73	173.18
				400 /SUTURE,C	HROMIC GUT,	1 36" GS-25 10	5P	
330	3.00	BX		USUGL122	TE	853644536	45.80	137.39
			410	200 /SUTURE,P	OLYSOR8,3/0	30,VIOLET V-20 10	30	
340	10.00	BX	10.00	USUCL812	TE	853644536	45.03	450.26
				400 /SUTURE,P	OLYSORB 0 3	VIOLET GS-21		
350	3.00	BX	1.00	USUCL813	TE	853644536	44.26	44.26
			410	500 /SUTURE,P	OLYSORB 1 3	O VIOLET GS-21 01	ב	
360	2.00	BX	2.00	USUSL5627	TE	853644536	106.22	212.43
			410	600 /POLYSOR	B 4/0 18" UND	YED P-12		
370	3.00	BX	1.00	USUSL5628G	TE	853644536	37.71	37.71
					OLYSORB 3/0	18" UNDYED P12		
380	2.00	BX	2.00	USUSN5669	TE	853644536	99.68	199.35
				000 /SUTURE,N	IONOSOF,BLAC	CK,3/0,18",P-12		
390	2.00	BX	2.00	USUCL811	TE	853644536	45.80	91.59
			401	000 /SUTURE,F	OLYSORB 2-0	GS21 27 CL811		
410	4.00	BX		USUCG811			50.80	203.20
			404	1200 /SUTURE,C	CHROMIC GUT,	2/0 30 GS-21		
Subtotal								
		Freight:	0.00		Tex:	0.00		9113.13
il-			GROSS		TAX AMO		FREIGHT	TOTAL
			9,357.72			0.00	0.00	\$9,357.72

Eligible Gross Amount \$9,357.72

Discount amount \$187.15 if recd. by 06/15/13

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/16/2013	1063894754

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS	MEDLINE	1084466	USD	\$14.88

NO ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT

60

6.00 EA

1.00 ORT16000

TF 853648509 14.88

14.88

ORT16000 /IMMOBILIZER, SHOULDER, CUT-AWAY, UNIV, EA

HCPCS Code #: A4565

Subtotal

Freight:

0.00

Tax:

0.00

14.88

GROSS TAX AMOUNT **FREIGHT TOTAL** 0.00 \$14.88 14.88 0.00

Eligible Gross Amount \$14.88

Discount amount \$0.30 if recd. by 06/15/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, DR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date**

1084466 1063894754 05/16/2013

Sales Rep # Payment Terms

210

2% 30, 1% 60, Net 90

Amount Due

\$14.88

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176746	05/17/2013	1063930055

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652198	FEDEX GROUND	MEDLINE	1084466	USD	\$20.01

LINE NO. O	RDER QTY U/M INV	OICE OTY DESCRIPTION	CODE* DELIVERY #	UNIT PRICE	AMOUNT
30	40.00 EA	1.00 ABR17150 ABR17150 /PUMP F	TE 853633506 HAND HYGIENIKIT STRILE WITHOU	20.01	20.01
Subtotal		ABITT 100 /1 OWI /1	IAND ITTELLINING OTTILL WITHOU	T BI A	
	Freight:	0.00	Tax: 0.00		20.01
		GROSS	TAX AMOUNT	FREIGHT	TOTAL
		20.01	0.00	0.00	\$20.01

Eligible Gross Amount \$20.01 Discount amount \$0.40 if recd. by 06/16/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930055

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$20.01

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/17/2013	1063930056

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	6 80712657	FEDEX GROUND	CUSTOMER	1084466	USD	\$74.18

		GROSS 61.62	TAX AMOUNT 0.00	FREIGHT 12.56	TOTAL \$74.18
	Freight:	12.56	Тәх: 0.00		61.62
ubtotal					
		B-D305064 /SYR	INGE,NEEDLE,BLUNT FILL,10M	IL,18GX1.5"	
)	5.00 CS	1.00 B-D30506	4 TE 853633	3508 61.62	61.62
J. UI	RDER QTY U/M	INVOICE QTY DESCRIPT	ON LODE DELIVER	NT# UNIT FRICE	AMOGNI
NE O. OI	SEED OTK LUKE	ITEM NO.		RY # UNIT PRICE	AMOUNT

Eligible Gross Amount \$61.62

Discount amount \$1.23 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED, ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930056

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$74.18

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176993	05/17/2013	1063930057

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680734132	FEDEX GROUND	CUSTOMER	1084466	USD	\$233.77

INE IO. OI	RDER OTY U/M IN	VOICE OTY DESCRIPTION		* DELIVERY #	UNIT PRICE	AMOUNT
0	3.00 CS	3.00 MD\$8084 609400 /GLO	TE VE,EXAM,NITRILE,P	853644534 F,LF,SM	72.93	218.79
Subtotal		000.00 , 422	· -,-, · · · · · · · · · · · · · · · · ·	, ,		
	Freight:	14.98	Tax:	0.00		218.79
		GROSS	TAX AM	DUNT	FREIGHT	TOTAL
		218.79		0.00	14.98	\$233.77

Eligible Gross Amount \$218.79

Discount amount \$4.38 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930057

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$233.77

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176995	05/17/2013	1063930058

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680734926	FEDEX GROUND	CUSTOMER	1084466	USD	\$244.90

		GROSS 230.94	TAX AMO	U NT 0.00	FREIGHT 13.96	TOTAL \$244.90
Oubtota	Freigh	t: 13.96	Tax:	0.00		230.94
Subtota		NON21002 /FIEL	LD,STERILE,18"X26",F	ENESTRATION, 2.7	5"	
10	3.00 CS	3.00 NON2100)2 TE	853644535	76.98	230.94
INE NO.	ORDER OTY U/M	INVOICE QTY DESCRIPT	TION CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligibla Gross Amount \$230.94 Discount amount \$4.62 if recd. by 06/16/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930058

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$244.90

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177001	05/17/2013	1063930059

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER	# CURRENCY	AMOUNT DUE
210	680737239	FEDEX GROUND	CUSTOMER	1084466	USD	\$252.39

LINE NO.	ORDER QTY U/M	ITEM NO. / INVOICE GTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	3.00 CS	3.00 DYNJWE136		853649014	84.13	252.39
Subtota	ı	DYNJWE1361 /KIT,RES	SERVOIR,100CC,	TOMM, FULL		
Subtota	reight:	0.00	Tax:	0.00		252.39
	70	GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		252.39		0.00	0.00	\$252.39

Eligible Gross Amount \$252.39

Discount amount \$5.05 if recd. by 06/16/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930059

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$252.39

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176797	05/17/2013	1063930061

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	FEDEX GROUND	MEDLINE	1084466	USD	\$456.84

LINE NO.	ORDER QTY	U/M IA	IVOICE QTY	ITEM NO. / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
160	6.00	EA	6.00	MDS5018319	TE	853665903	21.63	129.78
				· ·		T-SAWTELL,S-CVD,		007.00
200	6.00	EA	6.00	MDS1867013 /RETRACTO	TE R,WEITLANEI	853665903 R,SHARP,3:4,5",130	54.51 CM	327.06
Subtotal	1							
		Freight:	0.00		Tax:	0.00		456.84
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
			456.84			0.00	0.00	\$456,84

Eligible Gross Amount \$456.84

Discount amount \$9.14 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930061

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$456.84

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176741	05/17/2013	1063930062

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680651655	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$857.38

		GROSS 857.38		TAX AMO	TNU 0.00	FREIGHT 0.00	TOTAL \$857.38
Subtota	al Freigh	t: 0.00		Төх:	0.00		857.38
20	4.00 EA		BRD777626 626 /STENT,URE	TE TERAL,INL A Y,	853667242 6FR,26CM	214.35	857. 3 8
		4.00	PPP-7-7000		050007040	214.25	057.20
INE NO.	ORDER QTY U/M		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$857.38

Discount amount \$17.15 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930062

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$857.38

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/17/2013	1063930063

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$45.67

LINE NO ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE	AMOUNT

150

12.00 EA

12.00 SDJ7983520

TE 853667250

3.81

45.67

SDJ7983520 /CERVICAL, COLLAR, 2.5" UNIVERSAL CERVICAL

HCPCS Code #: L0120

Subtotal

Freight:

0.00

Tax:

0.00

45.67

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 45.67
 0.00
 0.00
 \$45.67

Eligible Gross Amount \$45.67 Discount amount \$0.91 if recd. by 06/16/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer # Invoice # Invoice Date Sales Rep # 1084466 1063930063 05/17/2013 210

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$45.67

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176743	05/17/2013	1063930064

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$101.52

30

10.00 EA

9.00 ORT16020LXL

TE 853668092

11.28

101.52

ORT16020LXL /IMMOBILIZER, SHOULDER, SLING & SWATH, L/XL, EA

HCPCS Code #: L3670

Subtotel

Freight:

0.00

Tax:

0.00

101.52

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 101.52
 0.00
 0.00
 \$101.52

Eligible Gross Amount \$101.52

Discount amount \$2.03 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 OAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer #
Invoice #
Invoice Date
Sales Rep. #

1084466 1063930064 05/17/2013 210

Sales Rep #
Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$101.52

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177003	05/17/2013	1063930065

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680737793	FEDEX GROUND	CUSTOMER	1084466	USD	\$113.33

		GROSS 104.52			.00	8.81	\$113.33
		CDOSS		TAX AMOU	INIT	FREIGHT	TOTAL
	Freight	: 8.81		Tax:	0.00		104.52
Subtotal							
		SNRC716	802 /BAND,THER	ABAND, MED,	RED 6X50YD		
20	1.00 EA	1.00	SNRC716802	ΤΈ	853670752	104.52	104.52
10.	ORDER OTY U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INE			ITEM NO. /				

Eligible Gross Amount \$104.52

Discount amount \$2.09 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEOLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE OATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930065

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$113.33

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176894	05/17/2013	1063930066

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680695972	FEDEX GROUND	CUSTOMER	1084466	USD	\$277.47

LINE NO ORI	DER QTY U/M INV	VOICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
20	4.00 CS	4.00 MCK2006S MCK2006S /DEC A NTE	TE R VIAL	853670776	69.37	277.47
Subtotal	Freight:	0.00	Tex:	0.00		277.47
	rreight:	GROSS	TAX AM		FREIGHT	TOTAL
		277.47		0.00	0.00	\$277.47

Eligible Gross Amount \$277.47 Discount amount \$5.55 if recd. by 06/16/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930066

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$277.47

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176947	05/17/2013	1063930067

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712657	FEDEX GROUND	CUSTOMER	1084466	USD	\$61.62

TITEM NO. 7

n.		GROSS	TAX AMOUNT	FREIGHT	TOTAL
	Freight:	0.00	Tax: 0.00		61.62
Subtota	al				
		B-D305064 /SYRING	GE,NEEDLE,BLUNT FILL,10ML,18G	X1.5"	
10	5.00 CS	1.00 B-D305064	TE 853670777	61.62	61.62
THE PERSON NAMED OF TAXABLE PARTY.					
NO.	ORDER OTY U/M	INVOICE OTY DESCRIPTION	CODE* DELIVERY #	UNIT PRICE	AMOUNT
LHNL		THE WORLD			

0.00

Eligible Gross Amount \$61.62

Discount amount \$1.23 if recd. by 06/16/13

*Code

0.00

TE - Tax Exempt

C - Customer Freight

\$61.62

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

61.62

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930067

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$61.62

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



T	TAT:	V		T	\mathbf{T}
1		V	U		L

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930068

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680742333	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$10,740.73

LINE				I NO. /	CODE	DELWIEDY 4	UNIT PRICE	AMOUNT
NO.	ORDER OTY	U/M INVOICE	QIY DES	CRIPTION	CODE*	DELIVERY #	ONIT PRICE	AMOON
160	2.00	CS	2.00 B-D3	65974	TE	853680107	94.93	189.85
			100900	/TUBE,MICROTA	INER, ADDI	TIVE,PINK		
		100900						
10	1.00	CS	1.00 DYN	JP9010A	TE	853680107	61.63	61.63
			102100	/PACK,LITHOTO	MY,PK II,A	URORA		
		102100						
Subtota	l 999							
		Freight:	0.00	1	ax:	0.00		251.48
20	2.00	CS	2.00 DYN	JP2309	TE	853680107	28.97	57.94
			102300	/COVER,TABLE,4	14X76,STE	RILE		
		102300						
Subtota	ıl 200							
		Freight:	0.00	1	ax:	0.00		57.94
30	1.00	CS	1.00 DYN	JP2725	TE	853680107	101.43	101.43
			104200	/GOWN,REINF,PO	DLY,AURO	RA,XLNG/XL,STRL		
40	5.00	CS	5.00 DYN		TE	853680107	348.72	1,743.60
			104400	/BASIC PACK-LF	:			

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930068

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$10,740.73

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment

3



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930068

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

INE			ITEM NO. /				
0. 0	RDER QTY U	/M INVOICE GTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
0	1.00 C	s 1.00	DYNJP3011	TE	853680107	73.37	73,37
,0	1.00 0	-	04500 /DRAPE,LAPA	. –		, 5.5.	
30	2.00 C		DYNJP2707	TE	853680107	84.86	169.72
			7500 /GOWN,REINF	ORCED,POL	Y,AURORA,LARGE,	STRL	
70	4.00 C		CDS981068D	TE	853680107	74.24	296.96
		CDS981	068D /EXTREMITY	PROCEDURE			
80	8.00 C	s 8.00	CDS981069C	TE	853680107	285.11	2,280.88
		10	7800 /LAP CHOLE	PROCEDURE			
90	4.00 C	S 4.00	CDS981070C	TE	853680107	635.20	2,540.80
		10	7900 /TOTAL JOIN	T PROCEDU	RE		
100	2.00 C	S 2.00	MDSV80535	TE	853680107	103.72	207.44
		80	05100 /CRUTCH,ALL	JMINUM,AD	ULT,MED,LF,300 LE	3	
HCPCS Cod	le #: E0114						
120	2.00 C		MDSV80535	TE	853680107	103.72	207.44
		80	05100 /CRUTCH,ALU	JMINUM,AD	ULT,MED,LF,300 LE	3	
HCPCS Cod	le #: E0114						
130	3.00 C		DYNJAA4836A	TE	853680107	100.00	300.00
			30100 /CIRCUIT,ANE	STHESIA,AI			
140	4.00 C		DYNJ21512A	TE	853680107	253.09	1,012.36
			21000 /ARTHRO PA				
170	4.00 C	-	DYNJP6110A	TE	853680107	132.49	529.96
			03200 /PACK,C-BIRT				
180	6.00 C	-	DYNJP6020A	TE	853680107	95.16	570.96
			04100 /PACK,OB III,				400.00
190	2.00 C) MDS251518RNG	TE	853680107	64.99	129.98
			04600 /SPONGE,LAF				110.45
200	5.00 C	-	NON27202XL	TE	853680107	23.89	119.45
			20400 /SHIRT,SCRU				146.06
210	4.00 C		NON27203XL	TE	853680107	36.74	146.96
		1.	20500 /PANT,SCRUI	B,DRWSTRIN	IG,BLUE,XL,DISPUS	ABLE	
Subtotal		Fusiaha 0.00		Tax:	0.00		10431.31
		Freight: 0.00	,	I ax:	0.00		10431.31
		GROSS	3	TAX AMO	UNT	FREIGHT	TOTAL
		10,740.73			0.00	0.00	\$10,740.73

Eligible Gross Amount \$10,740.73

Discount amount \$214.81 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680743667	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$9,792.39

LINE					ITEN	л NO. /				
NO.	ORDER	QTY	U/M	INVOICE OT	/ DES	CRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
180		3.00	CS	3.0) B-D:	367861	TE	853680115	65.00	194.99
				1	01600	/TUBE,WHOLE	BLOOD,LVN	NDR,ADD,13X75M	M,4ML	
			1016	000						
270		2.00	вх	2.0) MLK	86450	TE	853680115	15.82	31.64
				01	42 9 00	/TUBE,ENDOTR	ACH, INTER	MED,HI-LO,7.0 MI	M	
			^O14	2900						
Subtota	al 999									
			Frei	ght; 0.0	0		Tax:	0.00		226,63
430		6.00	вх	6.0	IMO C	MAT0704Z	TE	853680115	28.00	168.00
				5	21400	/LANCET,21G,	SAFETY,UN	ISTIK 2,200/BX		
			5214	100						
HCPCS	Code #: A	4259)							
Subtota	al 500									
			Frei	ght: 0.0	0		Tax:	0.00		168.00
30		1.00	CS	1.0	O CRI	1004	TE	853680115	16.20	16.20
				С	RI1004	/CAP,BOUFFAN	IT,SPUNBOI	ND,BLUE,24"		
			6013	800						

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930071

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$9,792.39

Remit To:

Medline Industries, Inc.

Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$





Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

NO. OR	DER QTY	U/M INV	DICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 300	0							
		Freight:	0.00		Tax:	0.00		16.20
260	5.00	CS		DYND50130	TE	853680115	25.00	125.00
		500700	503	700 /YANKAUE	R,BULB TIP,STI	ERILE		
HCPCS Code	#: AA626	503700						
Subtotal 200)						
		Fraight:	0.00		Tax:	0.00		125.00
130	6.00	CS	6.00	NON260509	TE	853680115	39.89	239.34
			600	500 /WASHCLO	TH,DISPOSABL	_E,12.5X13"		
		600500						
120	6.00	CS		MSC281230	TE	853680115	27.94	167.64
		600900	600	1900 /UNDERPA	D,FLUFF,51D,F1	ROTPLUS,17X24"		
Subtotal 100	D	000000						
		Freight:	0.00		Tax:	0.00		406.98
10	6.00	CS	6.00	NON23324	TE	853680115	16.97	101.82
			606	600 /PAPER,EX	AM TABLE,STN	ND,CREPE,18X125',	12CS	
20	2.00	CS		NON24357W	TE	853680115	17.00	34.00
40	0.00	00				UE,3PLY,WHITE,13>		4 047 0
40	6.00	CS		MDF260815	TE	853680115 EP,ORANGE,26 ML	169.57	1,017.39
50	3.00	CS		NON243275	TE	853680115	38.63	115.89
					SSUE,FACE,STN	ID,5.7X7,40SHT/20		
60	3.00	CS	3.00	MSG1070	TE	853680115	157.71	473.13
			604	500 /GLOVE,SU	JRG, SENSICARE	E,ALOE,LF,PF,7		
70	4.00	CS		MSG1080	TE	853680115	157.71	630.84
00	0.00	00		700 /GLOVE,SU			E1 7E	210 5
80	6.00	CS		NON03007 5000 /CUP,PLAS	TE TIC 7 O7 TRAN	853680115	51.75	310.50
90	4.00	CS		DTM8J8	TE	853680115	27.77	111.08
				100 /CUP,STYF				
100	3.00	CS	3.00	PTX8503	TE	853680115	94.55	283.66
					ATOR,BAG,AD	ULT,MASK,FLEX TU	BING	
110	2.00	CS		NON25853	TE	853680115	68.68	137.36
HCPCS Code	#. ^ ^ 40	,	306	900 /GAUZE,SI	PONGE,FLUFF,6	"X6.75",STRL,5/TR	ΑY	
HCPCS Code 140	#: A640.		2.00	NON21444	TE	853680115	26.52	53.04
1-10	2.00					4"X4",4PLY,STRL,L		55.0-
HCPCS Code	#: A640	2			,,	, =:,=::=,=		
150	2.00	CS	2.00	DYNJNC20F	TE	853680115	58.47	116,94
					,NEEDLE,FOAM	/MAGNET,20COUNT	-	
160	5.00	CS	5.00	HUD1104	TE	853680115	17.19	85.98





Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE				ITEM NO. /				
NO.	ORDER QTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
170	1.00	cs	1.00	HUD1059	TE	853680115	50.51	50.51
			10	7400 /MASK,OXYG	EN,NON-REI	BREATHER,ADULT		
190	1.00	CS		B-D363083	TE	853680115	87.66	87.66
						NDDITV,13X75MM,2.7		07.07
200	1.00	CS		B-D367899	TE	853680115	67.67	67.67
040	2.00	-00				NK,ADD,13X100MM,6		708.79
210	2.00	CS		TRIDT10290S10	TE JE DDEDADA	853680115 ATION PK,STRL,10/CS	354.40	700.79
220	4.00	CC		NONO26320	TE	853680115	43.90	175.60
220	4.00	CS				NG,RGD HDL,WHT,PRI		173.00
230	4.00	CS		MDS093944	TE	853680115	35.75	143.00
230	4.00	CS				NE IODINE,4 OZ BTL	00.70	
240	3.00	CS		MSC095020	TE	853680115	34.53	103.59
240	0.00	00		9000 /SHAMPOO,B	. –			
250	4.00	CS		KDL6146LL	TE	853680115	68.26	273.02
					CATHETER	,16FR,5CC,ANTI-REFL	UX	
290	4.00	CS	4.00	SWD850815	TE	853680115	85.03	340.11
			40	6100 /NEEDLE,SAFI	ETY,18G X	1-1/2",MAGELLAN		
HCPCS	Code #: A421!	5						
300	2.00	CS	2.00	SWD850558	TE	853680115	86.93	173.86
			40	6600 /NEEDLE,SAFI	ETY,25G X	5/8",MAGELLAN		
HCPCS	Code #: A421	5						
310	6.00	вх	6.00	SWD520657Z	TE	853680115	9.65	57.89
			40	7300 /SYRINGE, LU	JER LOCK,	20mL		
HCPCS	Code #: A4213	3						
320	2.00	CS	2.00	SWD535762	TE	853680115	40.83	81.65
			40	7400 /SYRINGE,MC	NOJECT,35	imL,LUER-LOCK TIP		
HCPCS	Code #: A421							
330	6.00	CS		B-D367342	TE	853680115	267.25	1,603.50
						JTAINER,23G X .75"	0.4.50	70.70
340	3.00	CS	_	SWD600777	TE	853680115	24.59	73.76
		_	40	8800 /SYRINGE, LL	., 6mL			
	Code #: A421		0.00	1101105 4007	75	050600115	26.62	202.00
350	8.00	вх		USU054887	TE	853680115	36.62	292.99
260	1.00	CC		MDS057002	TE	85 WIDE, DISPOSABLE 853680115	15.00	15.00
360	1.00	CS	*			RE-WRAP,2"X5YD,WHI		10.00
HCPCS	Code #: A464	9	30	1700 /DANDAGE,EI	_A0110,00N	L ************************************		
370	2.00		2 00	MDS057004	TE	853680115	26.00	52.00
0,0	2.00	00				RE-WRAP,4"X5YD,WHI		550
HCPCS	Code #: A645	1	00			,,,		
380	6.00		6.00	MDS169026	TE	853680115	11.22	67.32
	2.00	_• •		3600 /BINDER,ABD				



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/17/2013	1063930071

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

.INE C	RDER QTY U/M		SCRIPTION	CODE*	DELIVERY #	UNIT PRICE	ANTOLINE
vo. j c	RDER QTY U/M	INVOICE OF THE	SCHIPTION	T cone 1	DELIVENT #	ONI THE	AMOUNT
390	8.00 EA	8.00 OF	T21310LXL	TE	853680115	14.00	112.00
		30370	O /BINDER,ABD	OMINAL12",4	-PANEL,PREM,LG/X	L	
HCPCS Cod	le #: L0625						
400	1.00 CS	1.00 SV	VD264960	TE	853680115	58.40	58.40
		30490	O /TUBE,SALE	M SUMP,ARGY	'LE,16FR,48"		
410	2.00 CS	2.00 SV	VD264986	TE	853680115	58.40	116.80
		30500	O /TUBE,SALE	M SUMP,ARGY	LE,18FR,48"		
420	1.00 CS	1.00 BF	N1313	TE	853680115	53.78	53.78
		30570	0 /RAZOR,TWI	N BLADE,BLUI			
440	3.00 GR	3.00 MI	DS136000	TE	853680115	8.83	26.49
		60250	O /TOOTHBRUS	SH,INDIVDUAL	LY WRAPPED,30 T	UFT	
450	2.00 GR	2.00 MI	DS137007	TE	853680115	6.67	13.34
		60260	O /COMB,BLAC	K,7"			
460	2.00 CS	2.00 MI	MM132224MM	TE	853680115	76.97	153.94
		60670	O /TAPE,INDIC	ATOR,STEAM,	LEAD FREE,1322,24	1MM	
470	1.00 CS	1.00 MI	S092005	TE	853680115	17.98	17.98
		70140	0 /GEL,ULTRAS	SOUND,8.5 02	Z,SQUEEZE BOTTLE		
480	2.00 CS	2.00 BD	F0231	TE	853680115	33.19	66.38
		70280	O /BANDAGE,A	DHES STRIP,	NOVEN, COVERLET,	1 X 3	
490	6.00 BX	6.00 MI	DS136405Z	TE	853680115	4.50	27.00
		70690	0 /CLEANSER,I	DENTURE,TAB	LETS		
500	2.00 RL	2.00 MI	DT221200	TE	853680115	4.43	8.86
		70580	O /STOCKINET	TE,UNBLEACH	ED,2"X 25YDS		
HCPCS Cod	le #: A6457						
510	3.00 CS	3.00 DY	ND20302	TE	853680115	22.26	66.78
		80130	0 /TRAY,IRRIG	ATION, PISTON	SYRINGE,60ML,ST	RL	
HCPCS Cod	le #: A4320						
520	5.00 CS	5.00 LT	P31013926	TE	853680115	57.66	288.31
		70160	0 /ELECTRODE	,ECG,SNAP,TE	ARDROP,FOAM		
Subtotal							
	Freight	0.00		Tax:	0.00		8849.58
		GROSS		TAX AMOL	NT	FREIGHT	TOTAL
		9,792.39		0	.00	0.00	\$9,792.39

Eligible Gross Amount \$9,792.39

Discount amount \$195.85 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177011	05/17/2013	1063930073

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680742333	FEDEX GROUND	MEDLINE	1084466	USD	\$79.41

INE VO. O	RDER QTY U/M INV	OICE OTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 CS	1.00 DYNJP3060	TE,C	853680156	66.04	66.04
Subtotal		DYNJP3060 /PACK,LAF	ARUTUWIY,3 C	OVVINS		
Subtotal	Freight:	13.37	Tax:	0.00		66.04
		GROSS	TAX AMO	UNT	FREIGHT	TOTAL
		66.04		0.00	13.37	\$79.41

Eligible Gross Amount \$66.04 Discount amount \$1.32 if recd. by 06/16/13 * Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063930073

 Invoice Date
 05/17/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$79.41

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
HA06562	05/17/2013	1063931755

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694674	WAREHOUSE MOVES-MEDLINE	CUSTOMER	1084466	USD	\$50.89

NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
--

60

2.00 EA

1.00 SNRC70921201

TE

40.94

40.94

/SPLINT, HAND, POSITION, RIGHT, REGLR, LRG

HCPCS Code #: L3999

Subtotal

Freight:

9.95

Tax:

0.00

40.94

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 40.94
 0.00
 9.95
 \$50.89

Eligible Gross Amount \$40.94

Discount amount \$0.82 if recd. by 06/16/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Remit To:

Box 382075

Medline Industries, Inc.

Pittsburgh PA 15251-8075

Customer #
Invoice #
Invoice Date
Sales Rep #

1084466 1063931755 05/17/2013

Sales Rep #
Payment Terms

210 2% 30, 1% 60, Net 90

Amount Due

\$50.89

Amount L

AMOUNT PAID \$

Detach and return this portion with your payment

potacii did retain tiila portion with your poymen



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176988	05/18/2013	1063964250

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432287590	FEDEX GROUND	CUSTOMER	1084466	USD	\$371.54

LINE NO.	ORDER OTY	U/M		M NO. / SCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	12.00	EA	12.00 ME	S0816017	TE	853616382	11.90	142.80
			MDS081601	7 /SCISSOR,D	ISSECTING,N	MAYO,STRAIGHT,6 3	/4"	
20	12.00	EA	12.00 ME	S1617025	TE	853616382	18.28	219.36
			MDS161702	5 /FORCEP,SP	ONGE, FORES	STER-BALLENGER, ST,	.10"	
Subtota	I							
		Freight:	9.38		Tax:	0.00		362.16
			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
			362.16			0.00	9.38	\$371.54

Eligible Gross Amount \$362.16

Discount amount \$7.24 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964250

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$371.54

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176744	05/18/2013	1063964251

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	WIND THAT	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652085	MEDTRANS	MEDLINE	1084466	USD	\$83.83

			GROSS 83.83		TAX AMOU	NT .00	FREIGHT 0.00	TOTAL \$83.83
		Freight:	0.00		Тах:	0.00		83.83
Subtotal								
			311	100 /TUBE,TRAC	H,CUFFED,DIC	,7.0MM		
00	4.00	вх	3.00	PTX505070	TE	853693069	27.94	83.83
Ю.	ORDER QTY	U/M 1	NVOICE GTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INE				ITEM NO. /				

Eligibla Gross Amount \$83.83 Discount amount \$1.68 if recd. by 06/17/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964251

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$83.83

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176906	05/18/2013	1063964252

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680702385	MEDTRANS	MEDLINE	1084466	USD	\$70.13

INE NO OI	RDER QTY U/M IN	/OICE GTY DESCRIPTION	CODE ¹	DELIVERY #	UNIT PRICE	AMOUNT
100	1.00 CS	1.00 KDL7000LL 305500 /METER	TE	853704683 N,400 ML,LUER LOO	70.13	70.13
Subtotal		OOOOOO /WIETEN,	, OTHITE, I TIE 010101	1, 100 ME,E0EM E0		
	Freight:	0.00	Tax:	0.00		70.13
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
		70.13		0.00	0.00	\$70.13

Eligible Gross Amount \$70.13

Discount amount \$1.40 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964252

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$70.13

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176951	05/18/2013	1063964253

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	MEDTRANS	MEDLINE	1084466	USD	\$218.60

Subtotal	1.00	BX Freight:		DLVAC6000MT T /KIWI,W/TRAC	TE TION, FORCE Tax:	0.00	218.60 FREIGHT	218.60 218.60
	1.00		KOLVAC6000M		TION,FORCE	INDICTOR	218.60	
	1.00	BX					218.60	
)	1.00	BX					218.60	210.00
1	1.00	BX	1.00 KC	DLVAC6000MT	TE	853704689	218.60	210.00
							24.0.00	219.60
4								
NE OI	RDER QTY	u/M I		EM NO. / ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$218.60

Discount amount \$4.37 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, DR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964253

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$218.60

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177020	05/18/2013	1063964254

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680743667	MEDTRANS	MEDLINE	1084466	USD	\$31.64

0143100 /TUBE,ENDOTRACH,INTERMED,HI-LO,8.0 MM ^0143100			GROSS 31.64	TAX AM	OUNT 0,00	FREIGHT 0.00	TOTAL \$31.64
0143100 /TUBE,ENDOTRACH,INTERMED,HI-LO,8.0 MM	Subtotal 999	Freight:	0.00	Tax:	0.00		31.64
		^014310	00				
30 2.00 BX 2.00 MLK86452 TE 853704695 15.82 31.64			0143100 /TUB	E,ENDOTRACH,INTE	RMED,HI-LO,8.0 M	M	
	80	2.00 BX	2.00 MLK86452	2 TE	853704695	15.82	31.64
	O. ORDE	R QTY U/M	INVOICE QTY DESCRIPT		* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$31.64 Discount amount \$0.63 if recd. by 06/17/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964254

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$31.64

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR175732	05/18/2013	1063964255

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680337584	MEDTRANS	CUSTOMER	1084466	USD	\$137.12

INE IO OR	DER QTY U/M I	NVOICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
0	3.00 BX	3.00 PTX504060	TE	8 5 3707729	23.96	71.87
		PTX504060 /TUBE,TRA	ACH, UNCUFFEI	D,DIC,6.0MM		
Subtotal						
	Freight:	65.25	Tax:	0.00		71.87
		GROSS	TAX AM	DUNT	FREIGHT	TOTAL
		71.87		0.00	65.25	\$137.12

Eligible Gross Amount \$71.87

Discount amount \$1.44 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRADES

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964255

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$137.12

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176874	05/18/2013	1063964256

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687118	MEDTRANS	MEDLINE	1084466	USD	\$138.48

NO. ORDER GTY U/M INVOICE GTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
--

160

3.00 BX

3.00 HTP9823

TE 853707730

46.16

138.48

HTP9823 /POUCH, COLLECTION, FECAL, DRAIN, 10", 500ML

HCPCS Code #: A4330

Subtotal

Freight:

0.00

Tax:

0.00

138.48

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 138.48
 0.00
 0.00
 \$138.48

Eligible Gross Amount \$138.48

Discount amount \$2.77 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer # Invoice # Invoice Date Sales Rep_# 1084466 1063964256 05/18/2013 210

Payment Terms 2% 30 Amount Due

2% 30, 1% 60, Net 90 \$138.48

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177038	05/18/2013	1063964257

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753407	FEDEX GROUND	CUSTOMER	1084466	USD	\$37.38

LINE NO OF	DER OTY U/M IN	VOICE QTY DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00 EA	4.00 610NTHXS-CN 610NTHXS-CM /TOP,SC		853715674	3.76	15.04
Subtotal	Freight:	22.34	Tax:	0.00		15.04
		GROSS 15.04	TAX AMO	DUNT 0.00	FREIGHT 22.34	TOTAL \$37.38

Eligible Gross Amount \$15.04
Discount amount \$0.30 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964257

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$37.38

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177039	05/18/2013	1063964258

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753412	FEDEX GROUND	CUSTOMER	1084466	USD	\$49.92

LINE NO	ORDER OTY	U/M	INVOICE QTY DES	A NO. / CRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	EA	6.00 610	NTHS-CM	TE	853715675	3.81	22.86
			610NTHS-CM	/TOP,SCRUB	,REV,A-STA	T,CEIL,MDL-CC,SM		
20	6.00	EA	6.00 600	NTHS-CM	TE	853715675	4.51	27.06
			600NTHS-CM	/PANT,SCRU	B,REV,A-ST	AT,CEIL,MDL-CC,SM		
Subtotal	I							
		Freight	: 0.00		Tax:	0.00		49.92
			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
			49.92		0.00		0.00	\$49.92

Eligible Gross Amount \$49.92

Discount amount \$1.00 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964258

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$49.92

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177040	05/18/2013	1063964259

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753416	FEDEX GROUND	CUSTOMER	1084466	USD	\$233.82

LINE NO.	ORDER QTY	U/M IN		ITEM NO. / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	26.00	EA	26.00	610NTHM-CM	TE	853715676	3.89	101.14
			610NTHM	CM /TOP,SCRU	B,REV,A-STA	T,CEIL,MDL-CC,MD		
20	26.00	EA	26.00	600NTHM-CM	TE	853715676	4.57	118.82
			600NTHM	CM /PANT,SCR	JB,REV,A-ST	AT,CEIL,MDL-CC,MD	ı	
Subtotal		Freight:	13.86		Tax:	0.00		219.96
			GROSS		TAX AM	OUNT	FREIGHT	TOTAL
			219.96			0.00	13.86	\$233.82

Eligible Gross Amount \$219.96

Discount amount \$4.40 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVDICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964259

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$233.82

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177041	05/18/2013	1063964260

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753539	FEDEX GROUND	CUSTOMER	1084466	USD	\$87.80

RDER QTY	U/M			CODE	DELIVERY #	UNIT PRICE	AMOUNT
10.00	EA	10.00 610	ONTHL-CM	TÉ	853715678	3.95	39.50
		610NTHL-CM	I /TOP,SCRU	3,REV,A-STA	T,CEIL,MDL-CC,LG		
10.00	EA	10.00 600	NTHL-CM	TE	853715678	4.83	48.30
		600NTHL-CM	I /PANT,SCRU	JB,REV,A-ST	AT, CEIL, MDL-CC, LG		
	Freight:	0.00		Tax:	0.00		87.80
		GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
		87.80			0.00	0.00	\$87.80
	10.00	10.00 EA 10.00 EA	10.00 EA 10.00 610 10.00 EA 10.00 600 10.00 EA 10.00 600 600NTHL-CM Freight: 0.00 GROSS	10.00 EA 10.00 610NTHL-CM 610NTHL-CM /TOP,SCRUI 10.00 EA 10.00 600NTHL-CM 600NTHL-CM /PANT,SCRU Freight: 0.00 GROSS	10.00 EA	10.00 EA	10.00 EA

Eligible Gross Amount \$87.80

Discount amount \$1.76 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964260

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$87.80

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177042	05/18/2013	1063964261

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753542	FEDEX GROUND	CUSTOMER	1084466	USD	\$18.20

LINE NO.	ORDER QTY	U/M INV		ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	610NTHXL-CM	TE	853715679	4.18	8.36
				/TOP,SCRUE	REV, A-STA	T,CEIL,MDL-CC,XL		
20	2.00	EA	2.00	600NTHXL-CM	TE	853715679	4.92	9.84
				/PANT,SCRU	JB,REV,A-ST	AT,CEIL,MDL-CC,XL		
Subtota	al							
		Freight:	0.00		Tax:	0.00		18.20
			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
			18.20			0.00	0.00	\$18.20

Eligible Gross Amount \$18.20 Discount amount \$0.36 if recd. by 06/17/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1063964261 **Invoice Date** 05/18/2013 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$18.20

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177037	05/18/2013	1063964262

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753319	MEDTRANS	MEDLINE	1084466	USD	\$5,014.93

LINE	ADDED OTH		INVOICE OTY	ITEM NO. / DESCRIPTIO		DELIVERY #	UNIT PRICE	AMOUNT
NO.	ORDER OTY	Urivi	INVOIGE OT	DESCRIPTION	N CODE	DECIVEITI	Total times	Autoon
10	3.00	CS		DYNJP2416		853715988	50.09	150.27
			10:	2500 /DRAPI	E,REIN 53X77,STEF	RILE		
20	2.00	CS	2.00	DYNJP2725	TE	853715988	101.43	202.86
			104	4200 /GOWN	N,REINF,POLY,AURO	RA,XLNG/XL,ST	RL	
30	2.00	CS	2.00	DYNJP2707	TE	853715988	84.86	169.72
			10	7500 /GOWN	N,REINFORCED,POL	Y,AURORA,LARG	E,STRL	
40	2.00	CS	2.00	DYNJP2708	TE	853715988	90.22	180.44
			10	7600 /GOWN	N,REINFORCED,POL	Y,AURORA,XLAR	GE,STRL	
50	4.00	cs	4.00	CDS981069	C TE	853715988	285.11	1,140.44
			10	7800 /LAP C	CHOLE PROCEDURE			
60	2.00	CS	2.00	CDS981070	C TE	853715988	635.20	1,270.40
			10	7900 /TOTA	L JOINT PROCEDU	RE		
70	20.00	CS	20.00	CUR9225	TE	853715988	47.52	950.40
			31:	3100 /GLOV	E,EXAM,STRETCH	VINYL,M		
80	20.00	CS		CUR9226	TE	853715988	47.52	950.40
	20.00	-			E,EXAM,STRETCH	VINYL.L		
			Con	J220 /G20V	2,2,3,441,011121011	· · · · · · · · · · · · · · · · · · ·		

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE, ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964262

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$5,014.93

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177037	05/18/2013	1063964262

Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

INE ORDER	QTY U/M INV	OICE QTY DESCRIP		DELIVERY #	UNIT PRICE	AMOUNT
Subtotal	Fraight:	0.00	Tax:	0.00		5014.93
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
		5,014.93		0.00	0.00	\$5, 014.93

Eligible Gross Amount \$5,014.93

Discount amount \$100.30 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177044	05/18/2013	1063964763

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753757	MEDTRANS	CUSTOMER	1084466	USD	\$533.00

LINE NO.	ORDER OTY U/M	INVOICE QTY DESCRIPTION		E* DELIVERY #	UNIT PRICE	AMOUNT
10	6.00 BX	6.00 USU179094 USU179094 /TROC		853715989 V2.5MM	88.83	533.00
Subtota	l Freight:		Tax:	0.00		533.00
		GROSS 533.00	TAX AN	1 OUNT 0.00	FREIGHT 0.00	TOTAL \$533.00

Eligible Gross Amount \$533.00

Discount amount \$10.66 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964763

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$533.00

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177045	05/18/2013	1063964764

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753763	MEDTRANS	MEDLINE	1084466	USD	\$616.47

MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258 BO 1.00 CS 1.00 NON081652 TE 853715991 333.23 333.23 NON081652 /KIT,FOAM,JACKSON TABLE,12CS Subtotal	20 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24 MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258 30 1.00 CS 1.00 NON081652 TE 853715991 333.23 333.23 NON081652 /KIT,FOAM,JACKSON TABLE,12CS			GROSS 616.47	TAX AM	OUNT 0.00	FREIGHT 0.00	TOTAL \$616.47
MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258 BO 1.00 CS 1.00 NON081652 TE 853715991 333.23 333.23 NON081652 /KIT,FOAM,JACKSON TABLE,12CS	20 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24 MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258 80 1.00 CS 1.00 NON081652 TE 853715991 333.23 333.23 NON081652 /KIT,FOAM,JACKSON TABLE,12CS		Freight:	0.00	Тах:	0.00		616.47
MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258 30 1.00 CS 1.00 NON081652 TE 853715991 333.23 333.23	20 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24 MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258 30 1.00 CS 1.00 NON081652 TE 853715991 333.23 333.23	Subtotal	I					
MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258	20 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24 MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75 HCPCS Code #: A6258			NON081652 /KIT,FOAM	I,JACKSON TA	ABLE,12CS		
MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75	20 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24 MMM1626W /DRSSG,TEGADERM,TRNSP,FRAME,W/TAB,4X4.75			1.00 NON081652	TE	853715991	333.23	333.23
0 2,00 63 2,00 WINNINTOZOW	O 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24	ICPCS C	Code #: A6258					
20 2.00 CS 2.00 MMM1626W TE 853715991 141.62 283.24				MMM1626W /DRSSG,TE	GADERM,TRN	NSP,FRAME,W/TAB,4	X4.75	
	ODER GIT ON MINORE GIT DESCRIPTION OF THE PROPERTY OF THE PROP	20	2.00 CS	2.00 MMM1626W	TE	853715991	141.62	283.24

Eligibla Gross Amount \$616.47

Discount amount \$12.33 if recd. by 06/17/13

Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL RE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 OAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964764

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$616.47

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177046	05/18/2013	1063964765

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754114	MEDTRANS	CUSTOMER	1084466	USD	\$556.54

LINE NO. O	RDER GTY U/M INV	OICE QTY DESCRIPTION		DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 C S	1.00 J-J800404 J-J800404 /DRSG,	TE SILVERCEL ANTI	853715993 MICROBIAL, 4.2"X4	556.54	556.54
Subtotel	Freight:	0.00	Tax:	0.00		556.54
		GROSS 556.54	TAX AMO	DUNT 0.00	FREIGHT 0.00	TOTAL \$556.54

Eligible Gross Amount \$556.54

Discount amount \$11.13 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

8illing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063964765

 Invoice Date
 05/18/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$556.54

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

EXHIBIT A - PART 2



Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -13-22840-rdd

Part 2 Pg 2 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754289	MEDTRANS	MEDLINE	1084466	USD	\$4,055.09

ITEM NO. /

NO.	ORDER QTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
trezessamentation.		<u>Kantoning Para</u>						
130	3.00	cs	3.00	B-D367861	TE	853717108	65.00	194.99
			101	1600 /TUBE,WH	HOLE BLOOD,LVN	IDR,ADD,13X75MI	M,4ML	
		10160	0					
190	2.00	CS	2.00	BRD0140100	TE	853717108	58.26	116.52
			500	3800 /KIT,CAT	HETER, SUCTION, F	RED RUBBER,14/1	6 FR	
		50380	0					
200	2.00	вх	2.00	MLK86452	TE	853717108	15.82	31.64
			0143	3100 /TUBE,EN	DOTRACH,INTERI	MED,HI-LO,8.0 MN	Λ	
		^0143	100					
Subtota	al 999							
		Fraigh	nt: 0.00		Tax:	0.00		343.15
20	1.00	CS	1.00	NON21430LF	TE	853717108	78.05	78.05
			600	0300 /GAUZE,S	PONGE,4"X4",16	SPLY,XRAY,STRL,L	-F	
		60030	0					
HCPCS	Code #: A640	2						
Subtota	al 400							
		Freigl	nt: 0.00		Tax:	0.00		78.05

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ВΕ

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1063964766 **Invoice Date** 05/18/2013 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$4,055.09

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE				M NO. /	COBEX	DELATERY 4	UNIT PRICE	AMOUNT
NO.	ORDER GTY	U/M	INVOICE QTY DE	SCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AWOUNT
10	2.00	CS		0S251518RNG	TE	853717108	64.99	129.98
20	2.00	00		0 /SPONGE,LAP, 18 T65651930C	TE	NG,XR,ST,5/PK,40PK 853717108	93.56	187.12
30	2.00	CS		0 /LINER,SUCTION			93.50	107.12
40	1.00	cs	1.00 MS		TE	853717108	157.71	157.71
-			60430	O /GLOVE,SURG,S	ENSICARE	,ALOE,LF,PF,6		
50	2.00	CS	2.00 MS	SG 1065	TE	853717108	157.71	315.42
				O /GLOVE,SURG,S		,ALOE,LF,PF,6.5		
60	3.00	CS	3.00 MS		TE	853717108	157.71	473.13
	2.22	-		0 /GLOVE,SURG,S			CO 00	100.05
80	3.00	CS	3.00 AL	JG42268 O /BLANKET,WARI	TE	853717108	63.28	189.85
90	1.00	CS	1.00 NC		TE	853717108	22.72	22.72
30	1.00	00		O /PAD,ABDOMINA			22.72	
HCPCS	Code #: A6253	3	337.23	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,.	, , , , , , , , , , , , , , , , , , , ,		
100	2.00	CS	2.00 DY	NC8522	TE	853717108	14.26	28.52
			30060	O /BEDPAN,FRACT	URE,GRAI	PHITE,24 EA		
110	3.00	CS	3.00 NC		TE	853717108	31.74	95.22
					•	ALLERGENIC, FILTER	07.40	E4.04
120	2.00	CS	2.00 HU		TE	853717108	27.12	54.24
140	4.00	CS	4.00 CL		TE	N,MED CONC ADULT 853717108	72.97	291.88
140	4.00	CO		O /DEODORIZER,G			, 2.0 ,	201100
150	2.00	cs		ND80535	TE	853717108	25.51	51.02
			20480	O /PITCHER,HAND	LE,W/LID,	GRAPHITE		
160	1.00	CS	1.00 NO	NO24215	TE	853717108	30.29	30.29
				O /CUP,PAPER,SO				
170	5.00	CS		R000413	TE	853717108	19.59	97.95
100	2.00	00		O /MOUTHWASH,, /ND50216	TE	853717108	22.54	45.08
180	2.00	CS			. –	CTING,3/16"X6',STRL	22.54	40.00
HCPCS	Code #: A7002	<u>)</u>	00100	0 77051110,000111	311,0011112			
210	2.00	cs	2.00 SV	VD81882812	TE	853717108	133.26	266.52
			40680	O /SYRINGE,MAGE	ELLAN,TB,	1mL,28X 1/2"		
220	2.00	CS	2.00 NO	N25600	TE	853717108	22.00	44.00
			70290	O /BANDAGE,ADH	ESIVE,PLA	ASTIC,1"X3",STRL,LF		
	Code #: A6413		4.00.00			050747400	00.04	90.24
230	1.00	CS	1.00 SC		TE	853717108	80.34	80.34
240	50.00	CS	50.00 CF		TE	EROX MINT,SOD BICAF 853717108	17.28	864.00
240	50.00	CO				WST-NECK TIE,YEL,XLG		333
250	2.00	вх	2.00 H		TE	853717108	104.45	208.90
	•				CHOR FAS	T ORAL ENDOTRACH	TUBE	
HCPCS	Code #: A9900	OR	A9999					

MEDLINE

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

Part 2 Pg 4 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177047	05/18/2013	1063964766

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

INE ORDER (II M/U YTC		DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal							
	Freight:	0.00	Ta	x:	0.00		3633.8 9
		GROSS	TA	X AMOU	NT	FREIGHT	TOTAL
		4,055.09		0.	00	0.00	\$4,055.09
Fliaible Corre Amer						*Codo	

Eligible Gross Amount \$4,055.09 Discount amount \$81.10 if recd. by 06/17/13 *Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 5 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177049	05/18/2013	1063964767

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754290	MEDTRANS	MEDLINE	1084466	USD	\$2,104.03

INE				ITEM NO. /				
10.	ORDER QTY	U/M I	NVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
0	2.00	CS	2.00	DYNJ09914F	TE	853717109	2 25.58	451.16
			DYNJ099	14F /MT VERNO	N LAPAROTON	//Y PACK		
20	3.00	CS	3.00	DYNJ09913D	TE	853717109	161.27	483.81
			DYNJ099	13D /ARTHROSC	OPY PACK			
80	9.00	CS	9.00	DYNJ25046B	TE	853717109	114.34	1,029.06
			DYNJ250	46B /MINOR PAC	CK			
0	2.00	CS	2.00	DYNJP2002	TE	853717109	70.00	140.00
			DYNJP2	2002 /GOWN,NON	I-REINFORCED,	XL,W/TOWEL,ST	ERILE	
Subtota	ıl							
		Freight:	0.00		Tax:	0.00		2104.03
			GROSS		TAX AMOU	INT	FREIGHT	TOTAL
			2,104.03		0	.00	0.00	\$2,104.03

Eligible Gross Amount \$2,104.03

Discount amount \$42.08 if recd. by 06/17/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1063964767 05/18/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$2,104.03

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_



Part 2 Pg 6 of 118

INVOICE

www.medline.com

1	Customer PO #	Invoice Date	Invoice #
	NR177048	05/18/2013	1063964768

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680754299	MEDTRANS	MEDLINE	1084466	USD	\$435.72

LINE NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMC	IUNT

10

5.00 CS

5.00 UTD66020016

ΤE 853717110 87.14

435.72

UTD66020016 /BANDAGE, COMPRESSION, MULTILAYER, PROFORE

HCPCS Code #: A6207 + A6441 + A6443 + A6449 + A6454

Subtotal

Freight:

0.00

Tax:

0.00

435.72

TAX AMOUNT **FREIGHT** TOTAL **GROSS** 0.00 0.00 \$435.72 435.72

Eligible Gross Amount \$435.72

Discount amount \$8.71 if recd. by 06/17/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date

1084466 1063964768 05/18/2013

Sales Rep #

210

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$435.72

Remit To:

Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 7 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176926	05/20/2013	1063975632

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432228985	VENDOR	CUSTOMER	1084466	USD	\$357.52

LINE				ITEM NO. /	oone	A DELIVEDIA	WILL EDIOL	AAGUAT
NO.	ORDER OTY	U/M]	INVOICE OTY	DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	CS	1.00	QTX30056CS	TE		78.89	78.89
	1.00	00	1.00	_		1 1/2",STERILE	, 5.55	
20	1.00	cs	1.00	QTX30057	TE		78.89	78.89
				/SPONGE,N	EURO,1/2X3'	STER,20CS		
30	1.00	CS	1.00	QTX30055	TE		78.89	78.89
				/SPONGE,N	EURO,1/2X1'	STER,20CS		
Subtota	ı							
		Freight	: 120.85		Tax:	0.00		236.67
			GROSS		TAX AM	OUNT	FREIGHT	TOTAL
			236.67			0.00	120.85	\$357.52

Eligible Gross Amount \$236.67

Discount amount \$4.73 if recd. by 06/19/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1063975632

 Invoice Date
 05/20/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$357.52

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 8 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176994	05/20/2013	1063975633

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MEDICAL CTR/500 16 GUION PL

NEW ROCHELLE, NY 10801-5502

GLN: 1100003520297

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432324636	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$2,338.42

LINE				ITEM NO. /	100			A 4 (%) (4) (**)
NO.	ORDER OTY	U/M	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	6.00	EA	6.00	REP110027	TE		60.92	365.52
				/TA6048L	@TA DST SEF	RIES LOADING UNI	T (GRE	
20	6.00	EA	6.00	REP114566	TE		56.58	339.48
				/TA3048L	@TA DST SEF	RIES SG USE LOAI	DING UN	
30	12.00	EA	12.00	REP114568	TE		63.58	762.96
				/TA9048L	@TA DST SEF	RIES LOADING UNI	T (GRE	
40	12.00	EA	12.00	REP114569	TE		63.58	762.96
				/TA9035L	@TA DST SEF	RIES LOADING UN	T (BLU	
50	1.00	EA	1.00	REP114563	TE		87.50	87.50
				/DSO-009	@POLYPECTOR	MY SNARE OVAL	(WHITE)	
Subtota	al							
		Freigh	nt: 20.00		Tax:	0.00		2318.42

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1063975633 Invoice # Invoice Date 05/20/2013 210 Sales Rep # Payment Terms 2% 30, 1% 60, Net 90 \$2,338.42 Amount Due

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 9 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176994	05/20/2013	1063975633

Ship To:

SOUND SHORE MEDICAL CTR/500

16 GUION PL

NEW ROCHELLE, NY 10801-5502

GLN: 1100003520297

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,318.42	0.00	20.00	\$2,338.42

Eligible Gross Amount \$2,318.42

Discount amount \$46.37 if recd. by 06/19/13

* Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 10 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR175183/REORDER	05/21/2013	1064008860

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432178370	FEDEX GROUND	CUSTOMER	1084466	USD	\$64.10

DER OTY	U/M	INVOICE QTY	DESCRIPTION	CODE	• DELIVER	Y #	UNIT PRICE	AMOUNT
4.00	EA	4.00	83044 Q HWXL	TE	853409	222	10.51	42.04
		83044QH	WXL /COAT,LAB	,UNISEX,WHI	TE,KNEE LE	NGTH,XL		
			EMB00500				3.50	14.00
			/Embroidery	1 Placemen	t: 1 Logo			
						Subtotal:	14.01	56.04
	Freight:	8.06		Tax:	0.00			56.04
		GROSS		TAX AM	OUNT		FREIGHT	TOTAL
		56.04			0.00		8.06	\$64.10
		4.00 EA	4.00 EA 4.00 83044QH\frac{1}{2} Freight: 8.06	4.00 EA 4.00 83044QHWXL 83044QHWXL /COAT,LAB EMB00500 /Embroidery Freight: 8.06	4.00 EA 4.00 83044QHWXL TE 83044QHWXL /COAT,LAB,UNISEX,WHI EMB00500 /Embroidery 1 Placemen Freight: 8.06 Tax:	4.00 EA 4.00 83044QHWXL TE 8534093 83044QHWXL /COAT,LAB,UNISEX,WHITE,KNEE LEI EMB00500 /Embroidery 1 Placement: 1 Logo Freight: 8.06 Tax: 0.00 GROSS TAX AMOUNT	4.00 EA	4.00 EA

Eligible Gross Amount \$56.04

Discount amount \$1.12 if recd. by 06/20/13

Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064008860

 Invoice Date
 05/21/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$64.10

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 11 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
	05/21/2013	1064008861

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	43215354 3	FEDEX GROUND	MEDLINE	1084466	USD	\$146.70

			GROSS 146.70		TAX AMOU	NT .00	FREIGHT 0.00	T OTAL \$146.70
ubtotal		Freight:	0.00		Tax:	0.00	FREIGHT	146.70
	2.00				ASTER,BRUNS	SAW EDGE,9 1/2	U	
40	2.00	EA	2.00	MDS0893723	TE	853737428	73.35	146.70
0. (ORDER OTY	U/M INV		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$146.70

Discount amount \$2.93 if recd. by 06/20/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064008861 Invoice # Invoice Date 05/21/2013 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$146.70

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



Part 2 Pg 12 of 118

INVOICE

www.medline.com

Custom	er PO #	Invoice	Date	Invoice #
NR17	77082	05/21/3	2013	1064008862

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432366193	FEDERAL EXPRESS CORP.	CUSTOMER	10844 6 6	USD	\$772.64

		662.14		0.00	110.50	\$772.64
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
	Fre	ight: 110.50	Tex:	0.00		662.14
Subtotal						
		UTD66800912 /CANI	STER, EZPLUS, 8000	CC,SOFT PORT,RENA	SYS	
)	1.00 CS	1.00 UTD668009	912 TE	853768766	259. 3 4	259.34
		UTD66800795 /KIT,S	OFT PORT,FOAM,N	MEDIUM,RENASYS		
)	2.00 CS	2.00 UTD66800	795 TE	853768766	201.40	402.80
HIP NEXT D	AY TO ARR	5/21 STANDARD DEL-SHIPPING	OK'D PER LOUISA	TANGO		
ORI	DER QTY U/N	I INVOICE QTY DESCRIPTION	JN CODE	DECIVERY #	UNII FRICE	AMOUNT
NE OP	SED OFF	ITEM NO. /	1	* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$662.14

Discount amount \$13.24 if recd. by 06/20/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foremen x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date** Sales Rep #

1084466 1064008862 05/21/2013

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$772.64

210

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 13 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176797	05/21/2013	1064010872

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432153543	VENDOR	MEDLINE	1084466	USD	\$48.08

LINE NO. OR	DER QTY U/M INVO	DICE QTY DESCRIPTION	CODE* DELIVERY #	UNIT PRICE	AMOUNT
310	2.00 EA	2.00 MDS1826004 /RETRAC	TE CTOR,MURPHY RAKE,4-PRONG,SF	24.04 HARP,7.75	48.08
Subtotal	Freight:	0.00	Tax: 0.00		48.08
		GROSS 48.08	TAX AMOUNT 0.00	FREIGHT 0.00	TOTAL \$48.08

Eligibla Gross Amount \$48.08

Discount amount \$0.96 if recd. by 06/20/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064010872 Invoice # Invoice Date 05/21/2013 210 Sales Rep # Payment Terms 2% 30, 1% 60, Net 90 \$48.08 **Amount Due**

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



Part 2 Pg 14 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176297	05/21/2013	1064010873

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432232131	VENDOR	CUSTOMER	1084466	USD	\$476.58

0 2.00 CS 2.00 SKR207559 TE 231.42 462.83 SKR207559 /KIT,SURGILAV PLUS,HANDPIECE SET,W/MULTI Subtotal Freight: 13.75 Tax: 0.00 462.83			462.83		0	.00	13.75	\$476.58
SKR207559 /KIT,SURGILAV PLUS,HANDPIECE SET,W/MULTI Subtotal			GROSS		TAX AMOU	INT	FREIGHT	TOTAL
SKR207559 /KIT,SURGILAV PLUS,HANDPIECE SET,W/MULTI		Freight:	13.75		Tax:	0.00		462.83
	Subtota	al						
0 2.00 CS 2.00 SKR207559 TE 231.42 462.83			SKR20755	9 /KIT,SURGILA	V PLUS,HAN	DPIECE SET,W/MU	LTI	
	0	2.00 CS	2.00 SI	(R207559	TE		231.42	462.83
	NO.	ORDER QTY U/M	INVOICE OTY D	ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$462.83

Discount amount \$9.26 if recd. by 06/20/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064010873

 Invoice Date
 05/21/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Amount Due

30, 1% 60, Net 90 \$476.58

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 15 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176981	05/21/2013	1064010874

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432280338	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$2,763.96

NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
--

10

2.00 EA

2.00 W-A42NTBE1

TF

1,375.59

2,751.18

/MONITOR, SPOT VITAL, NIBP, NELLCOR, TEMP

Subtotal

Freight:

12.78

Tax:

0.00

2751.18

GROSS TAX AMOUNT **FREIGHT** TOTAL 0.00 12.78 \$2,763.96 2,751.18

Eligible Gross Amount \$2,751.18

Discount amount \$55.02 if recd. by 06/20/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date** Sales Rep #

1084466 1064010874 05/21/2013 210

Payment Terms **Amount Due**

2% 30, 1% 60, Net 90 \$2,763.96

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 16 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176941	05/22/2013	1064047833

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS** 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432247717	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$663.50

			GROSS 402.80		TAX AMO	0.00	260.70	\$663.50
		Troigitt					FREIGHT	TOTAL
ubtotal		Freight	260.70		Tax:	0.00		402.80
				/KIT,SOFT PO	ORT,FOAM,M	EDIUM,RENASYS		
	2,00	CS	2.00	UTD66800795	ΤE	853539934	201.40	402.80
01	RDER QTY	U/M	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$402.80

Discount amount \$8.06 if recd. by 06/21/13

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064047833

 Invoice Date
 05/22/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$663.50

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 17 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176969	05/22/2013	1064047834

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680722516	FEDEX GROUND	CUSTOMER	1084466	USD	\$409.43

1.00 CS 1.00 CS #: A6550 Freight:		RSNG,W/SOFT PO	RT,MD,RENASY		398.85 TOTAL \$409.43
1.00 CS #: A6550	/KIT,GZE,D	Tax:	RT,MD,RENASY	S-G	398.85
1.00 CS #: A6550	/KIT,GZE,D	RSNG,W/SOFT PO	RT,MD,REN A SY		
1.00 CS	10.9				100.01
1.00 CS	10.9				100.01
	1.00 0106600934	IE 0	30301443	105.01	100.01
1.00 CS	4 00 LITDCCC000034	TE 8	53581443	169.01	169.01
1.00 CS	/CANISTEF	,EZPLUS,800CC,S	OFT PORT, REN	ASYS	
	1.00 UTD66800912	TE 8	53581443	229.84	229.84
		L			
ER QTY U/M I		CODE* D	ELIVERY #	UNIT PRICE	AMOUNT
E	R QTY U/N	R QTY U/M INVOICE QTY DESCRIPTION			

Eligible Gross Amount \$398.85

Discount amount \$7.98 if recd. by 06/21/13

Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064047834

 Invoice Date
 05/22/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$409.43

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 18 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176632	05/22/2013	1064047835

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680620936	MEDTRANS	CUSTOMER	1084466	USD	\$455.93

LINE ITEM NO. / NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT
--

10

6.00 BX

5.00 CVC610838

TE 853733681 89.17

445.85

CVC610838 /COVER NEOGUARD, NON-STERILE 1.6" X 11.8"

Subtotal

Freight:

10.08

Tax:

0.00

445.85

TAX AMOUNT **FREIGHT** TOTAL GROSS 445.85 0.00 10.08 \$455.93

Eligible Gross Amount \$445.85

Discount emount \$8.92 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lise Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date** Sales Rep #

1084466 1064047835 05/22/2013 210

Payment Terms

2% 30, 1% 60, Net 90

Amount Due

\$455.93

2

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 19 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176743	05/22/2013	1064047836

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON OR
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652011	MEDTRANS	MEDLINE	1084466	USD	\$11.28

LINE ITEM NO. /	
NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT	

30

10.00 EA

1.00 ORT16020LXL

TE 853733921

11.28

11.28

ORT16020LXL /IMMOBILIZER,SHOULDER,SLING&SWATH,L/XL,EA

HCPCS Code #: L3670

Subtotal

Freight:

0.00

Tax:

0.00

11.28

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 11.28
 0.00
 0.00
 \$11.28

Eligible Gross Amount \$11.28

Discount amount \$0.23 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer # Invoice # Invoice Date Sales Rep #

1084466 1064047836 05/22/2013

Sales Rep #
Payment Terms

210 2% 30, 1% 60, Net 90

Amount Due

\$11.28

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176779	05/22/2013	1064047837

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680662901	MEDTRANS	CUSTOMER	1084466	USD	\$218.78

ITEM NO. /

			GROSS	TAX AM	OUNT	FREIGHT 72.57	TOTAL \$218.78
Subtotal		Freight:	72.57	Tex:	0.00		146.21
Ü	0.00	00			GENERAL PURPOSE		
0	3.00	CS	3.00 VSI303	TE	853733922	48.74	146,21
10.	ORDER OTY	U/M II	NVOICE OTY DESCRIPTION	ON CODE	* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$146.21

Discount amount \$2.92 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064047837 Invoice # 05/22/2013 Invoice Date Sales Rep # 2% 30, 1% 60, Net 90

Payment Terms **Amount Due**

\$218.78

210

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 21 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176999	05/22/2013	1064047838

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$417.55

INE O OR	DER OTY	U/M	INVOICE OTY	ITEM NO. / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
20	3.00	cs	3.00	B-D364902	TE	853734342	139.18	417.55
			101	1300 /DEVICE,AC	CESS,MALE	LUER ADAPT,STRL	BULK	
		101300						
Subtotal 99	9							
		Freight:	0.00		Tex:	0.00		417.55
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
		417.55			0.00		0.00	\$417.55

Eligible Gross Amount \$417.55

Discount amount \$8.35 if recd. by 06/21/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064047838 Invoice # Invoice Date 05/22/2013 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$417.55

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

2



Part 2 Pg 22 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177073	05/22/2013	1064047839

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680763305	MEDTRANS	CUSTOMER	1084466	USD	\$59.20

			59.20	TAX AI	0.00	0.00	\$59.20
			GROSS	TAX AI	MOUNT	FREIGHT	TOTAL
		Freight	: 0.00	Tax:	0.00		5 9.2 0
Subtotal							
			304000 /A	PPLICATOR, COTTON	I-TIP,WOOD,6",STEF	RILE	
0	2.00	cs	2,00 MDS20	2000 TE	853762366	29.60	59.20
		******		•			
INE (ORDER OTY	U/M	INVOICE OTY DESCRI		DE* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$59.20 Discount amount \$1.18 if recd. by 06/21/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064047839

 Invoice Date
 05/22/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$59.20

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 23 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177122	05/22/2013	1064047840

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432385051	FEDEX GROUND	CUSTOMER	1084466	USD	\$581.25

LEINE : I I I I I I I I I I I I I I I I I I
CHIAL
NO DEPEND TV LIMIT INVOICE OTV DESCRIPTION LODE* DELIVERY # LINIT PRICE AMOUNT
NO. ORDER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT

GROUND RUSH MUST SHIP TODAY 5/21

10 2.00 BX

2.00 SKE0250070500

ΤE

286.23

572.45

SKE0250070500 /IRRIGATOR, SUCTION, STRYKEFLOW 10' TUBE

Subtotal

Freight:

8.80

Tax:

0.00

572.45

FREIGHT TOTAL TAX AMOUNT **GROSS** 572.45 0.00 8.80 \$581.25

Eligible Gross Amount \$572.45

Discount amount \$11.45 if recd. by 06/21/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL 8E COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date

1084466 1064047840 05/22/2013

Sales Rep # Payment Terms

210 2% 30, 1% 60, Net 90

Amount Due

\$581.25

Remit To:

Medline Industries, Inc.

Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 24 of 118

INVOICE

www.medline.com

1	Customer PO #	Invoice Date	Invoice #
	NR175069	05/23/2013	1064084329

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680128945	MEDTRAN S	MEDLINE	1084466	USD	\$71.84

LINE ITEM NO. /	
NO ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOU	IN I

80

5.00 BX

4.00 PTX100126035

TE 853745592 17.96

71.84

PTX100126035 /TUBE, ENDOTRACH, BLUE LINE, MURPHY, 3.5MM

Subtotal

Freight:

0.00

Tax:

0.00

71.84

TAX AMOUNT **FREIGHT** TOTAL **GROSS** 0.00 0.00 \$71.84 71.84

Eligible Gross Amount \$71.84

Discount amount \$1.44 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, DR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date Sales Rep #

1084466 1064084329 05/23/2013

Payment Terms

210 2% 30, 1% 60, Net 90

Amount Due

\$71.84

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 25 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176688	05/23/2013	1064084331

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680642750	MEDTRANS	MEDLINE	1084466	USD	\$307.10

LINE NO.	ORDER QTY U/M	INVOICE QTY D	EM NO. / ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
90	6.00 BX		SUCL543 3 /SUTURE,POLYSO	TE BB 2/0 3	85377 6 754	51.18	307.10
Subtota	ıl	U3UCES-	,3010Hz,102100	110 2/0 0	00 0/0 00 11 210	,	
	Freight	: 0.00	Ta	x:	0.00		307.10
=		GROSS	TA	X AMOU	INT	FREIGHT	TOTAL
		307.10		0	.00	0.00	\$307.10

Eligible Gross Amount \$307.10

Discount amount \$6.14 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL RE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084331

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$307.10

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176744	05/23/2013	1064084332

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680652085	MEDTRANS	MEDLINE	1084466	USD	\$441.41

LINE NO	ORDER QTY	U/M IN	VOICE QTY	ITEM NO. / DESCRIPTION	CODE.	DELIVERY #	UNIT PRICE	AMOUNT
405.00000010000		l l	600000000000000000000000000000000000000		t company	AF		
10	3.00	вх	3.00	USUBW25G	TE	853776756	58.37	175.10
			400	0300 /WAX,BONE	,NON-ABSOR	BABLE, 2.5G		
20	4.00	BX	3.00	USUSN5699G	TE	853776756	33.35	100.06
			403	3300 /SUTURE,MO	ONOSOF,BLA	CK,4/0,18",P-13		
50	3.00	BX	3.00	USUL72	TE	853776756	55.42	166.25
			410	0000 /SUTURE,PC	LY,3/0,3X18	",VIOLET,TIES,45 C	M	
Subtota	al							
		Freight:	0.00		Tax:	0.00		441.41
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
			441.41			0.00	0.00	\$441.41

Eligible Gross Amount \$441.41

Discount amount \$8.83 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE, ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED,

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064084332 Invoice # 05/23/2013 Invoice Date 210 Sales Rep # Payment Terms 2% 30, 1% 60, Net 90 **Amount Due** \$441.41

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 27 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176502	05/23/2013	1064084334

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680585417	MEDTRANS	MEDLINE	1084466	USD	\$16.68

LINE ITEM NO. /	CODES DELACTOR & LINUT SDICE AMOUNT
NO. ORDER QTY U/M INVOICE QTY DESCRIPTION	CODE* DELIVERY # UNIT PRICE AMOUNT

30

6.00 CS

6.00 PTX100322100

TE :

853777033

2.78

16.68

PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP

Subtotal

Freight:

0.00

Tax:

0.00

16.68

 GROSS
 TAX AMOUNT
 FREIGHT
 TOTAL

 16.68
 0.00
 0.00
 \$16.68

Eligible Gross Amount \$16.68

Discount amount \$0.33 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 Customer #
Invoice #
Invoice Date
Sales Rep #

1084466 1064084334 05/23/2013

Sales Rep #
Payment Terms

210 % 20 1% 60 Nat 90

Amount Due

2% 30, 1% 60, Net 90 \$16.68

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



Part 2 Pg 28 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176999	05/23/2013	1064084335

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$163.94

	USL5628G TE) /SUTURE,POLYSORB 3/0 Tax:	853777768 O 18" UNDYED P12 O.00	37.72	75.43 163. 9 4
410700			37.72	75.43
			37.72	/5.43
3.00 BX 2.00 US	USL5628G TE	853777768	37.72	75.43
20 00 07				
410500	SUTURE, POLYSORB 1	30 VIOLET GS-21 01	Q	
50 3.00 BX 2.00 US	UCL813 TE	853777768	44.26	88.51

Eligible Gross Amount \$163.94

Discount amount \$3.28 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084335

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due

Detach and return this portion with your payment

\$163.94



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176979	05/23/2013	1064084337

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726530	MEDTRANS	MEDLINE	1084466	USD	\$70.13

		70.13	IAA AI	0.00	0.00	\$70.13
		GROSS	TAX AI	MOUNT	FREIGHT	TOTAL
	Freigh	nt: 0.00	Tax:	0.00		70.13
Subtota						
		305500	/METER, URINE, PRECISI	ON,400 ML,LUER LO	CK	
90	1.00 CS	1.00 KDL7	000LL TE	853777780	70.13	70.13
10.	ORDER OTY U/M	INVOICE OTY DESC	RIPTION COD	E* DELIVERY #	UNIT PRICE	AMOUNT
INE		ITEM	NO. 7			

Eligible Gross Amount \$70.13

Discount amount \$1.40 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064084337 Invoice # 05/23/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$70.13

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



Part 2 Pg 30 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176887	05/23/2013	1064084339

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	\$505.56

CS	4.00 FSC143	377251	TE	853777818	126.39	505.56
	807200 /8	SYSTEM, COL	LECTION	URINE		
Freight:	0.00	, , , , , , , , , , , , , , , , , , ,	Tax:	0.00		505.56
	GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
	Freight:		GROSS	GROSS TAX AMO	GROSS TAX AMOUNT	GROSS TAX AMOUNT FREIGHT

Eligible Gross Amount \$505.56

Discount amount \$10.11 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064084339 Invoice # 05/23/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$505.56

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 31 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176779	05/23/2013	1064084340

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	PREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680662901	MEDTRANS	CUSTOMER	1084466	USD	\$191.99

LINE NO	ORDER OTY U/M	ITEM NO. / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
20	5.00 CS	5.00 HUD1589	TE	853780516	38.40	191.99
		HUD1589 /EXCHAN	NGER,HEAT/MO	ST,HCH,1HS		
Subtotal				0.00		101.00
	Freight:	0.00	Tax:	0.00		191.99
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		191.99	0.00		0.00	\$191.99

Eligibla Gross Amount \$191.99

Discount amount \$3.84 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064084340 Invoice # 05/23/2013 **Invoice Date** 210 Sales Rep # Payment Terms 2% 30, 1% 60, Net 90 \$191.99

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176810	05/23/2013	1064084341

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	MEDTRANS	MEDLINE	1084466	USD	\$338.37

ITEM NO. /

Subtote	el Freig	ht: 0.00	Tax:	0.00		33 8.37
			/CANNULA,NASAL,CPA	AP INFANT/SIZE 1		
20	3.00 CS	3.00 HUD1	691 TE	853780518	112.79	338.37
NO.	ORDER QTY U/M	INVOICE OTY DESC	RIPTION COL	DE* DELIVERY #	UNIT PRICE	AMOUNT

TAX AMOUNT

0.00

Eligible Gross Amount \$338.37 Discount amount \$6.77 if recd. by 06/22/13

*Code

FREIGHT

0.00

TE - Tax Exempt

C - Customer Freight

TOTAL

\$338.37

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL 8E COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

GROSS

338.37

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064084341 Invoice # 05/23/2013 **Invoice Date** Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due

Detach and return this portion with your payment

210

\$338.37



Part 2 Pg 33 of 118

:04:39 EXNIBIT A

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176810	05/23/2013	1064084342

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680671084	MEDTRANS	MEDLINE	1084466	USD	\$216.49

LINE NO	ORDER OTY U/M INV	OICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	3.00 C S	2.00 HUD1693	TE	853781632 AP, INFANT, SIZE 3	108.25	216.49
Subtotal		HODIOSS JCANNO	LA, NAOAL, OI	AI, IMPART, GIZE O		
	Freight:	0.00	Tex:	0.00		216.49
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
		216.49	0.00		0.00	\$216.49

Eligible Gross Amount \$216.49

Discount amount \$4.33 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084342

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$216.49

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 34 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176911	05/23/2013	1064084343

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680703071	MEDTRANS	CUSTOMER	1084466	USD	\$173.88

2.00		TE	853782153	86.94	173.88
	/GOWN,CH	IEMO,PLUS,BL	.UE,REGULAR		
t: 0.00		Tax:	0.00		173.88
GROSS		TAX AM	OUNT	FREIGHT	TOTAL
			0.00	0.00	\$173.88
	173.88	173.88	173.88	173.88 0.00	173.88 0.00 0.00

Eligible Gross Amount \$173.88

Discount amount \$3.48 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

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SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084343

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$173.88

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 35 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176932	05/23/2013	1064084344

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON MISCELLANEOUS
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680709795	MEDTRANS	CUSTOMER	1084466	USD	\$75.69

DER QTY U/M IN	VOICE GTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
2.00 CS	2.00 LTP30806718	TE	853782154	37.85	75.69
	LIP30806/18 /PASTE,CC	NDUCTIVE, EE	:G,602 JAR,1EN20		
Freight:	0.00	Tax:	0.00		75.69
	GROSS	TAX AM	OUNT	FREIGHT	TOTAL
	75.69		0.00	0.00	\$75.69
	2.00 CS	2.00 CS 2.00 LTP30806718 LTP30806718 /PASTE,CO Freight: 0.00 GROSS	2.00 CS 2.00 LTP30806718 TE LTP30806718 /PASTE,CONDUCTIVE,EE Freight: 0.00 Tax:	DER QTY U/M INVOICE QTY DESCRIPTION CODE* DELIVERY # 2.00 CS 2.00 LTP30806718 TE 853782154 LTP30806718 /PASTE,CONDUCTIVE,EEG,80Z JAR,TEN20 Fraight: 0.00 Tax: 0.00	2.00 CS

Eligible Gross Amount \$75.69

Discount amount \$1.51 if racd. by 06/22/13

*Code

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084344

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$75.69

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 36 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680769925	MEDTRANS	MEDLINE	1084466	USD	\$8,146.57

LINE	ORDER QTY	11/88	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
NO.	ORDER OTT	[O/NI]	INVOICE GIT	DESCRIPTION	1 0000	DELIVERY B	1 011111100	
80	1.00	cs	1.00	B-D367986	TE	853792605	159.39	159.39
			100	400 /TUBE,SERU	M,GOLD,CLOT	ACTIVE,13X100	MM,5M	
		100400)					
90	1.00	CS	1.00	B-D367814	TE	853792605	73.97	73.97
			100	500 /TUBE,SERU	M,PLSTC,RED,	CLOT,13X100MN	1,5ML	
		100500)					
Subto	tal 99 9							
		Freigh	t: 0.00		Tax:	0.00		233.36
210	8.00	BX	8.00	OMMAT0704Z	TE	853792605	28.00	224.00
			521	1400 /LANCET,21	G,SAFETY,UNI	STIK 2,200/BX		
		521400)					
HCPCS	Code #: A425	9						
Subto	tal 500							
		Freigh	t: 0.00		Tax:	0.00		224.00
10	3.00	CS	3.00	BXT65651920C	TE	853792605	81.46	244.37
			607	400 /LINER,SUCT	TION,FLEX AD	V,1500 CC		

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084345

 Invoice Date
 05/23/2013

 Sales Rep #
 210

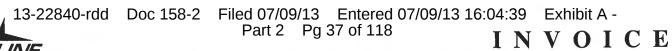
 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$8,146.57

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE			ITTE	M NO. /				
NO. C	ORDER QTY	U/M	INVOICE QTY DE	SCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	1.00	cs	1.00 MS	G1085	TE	853792605	157.71	157.71
			60480	O /GLOVE,SURG,S	ENSICARE	,ALOE,LF,PF,8.5		
30	3.00	CS	3.00 MS	G1070	TE	853792605	157.71	473.13
			60450	O /GLOVE,SURG,S	ENSICARE	,ALOE,LF,PF,7		
40	3.00	CS	3.00 MS	G1080	TE	853792605	157.71	473.13
			60470	O /GLOVE,SURG,S	ENSICARE	,ALOE,LF,PF,8		
50	5.00	CS	5.00 NC	N03007	ΤE	853792605	51.75	258.75
			20500	O /CUP,PLASTIC,7	OZ,TRAN	ISLUCENT		
60	4.00	CS	4.00 DT	.W818	TE	853792605	27.77	111.08
			20510	O /CUP,STYROFOA	AM,8 OZ			
70	2.00	CS	2.00 HL		TE	853792605	50.51	101.02
				O /MASK,OXYGEN				0.070.00
100	50.00	CS	50.00 CL		TE	853792605	47.52	2,376.00
				6 /GLOVE,EXAM,S			40.50	50.50
110	5.00	CS		'ND80347	TE	853792605	16.50	82.50
				O /WASHBASIN,RI				77.50
130	1.00	CS		D0038460	TE	853792605	77.50	77.50
				O /SYRINGE,TOON			00.00	004.77
140	3.00	CS		0L6148LL	TE	853792605	68.26	204.77
450	1.00	00		O /TRAY,FOLEY C		853792605	230.43	230.43
150	1.00	CS		ONTP85DS O /TOOTHPASTE,S	TE			200.40
160	2.00	CC		(ND50216	TE	853792605	22.54	67.62
160	3.00	CS		O /TUBING,SUCTION				07.02
HCBCS Co	de #: A7002)	00100	o /TobiNa,300TN	ON, CONNE	.c. 11140,5/10 X0,5	1112	
170	1.00		1.00 0	/ND50211	TE	853792605	15.41	15.41
170	1.00	CS		O /TUBING,SUCTION				
HUBUS CO	de #; A7002)	00100	,	011,001111	, , , , , , , , , ,		
180	1.00		1.00 CL	JR095005	TE	853792605	23.47	23.47
100	1.00	00		5 /ENEMA,PHOSP				
190	2.00	PK		J7981001	TE	853792605	76.17	152.33
				O /SUPPORT,PERS	SONAL, HE	EL,ELBOW		
HCPCS Co	de #: E0191							
200	3.00	вх	3.00 M	DS098001Z	ΤE	853792605	8.50	25.50
			30990	O /HYDROGEN PE	ROXIDE,U	SP 3%,160Z		
220	3.00	GR	3.00 M	DS137007	ΤE	853792605	6.67	20.01
			60260	OO /COMB,BLACK,	7"			
230	2.00	cs	2.00 N	ON260101	TE	853792605	93.79	187.58
			60760	OO /TAPE,CLOTH/S	ILK,CURA	D,1"X10YD,LF		
HCPCS Co	de #: A4450)						
240	10.00	CS	10.00 N		TE	853792605	235.22	2,352.23
			70220	00 /SENSOR,ADUL	T,ADHESI	VE,USE,W/D-25		



Part 2 Pg 38 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084345

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450 260 1.00 CS 1.00 DYND80327 TE 853792605 16.61 16.61 800200 /BASIN,EMESIS,GRAPHITE,500ML	4.00 MMM29503ZZ TE 853792605 9.52 38 703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450 260 1.00 CS 1.00 DYND80327 TE 853792605 16.61 16 800200 /BASIN,EMESIS,GRAPHITE,500ML			GROSS	TAX AM	DUNT 0.00	FREIGHT 0.00	TOTAL \$8,146.57
703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450 260 1.00 CS 1.00 DYND80327 TE 853792605 16.61 16.61 800200 /BASIN,EMESIS,GRAPHITE,500ML Subtotal	250 4.00 BX 4.00 MMM29503ZZ TE 853792605 9.52 38 703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450 260 1.00 CS 1.00 DYND80327 TE 853792605 16.61 16 800200 /BASIN,EMESIS,GRAPHITE,500ML Subtotal		Freight:	0.00	Тах:	0.00		7689.21
703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450 260 1.00 CS 1.00 DYND80327 TE 853792605 16.61 16.61	250 4.00 BX 4.00 MMM29503ZZ TE 853792605 9.52 38 703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450 260 1.00 CS 1.00 DYND80327 TE 853792605 16.61 16	Subtotal						
TO3700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450	703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450			800200 /BASIN,EME	ESIS,GRAPHIT	TE,500ML		
703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450	250 4.00 BX 4.00 MMM29503ZZ TE 853792605 9.52 38 703700 /TAPE,CLOTH,SURGICAL,ADHESIVE,3"X10YD HCPCS Code #: A4450	260	1.00 CS	1.00 DYND80327	TE	853792605	16.61	16.61
4.00 BX 1100 MMM2500022	250 4.00 BX 4.00 MMM29503ZZ TE 853792605 9.52 38	HCPCS Code #	t: A4450					
250 4.00 BX 4.00 MMM29503ZZ TE 853792605 9.52 38.06				703700 /TAPE,CLO	TH,SURGICAL	.,ADHESIVE,3"X10YD)	
		250	4.00 BX	4.00 MMM29503ZZ	TE	853792605	9.52	38.06

Eligible Gross Amount \$8,146.57

Discount amount \$162.93 if recd. by 06/22/13

*Code

TE - Tax Exempt C - Customer Freight



Part 2 Pg 39 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177093	05/23/2013	1064084346

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770069	MEDTRANS	CUSTOMER	1084466	USD	\$336.74

RDER QTY U/M			* DELIVERY #	UNIT PRICE	AMOUNT
5.00 BX	5.00 MLK8DIC	TE	853792606	37.42	187.08
4.00 88		, ,		37 42	149.66
4.00 BX				07.42	, 10.00
Freig	ıht: 0.00	Тах:	0.00		336.74
	GROSS	TAX AM	OUNT	FREIGHT	TOTAL
	336.74		0.00	0.00	\$336.74
	5.00 BX 4.00 BX	5.00 BX 5.00 MLK8DIC MLK8DIC /CANI 4.00 BX 4.00 MLK6DIC MLK6DIC /CANI Freight: 0.00 GROSS	5.00 BX 5.00 MLK8DIC TE MLK8DIC /CANNULA,INNER,SIZE 8 4.00 BX 4.00 MLK6DIC TE MLK6DIC /CANNULA,INNER,SHILE Freight: 0.00 Tax:	Freight: 0.00 INVOICE QTY DESCRIPTION CODE* DELIVERY # 5.00 BX 5.00 MLK8DIC TE 853792606 MLK8DIC /CANNULA,INNER,SIZE 8,DISPOSABLE 4.00 BX 4.00 MLK6DIC TE 853792606 MLK6DIC /CANNULA,INNER,SHILEY,SIZE 6,DISP Freight: 0.00 Tax: 0.00	## TOTAL OF THE PRICE OF THE PR

Eligible Gross Amount \$336.74

Discount amount \$6.73 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL RE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084346

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$336.74

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177095	05/23/2013	1064084347

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770312	MEDTRANS	CUSTOMER	1084466	USD	\$448.86

LINE NO.	ORDER QTY	U/M IN		M NO. / SCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
10	F 00	DV	5 00 DV	ND200040	TE	853792607	32,26	161.30
10	5.00	BX		ND300040) /MASK,LAR\		1,PVC,DISPOSABLE	32.20	101.30
30	5.00	CS	5.00 B-D	305062	TE	853792607	57.51	287.56
			B-D305062	2 /SYRINGE, E	BLUNT FILL,	5mL,18GX 1 1/2"		
Subtotal	l	Fraight:	0.00		Tax:	0.00		448.86
		rraight.	0.00		T U.A.	0.00		
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
			448.86			0.00	0.00	\$448.86

Eligible Gross Amount \$448.86

Discount amount \$8.98 if racd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1064084347 Invoice Date 05/23/2013 Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms

Amount Due

\$448.86

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 41 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177106	05/23/2013	1064084348

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770802	MEDTRANS	MEDLINE	1084466	USD	\$591.99

	Freight:	0.00 GROSS 591.99		Tax: TAX AMOL	0.00 INT .00	FREIGHT 0.00	591.99 TOTAL \$591.99
	Freight:					FREIGHT	
	Freight:	0.00		Tax:	0.00		591.99
ode #: A4649							
		MDS077	002 /BANDAGE,	ELASTIC,SWIFT	-WRAP, 2"X5YD,\	/ELCRO	
4.00	CS	4.00	MDS077002	TE	853792608	19.77	79.08
		BAA010	020 /TUBE,FEED	ING,GASTRO,2	OFR,SILICONE,MIC	:	
10.00	EA	10.00	BAA010020	TE	853792608	37.95	379.50
		USUSN56	96G /SUTURE,M	ONOSOF,BLAC	C,6/0,18",P-13		
4.00	вх	4.00	USUSN5696G	TE	853792608	33.35	133.41
ONDER Q11	Onei	myonat arri	DESCRIPTION	1 2000	B111(41)11 1	1 0111 11102	
ODDED OTV	11/8/1			CODE*	DELIVERY #	LINIT PRICE	AMOUNT
	4.00 10.00 4.00	4.00 BX 10.00 EA 4.00 CS	4.00 BX 4.00 USUSN56 10.00 EA 10.00 BAA010 4.00 CS 4.00 MDS077	4.00 BX 4.00 USUSN5696G USUSN5696G /SUTURE,M 10.00 EA 10.00 BAA010020 BAA010020 /TUBE,FEED 4.00 CS 4.00 MDS077002 MDS077002 /BANDAGE,	4.00 BX 4.00 USUSN5696G TE USUSN5696G /SUTURE,MONOSOF,BLACI 10.00 EA 10.00 BAA010020 TE BAA010020 /TUBE,FEEDING,GASTRO,2 4.00 CS 4.00 MDS077002 TE MDS077002 /BANDAGE,ELASTIC,SWIFT	A.00 BX	A.00 BX

Discount amount \$11.84 if recd. by 06/22/13

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064084348 Invoice # 05/23/2013 **Invoice Date** 210 Sales Rep # Payment Terms 2% 30, 1% 60, Net 90 **Amount Due** \$591.99

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 42 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177107	05/23/2013	1064084349

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770846	MEDTRANS	MEDLINE	1084466	USD	\$2,180.87

LINE NO	ORDER QTY U/M	INVOICE QTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
1				delignor.		
10	72.00 EA	72.00 ORT11300M	TE	853792609	3.12	224.64
		ORT11300M /SLING,ARM,D	EEP POCKE	T,NECK PAD,MED		
HCPCS	Code #: A4565					
20	42.00 EA	42.00 ORT11300L	TE	853792609	3.49	146.58
		ORT11300L /SLING,ARM,D	EEP POCKE	T,NECK PAD,LG		
HCPCS	Code #: A4565					
30	24.00 EA	24.00 ORT2441020M	TE	853792609	19.82	475.68
		ORT2441020M /IMMOBILIZER	KNEE,DELU	XE,20",MD,EA		
HCPCS	Code #: L1830					
40	24.00 EA	24.00 ORT2441020L	TE	853792609	19.82	475.68
		ORT2441020L /IMMOBILIZER	KNEE,DELU	XE,20",LG,EA		
HCPCS	Code #: L1830					
50	1.00 CS	1.00 J-J7367	TE	853792609	113.15	113.15
		/BANDAGE,PL	ASTER,X-FA	AST SET,4" x 5YD:		
60	24.00 EA	24.00 ORT27100	TE	853792609	13.31	319.44
		ORT27100 /SUPPORT,AN	KLE,STIRRU	IP,FOAM,UNIV,EA		
HCPCS	Code #: L4350					

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084349

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$2,180.87

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



Part 2 Pg 43 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177107	05/23/2013	1064084349

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

			GROSS 2,180.87	TAX AI	MOUNT 0.00	FREIGHT 0.00	TOTAL \$2,180.87
Subtota	al	Freight:	0.00	Tax:	0.00		2180.87
HCPCS (Code #: A4565		ORT11300XL /SL	ING,ARM,DEEP POO	CKET,NECK PAD,XL		
30	24.00	EA	MMM82004 /TA 24.00 ORT1130	PE, CASTING, WHI DOXL TE	TE, 4" X 4 YDS 853792609	3.56	85.44
0	10.00	вх	10.00 MMM820	004 TE	853792609	34.03	340.26
INE IO.	ORDER QTY	U/M I	NVOICE OTY DESCRIP		DE* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$2,180.87 Discount amount \$43.62 if recd. by 06/22/13 * Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 44 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177110	05/23/2013	1064084350

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680771093	MEDTRANS	MEDLINE	1084466	USD	\$9,858.25

LINE NO. ORD	ER QTY	U/M INVOICE	QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE A	MOUNT
10	1.00	cs	1.00	B-D371603	TE	853792610	133.09	133.09
			10	2000 /BRUSH,SCRUE	B,DRY,STERI	LE -ORDR QTY 300		
		102000						
Subtotal 999								
		Freight:	0.00		Tax:	0.00		133. 09
20	2.00	CS	2.00	NON22535	TE	853792610	30.87	61.74
			10	2410 /STOCKINETTE	,IMPERVIOU	S,12X48,STERILE		
		102410						
HCPCS Code #	#: A645	7						
120	4.00	CS	4.00	DYKD2002M	TE	853792610	50.78	203.12
			60	1000 /KIT,MATERNIT	Y,DELUXE			
		601000						
Subtotal 200								
		Freight:	0.00		Tax:	0.00		264. 86
30	3.00	CS	3.00	DYNJP8003	TE	853792610	61.79	185.37
			10	2800 /T-DRAPE,EXTI	REMITY,STE	RILE		

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084350

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Amount Due Remit To:

\$9,858.25

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177110	05/23/2013	1064084350

Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

LINE NO. (ORDER OTY	U/M IN		ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
40	3.00	cs	3.00	DYNJ24994C	TE	853792610	348.72	1,046.16
50	2.00	CS		1400 /BASIC PAC DYNJP2708	CK-LF TE	853792610	90.22	180.44
			107	600 /GOWN,REII	NFORCED,POL	Y,AURORA,XLAF	RGE,STRL	
60	6.00	CS	6.00	CDS981068D	TE	853792610	74.24	445.44
			CDS9810	68D /EXTREMIT	PROCEDUR	E		
70	3.00	CS	3.00	CDS981069C	TE	853792610	285.11	855.33
			107	7800 /LAP CHOL	E PROCEDUR	E		
80	10.00	CS	10.00	CDS981070C	TE	853792610	635.20	6,352.00
			107	7900 /TOTAL JO	INT PROCEDU	JRE		
90	4.00	CS	4.00	NON27202XL	TE	853792610	23.89	95.56
			120	0400 /SHIRT,SCR	UB, VNECK, BL	.UE,XLG,DISPOSA	ABLE	
110	3.00	CS	3.00	DYNJAA4836A	TE	853792610	100.00	300.00
			130	0100 /CIRCUIT,A	NESTHESIA,A	DULT		
Subtotel								
		Freight:	0.00		Tax:	0.00		9460.30
-			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
			9,858.25			0.00	0.00	\$9,858.25

Eligible Gross Amount \$9,858.25

Discount amount \$197.17 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 46 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177118	05/23/2013	1064084351

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432379349	MEDTRANS	CUSTOMER	1084466	USD	\$208.08

LINE NO OF	RDER QTY U/M I	NVOICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	2.00 CS	2.00 DYNJWE402	TE	853794248	104.04	208.08
Subtotal		DYNJWE402 /EVACUAT	OR,400CC,PV	C,10FH,1/8"		
Subtotal	Freight:	0.00	Tax:	0.00		208.08
		GROSS	TAX AM	DUNT	FREIGHT	TOTAL
		208.08		0.00	0.00	\$208.08

Eligible Gross Amount \$208.08

Discount amount \$4.16 if recd. by 06/22/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED, ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064084351 Invoice Date 05/23/2013 210 Sales Rep # Payment Terms 2% 30, 1% 60, Net 90

Amount Due

\$208.08

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 47 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177117	05/23/2013	1064084352

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680772306	MEDTRANS	MEDLINE	1084466	USD	\$5,292.23

LINE		ITEM NO. /		es et as vertes v. v.	West opios	AMOUNT
NO.	ORDER OTY U/M	INVOICE QTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AWOON
10	5.00 CS	5.00 K-C62136	TE	853794824	93.95	469.77
		K-C62136 /WRAP,S	TERILIZATION, C	SR,ONE-STEP,36"X	36"	
20	8.00 CS	8.00 K-C62645	TE	853794824	98.90	791.23
		K-C62645 /WRAP,S	TERILIZATION, C	SR,ONE-STEP,45"X	45"	
30	2.00 CS	2.00 DYNJ05154LF	TE	853794824	28.28	56.56
		DYNJ05154LF /BANDA	GE,ELASTIC,MAT	RIX,STERILE,4"X5	/D,LF	
HCPCS	Code #: A6449					
40	3.00 CS	3.00 DYNJ05156LF	TE	853794824	37.50	112.50
		DYNJ05156LF /BANDA	GE,ELASTIC,MAT	RIX,STERILE,6"X5	YD,LF	
HCPCS	Code #: A6450					
50	2.00 CS	2.00 MMM5122	TE	853794824	157.96	315.92
		MMM5122 /THERM	OMETER, TEMPA	OOT,ORAL/AXILLAR	(Y,(F)	
60	20.00 CS	20.00 MDS601M	TE	853794824	115.00	2,300.00
		MDS601M /GARME	NT,MEDLINE,DV1	T,INTERMITTENT,CA	ALF,MD	
HCPCS	Code #: A9900 OR A	4600				
70	6.00 CS	6.00 SWD775100	TE	853794824	127.21	763.27
		SWD775100 /SPIKE,S	AFETY PLUS,100	00 ML FLUSH,EPUI	MP	

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084352

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$5,292.23

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 48 of 118

Customer PO #

NR177117

INVOICE

05/23/2013

www.medline.com

Invoice Date Invoice #

1064084352

Ship To:							
SOUND SHORE MISCELLANEOUS							
16 GUION PL							
NEW ROCHELLE, NY 10801-5502							

90 HCPCS Code #	3.00 CS	3.00 MSC32410	TE	050704004		
				853794824	144.00	432.00
HCPCS Code #		MSC32410 /GAUZE,BC	RDER,4"X10	',(2X8"PAD),STERILE		
	#: A6219					
100	1.00 CS	1.00 DYND50315	TE	853794824	50.98	50.98
		/BOWL,STE	RILE, MEDIUM	1,16 O Z		
Subtotal						
	Freight:	0.00	Tax:	0.00		5292.23
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		5,292.23		0.00	0.00	\$5,292.23

Eligible Gross Amount \$5,292.23

Discount amount \$105.84 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



INVOICE

Customer PO #	Invoice Date	Invoice #
NR177095	05/23/2013	1064084353

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680770312	FEDEX GROUND	CUSTOMER	1084466	USD	\$169.65

			GROSS 161. 3 0	_	TAX AMO	TNU 0.00	FREIGHT 8. 3 5	T OTAL \$169.65
Subtotal		Freight:	8.35		Tax:	0.00		161.30
20	5.00	вх		DYND300050 050 /MASK,LAR	TE YNGEAL,SZ 5,	853807201 PVC,DISPOSABLE	32.26	161.30
LINE NO C	RDER QTY	U/M II		DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$161.30

Discount amount \$3.23 if racd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # 1064084353 Invoice Date 05/23/2013 Sales Rep #

2% 30, 1% 60, Net 90 Payment Terms

Amount Due

\$169.65

210

1084466

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

Customer PO #	Invoice Date	Invoice #
NR176999	05/23/2013	1064084354

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680735539	MEDTRANS	MEDLINE	1084466	USD	\$133.41

LINE NO.	ORDER QTY U/M INV	OICE OTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
400	4.00 BX	4.00 USUSN5 6 99G 403300 /SUTURI		853820098 ACK 4/0.18" P-13	33.35	133.41
Subtota			Tex:	0.00		133,41
	Freight:	0.00 GROSS	TAX AM		FREIGHT	TOTAL
		133.41	TAX AIN	0.00	0.00	\$133.41

Eligible Gross Amount \$133.41

Discount emount \$2.67 if recd. by 06/22/13

* Code

TE - Tax Exempt C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064084354 Invoice # 05/23/2013 **Invoice Date** 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$133.41 **Amount Due**

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



LINE

Part 2 Pg 51 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177092	05/23/2013	1064084355

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680769925	MEDTRANS	MEDLINE	1084466	USD	\$556.74

ITEM NO. /

				GROSS	TAX A	MOUNT	FREIGHT	TOTAL
Subtotal	999	Fre	ight:	0.00	Tax:	0.00		556.74
		101	3 00					
				101300 /DE\	/ICE,ACCESS,MAL	E LUER ADAPT,STR	Ļ BULK	
120	4.	.00 CS		4.00 B-D36490)2 TE	853820099	139.19	556.74
ю.	DHDEN U	ii Y O/IV	1 1193	JOICE OTT DESCRIPT	ION GO	DE DELIVERY P	1 OWN THIRE	71,110,011
un	ORDER O	TN/ 11/8/	INIS	OICE OTY DESCRIPT		DE* DELIVERY #	UNIT PRICE	AMOUNT

0.00

Eligible Gross Amount \$556.74

Discount amount \$11.13 if recd. by 06/22/13

*Code

0.00

TE - Tax Exempt

C - Customer Freight

\$556.74

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

556.74

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1064084355 05/23/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$556.74

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 52 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176887	05/23/2013	1064084356

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680694454	MEDTRANS	MEDLINE	1084466	USD	\$95.14

HCPCS Code #: A4450 Subtotal Freight:	0.00	Tax:	0.00		95.14
10000 0 1 # 4440					
360 1.00 CS	1.00 MMM29500 MMM29500 /TAPE,CLO	TE TH,SUR G ICAL	853820419 .,ADHESIVE,1/2"X10Y	95.14 D	95.14

Eligible Gross Amount \$95.14 Discount amount \$1.90 if recd. by 06/22/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

ITEM NO. /

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lise Serpico-Foremen x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064084356 Invoice # 05/23/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$95.14

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



Part 2 Pg 53 of 118

0:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176873	05/23/2013	1064084357

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680687115	MEDTRANS	CUSTOMER	1084466	USD	\$635.34

LINE NO	ORDER QTY U/M	INVOICE QTY DESCRIPT		* DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 BX	1.00 USU0304	25 TE .OAD,ENDO GIA UN	853823072 IVERSAL TITANUM.4	552.69 15-2.5	552.69
Subtota	-					552.69
	Freight	: 82.65	Tax:	0.00		
		GROSS	TAX AM		FREIGHT	TOTAL
		552.69		0.00	82.65	\$635.34

Eligible Gross Amount \$552.69 Discount amount \$11.05 if recd. by 06/22/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084357

 Invoice Date
 05/23/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$635.34

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 54 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780063	MEDTRANS	MEDLINE	1084466	USD	\$8,478.06

LINE				ITEM NO. /				
NO.	ORDER QTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
210	4.00	ВХ	4.00	MLK86450	TE	853831550	15.82	63.28
			0142	900 /TUBE,END	TRACH, INTERI	MED,HI-LO,7.0 MI	M	
		^01429	900					
220	4.00	8X	4.00	MLK86451	TE	853831550	15.82	63.28
			0143	000 /TUBE,END	TRACH, INTERI	MED,HI-LO,7.5 MI	M	
		^01430	000					
Subtot	tal 999							
		Freigh	t: 0.00		Tax:	0.00		126.56
20	1.00	CS	1.00	NON25408	TE	853831550	74.12	74.12
			600	100 /GAUZE,SP	ONGE,4"X4",8F	PLY,WOVEN,NS,LF		
		60010	0					
HCPCS	Code #: A621	6						
Subtot	tal 400							
		Freigh	t: 0.00		Tax:	0.00		74.12
110	8.00) CS	8.00	MSC281230	TE	853831550	27.94	223.52
			600	900 /UNDERPA),FLUFF,STD,PF	ROTPLUS,17X24"		
		60090	0					

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064084358

 Invoice Date
 05/23/2013

 Sales Rep #
 210

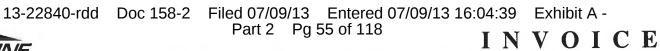
 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$8,478.06

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



MEDLINE

www.medline.com

Customer PO #	Invoice Date	Invoice #	
NR177133		1064084358	

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtota	il 100							
		Freig	ht: 0.00		Tax:	0.00		223.52
10	4.00	CS		NON23324	TE	853831550	16.97	67.88
					The state of the s	D,CREPE,18X125		
30	60.00	EA		MDT219684	TE	853831550	3.96	237.60
40	2.00	00		8800 /PILLOW,M MSG1065	TE	,20EA/CS 853831550	157.71	473.13
40	3.00	CS		MSG 1065 I400 /GLOVE,SU			107.71	470.10
50	2.00	CS		MSG1075	TE	853831550	157.71	315.42
00	2.00	00		1600 /GLOVE,SU				
60	4.00	CS		DYND80235S	TE	853831550	15.18	60.72
			702	2600 /URINAL,M	IALE,SUPREME			
70	2.00	CS		BMG333865	TE	853831550	198.09	396.17
				0500 /TRAY,SPI				
80	8.00	CS		AUG42268	TE	853831550	63.29	506.28
0.0	5.00	00		700 /BLANKET,			63.28	316.42
90	5.00	CS		AUG42568 0800 /BLANKET,	TE	853831550	03.20	310.42
100	3.00	CS		KDL5072	TE	853831550	67.08	201.24
100	3.00	00			. –	TERILE,4"X4",2'S		
HCPCS	Code #: A6402	2		, , , , , , , , , , , , , , , , , , , ,	,			
120	2.00		2.00	NON241283	TE	853831550	31.74	63.48
			30	9000 /PAD,OB,N	ION STERILE,TA	ILS,11IN		
130	6.00	CS		DYND50252	TE	853831550	20.02	120.12
			10-	4300 /SUCT CO	NN TUBE 1/4"	X 12' ST		
	Code #: A7002		0.00	111104404	7.5	052021550	17 10	103.14
140	6.00	CS		HUD1104 3700 /CANNULA	TE	853831550	17.19	103.14
150	3.00	CS		HUD1041	TE	853831550	27.12	81.36
150	3.00	Co				N,MED CONC AD		
160	2.00	cs		HUD1059	TE	853831550	50.51	101.02
			10	7400 /MASK,OX	YGEN,NON-REB	REATHER, ADULT		
170	4.00	CS	4.00	PTXG1675	TE	853831550	131.38	525.52
			40	6000 /ABG-PRO	VENT CUSTOM	SOUND SHORE		
180	4.00	CS		MMM1624W	TE	853831550	96.60	386.38
		_	30	0400 /DRESSING	G,TEGADERM,TF	RNS,FILM,2.375X	2.75"	
	Code #: A6257		4.00	DVND40000	TE	853831550	45,10	180.40
190	4.00	CS		DYND40982 6010 /KIT CATH	TE JETER SUCTION.	14 FR,2 GLV,MIN		100.40
HCPCS	Code #: A4624	4 + Δ		0010 /111/0/11	,00011014,			
200	4.00			CRI5001	TE	853831550	29.15	116.60
-		=			O,THUMBLOOP,	POLYETHYLENE,	BLUE,XL	
230	3.00	CS	3.00	SWD81892910	TE	853831550	133.26	399.78
			40	6700 /SYRINGE	, MAGELLAN, II	NS, 29X 1/2"		



Part 2 Pg 56 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177133	05/23/2013	1064084358

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE			ITEM NO. /				
NO.	ORDER QTY U/M	INVOICE CITY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
240	3.00 CS		B-D367341	TE	853831550	270.03	810.09
0=0	0.00 57		9700 /SET,BLOOD	·	•		040 74
250	6.00 BX		USU054887	TE	853831550	36.62	219.74
260	6.00 CS		5600 /STAPLER,SK NPBMAXA	TE	853831550	235.22	1 411 24
200	6.00 CS		NPBMAXA 2200 /SENSOR,ADI	. –		235.22	1,411.34
270	2.00 RL		MDT221204	TE	853831550	9.00	18.00
270	2.00 NL		6000 /STOCKINETT			9.00	16.00
HCPCS C	ode #: A6457	70	JOOO /JIOCKINEII	L,ONOLLACIT	LD,4 X 251D5		
280	1.00 CS	1.00	MDS096502	TE	853831550	36.21	36.21
			7900 /SWAB,ORAL	. –			00.21
290	6.00 CS		MDT211218XLI	TE	853831550	25.07	150.42
		80	1700 /SLIPPER,SIN	GLE TREAD.E	EIGE.XL		
300	6.00 CS	6.00	MDT211218XXLI	TE	853831550	25.77	154.62
		80	1800 /SLIPPER,SIN	GLE TREAD,	RAY,XXL		
310	4.00 CS	4.00	MDS708550	TE	853831550	24.15	96.60
		80:	2700 /TRAY,SUTU	RE REMOVAL	METAL FCP,LITT	SCIS	
HCPCS Co	ode #: A9270						
320	6.00 CS	6.00	LTP31013926	TE	853831550	57.66	345.97
		70	1600 /ELECTRODE,	ECG,SNAP,TE	ARDROP,FOAM		
330	4.00 BX	4.00	MLK86490	TE	853831550	15.82	63.28
		803	3800 /TUBE,ENDOT	RACH, INTRIV	D,PRECUT,HI-LO,7	.OMM	
340	6.00 BX	6.00	MLK86491	TE	853831550	15.82	94.93
		803	3900 /TUBE,ENDOT	RACH, INTRIV	D,PRECUT,HI-LO,7	.5 MM	
Subtotal							
	Fre	ight: 0.00		Tax:	0.00		8053.86
		GROSS		TAX AMOL	INT	FREIGHT	TOTAL
		8,478.06		0	.00	0.00	\$8,478.06

Eligible Gross Amount \$8,478.06

Discount amount \$169.56 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 57 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177135	05/23/2013	1064084359

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780 2 36	MEDTRANS	CUSTOMER	1084466	USD	\$165.29

LINE NO OR	DER QTY U/M	INVOICE QTY DESCRIP		DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 CS	1.00 NON249 NON249005 /PC	0005 TE DUCH,TELEMETRY,MU	85383156 2 LTI-LAYER,TIES,BLU	8 2 .64 JE	82.64
Subtotal	Freigl		Тах:	0.00		82.64
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
		82.64		0.00		\$165.29

Eligible Gross Amount \$82.64

Discount amount \$1.65 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWD BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1064084359 05/23/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$165.29

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177067	05/23/2013	1064085691

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680761881	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$94.80

INE IO OR	DER QTY	U/M I		ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
0	2.00	EA	2.00	MIL625323 /CLOCK.W	TE ALL,14"ALTON	N.BK	47.40	94.80
Subtotal				, 020 010, 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		
		Freight:	0.00		Tax:	0.00		94.80
			GROSS		TAX AMO	DUNT	FREIGHT	TOTAL
			94.80			0.00	0.00	\$94.80

Eligible Gross Amount \$94.80 Discount amount \$1.90 if recd. by 06/22/13 *Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064085691 Invoice # 05/23/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$94.80 Amount Due

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR17130	05/23/2013	1064085692

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To:

SOUND SHORE MEDICAL CTR/500

16 GUION PL

NEW ROCHELLE, NY 10801-5502

GLN: 1100003520297

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432399126	UNITED PARCEL SERVICE	CUSTOMER	1084466	USD	\$560.00

INE IO O	RDER QTY U/M IN	VOICE QTY DESCRIPTION		UNIT PRICE	AMOUNT
0	6.00 EA	6.00 REP114564 /3704	4 TE 4-1-100 @CABLE SLEEVE (SM) 1.6N	90.00 4M HOLE	540.00
ubtotal					
	Freight:	20.00	Tax: 0.00		540.00
		GROSS	TAX AMOUNT	FREIGHT	TOTAL
		540.00	0.00	20.00	\$560.00

Eligible Gross Amount \$540.00

Discount amount \$10.80 if recd. by 06/22/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1064085692 Invoice # 05/23/2013 Invoice Date Sales Rep #

2% 30, 1% 60, Net 90 Payment Terms Amount Due

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

1084466

\$560.00



Part 2 Pg 60 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

1	Customer PO #	Invoice Date	Invoice #
	NR177117	05/24/2013	1064119857

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680772306	MEDTRANS	MEDLINE	1084466	USD	\$891.55

LINE NO. ORDER QTY U/M INVOICE QTY	ITEM NO. / DESCRIPTION	CODE* DELIVERY # UNIT PRICE AMOUNT

80

6.00 CS

6.00 SWD773662

853803688 TE

148.59

891.55

SWD773662 /SET, FEEDING, E PUMP, FLUSH BAG, 1000ML

HCPCS Code #: B4035

Subtotal

Freight:

0.00

Tax:

0.00

891.55

TOTAL GROSS TAX AMOUNT **FREIGHT** 0.00 0.00 \$891.55 891.55

Eligible Gross Amount \$891.55

Discount amount \$17.83 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

CDMMUNICATED TO MEDLINE IN WRITING WITHIN TWD BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 1BO DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lise Serpico-Foremen x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date

1084466 1064119857 05/24/2013

Sales Rep #

210 2% 30, 1% 60, Net 90

Payment Terms **Amount Due**

\$891.55

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 61 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176948	05/24/2013	1064119858

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680712663	MEDTRANS	MEDLINE	1084466	USD	\$581.58

INE NO	ORDER OTY U/M	NVOICE QTY DESCRIPTI		DELIVERY #	UNIT PRICE	AMOUNT
10	4.00 CS	3.00 S-A50960 S-A5096030096 /GEO		853817228 E W/COVER	193.86	581.58
Subtotal	Freight:	0.00	Tax:	0.00		581.58
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		581.58		0.00	0.00	\$581.58

Eligible Gross Amount \$581.58

Discount amount \$11.63 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064119858

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$581.58

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 62 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176775	05/24/2013	1064119859

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680660819	MEDTRANS	MEDLINE	1084466	USD	\$22.24

0 8.00 CS 8.00 PTX100322100 TE 853820418 2.78 PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP Subtotal Freight: 0.00 Tax: 0.00 GROSS TAX AMOUNT FREIGHT	22.24 22.24
PTX100322100 /AIRWAY, 10.0 CM, GUEDEL, DISP subtotal	
	22.24
8.00 CS 8.00 PTX100322100 TE 853820418 2.78	22.24

Eligible Gross Amount \$22.24

Discount amount \$0.44 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064119859

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$22.24

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 63 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177128	05/24/2013	1064119860

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680779088	MEDTRANS	MEDLINE	1084466	USD	\$8,231.79

LINE				ITEM NO. /				
NO.	ORDER QTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	1.00	ВХ	1.00	USUEGIA45AVM	TE	853831546	1,076.01	1,076.01
				/DEVICE,ENDO,G	IA,ARTIC,	45,VASC,MED,R	ELOAD	
20	1.00) BX	1.00	USUEGIA60AVM	TE	853831546	1,407.36	1,407.36
				/DEVICE,ENDO,G	IA,ARTIC,	60,VASC,MED,R	ELOAD	
30	1.00	BX	1.00	USUEGIA45AMT	TE	853831546	1,117.13	1,117.13
				/DEVICE,EGIA 4	5 AR MEC	THKSUL		
40	1.00) BX	1.00	USUEGIA60AMT	TE	853831546	1,469.83	1,469.83
				/DEVICE,ENDO,G	SIA, ARTIC,	60,MED,THK,REI	LOAD	
50	1.00) BX	1.00	USUEGIA45AXT	TE	853831546	1,312.43	1,312.43
				/EGIA 45 ARTIC	ULATING	XTRA THICK-DIF	R ONLY	
60	1.00) BX	1.00	USUEGIA60AXT	TE	853831546	1,849.03	1,849.03
				/EGIA60 ARTICU	JLATING,E	XTRA THICK, SU	LU,DIR	
Subtot	tal							
		Freig	jht: 0.00	1	Гах:	0.00		8 23 1.79

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064119860

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$8,231.79

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 64 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177128	05/24/2013	1064119860

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,231.79	0.00	0.00	\$8,231.79

Eligible Gross Amount \$8,231.79

Discount amount \$164.64 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 65 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177134	05/24/2013	1064119861

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680780227	MEDTRANS	MEDLINE	1084466	USD	\$3,318.86

DER OTY	U/M IN		DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
1.00	вх	1.00	USUEGIA60AXT	TE	853831561	1,849.03	1,849.03
			/EGIA60 ART	ICULATING	EXTRA THICK, SULU	J,DIR	
1.00	BX	1.00	USUEGIA60AMT	TE	853831561	1,469.83	1,469.83
			/DEVICE,END	O,GIA,ARTI	C,60,MED,THK,RELC	AD	
	Freight:	0.00		Tax:	0.00		3318.86
		GROSS		TAX AM	OUNT	FREIGHT	TOTAL
		3,318.86			0.00	0.00	\$3,318.86
	1.00	1.00 BX 1.00 BX	1.00 BX 1.00 1.00 BX 1.00 Freight: 0.00 GROSS	1.00 BX 1.00 USUEGIA60AXT /EGIA60 ART 1.00 BX 1.00 USUEGIA60AMT /DEVICE,ENDO GROSS	1.00 BX 1.00 USUEGIA60AXT TE /EGIA60 ARTICULATING 1.00 BX 1.00 USUEGIA60AMT TE /DEVICE,ENDO,GIA,ARTI Freight: 0.00 Tax:	1.00 BX 1.00 USUEGIA60AXT TE 853831561 /EGIA60 ARTICULATING,EXTRA THICK,SULU 1.00 BX 1.00 USUEGIA60AMT TE 853831561 /DEVICE,ENDO,GIA,ARTIC,60,MED,THK,RELO Freight: 0.00 GROSS TAX AMOUNT	1.00 BX 1.00 USUEGIA60AXT TE 853831561 1,849.03 /EGIA60 ARTICULATING,EXTRA THICK,SULU,DIR 1.00 BX 1.00 USUEGIA60AMT TE 853831561 1,469.83 /DEVICE,ENDO,GIA,ARTIC,60,MED,THK,RELOAD Freight: 0.00 Tax: 0.00 GROSS TAX AMOUNT FREIGHT

Eligible Gross Amount \$3,318.86

Discount amount \$66.38 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATEO ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064119861

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$3,318.86

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



Part 2 Pg 66 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177137	05/24/2013	1064120163

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680781825	MEDTRANS	MEDLINE	1084466	USD	\$1,527.61

	2 4				*Codo	
		GROSS 1,527.61	TAX AWG	0.00	0.00	\$1,527.61
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
	Freight:	0.00	Tax:	0.00		1527.61
Subtota	I					
ICPCS (Code #: B4035					
		SWD773662 /SET,	FEEDING,E PUMP,FI	USH BAG,1000ML		
0	6.00 CS	6.00 SWD77366	32 TE	853843254	148.59	891.55
		SWD775100 /SPIK	E,SAFETY PLUS,10	00 ML FLUSH,EPU	MP	
0	5.00 CS	5.00 SWD77510	00 TE	853843254	127.21	636.06
<u> </u>						
INE 10.	ORDER QTY U/M	ITEM NO. INVOICE QTY DESCRIPTION		DELIVERY #	UNIT PRICE	AMOUNT
INE						

Eligible Gross Amount \$1,527.61

Discount amount \$30.55 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRORS**

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064120163 Invoice Date 05/24/2013 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$1,527.61

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 67 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176976	05/24/2013	1064120164

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726242	MEDTRANS	CUSTOMER	1084466	USD	\$131.04

LINE NO O	RDER QTY U/M INV	OICE OTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	3.00 CS	3.00 CND138102 CND138102 /ELECTRO	TE	853854708	43.68	131.04
Subtotal		CND130102 /LLLCTING	DDL, NLLDLL, ST	D,+0		
	Freight:	0.00	Tax:	0.00		131.04
-		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		131.04	0.00		0.00	\$131.04

Eligible Gross Amount \$131.04

Discount amount \$2.62 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064120164 Invoice Date 05/24/2013 Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$131.04

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 68 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176978	05/24/2013	1064120165

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	MEDTRANS	MEDLINE	1084466	USD	\$719.14

LINE NO OF	EDER QTY U/M INV	/OICE GTY DESCRIPT		DELIVERY #	UNIT PRICE	AMOUNT
20	2.00 BX	1.00 USUPCO1	15X TE RIETEX COMPOSITE OF	853854709 PTIMIZED 15CM RO	719.14 DUND	719.14
Subtotal	Freight:	0.00	Тах:	0.00		719.14
		GROSS 719.14	TAX AMOU	NT .00	FREIGHT 0,00	TOTAL \$719.14

Eligible Gross Amount \$719.14

Discount amount \$14.38 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064120165

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$719.14

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 69 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176987	05/24/2013	1064120166

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680730158	MEDTRANS	MEDLINE	1084466	USD	\$1,284.60

LINE NO	ORDER C	TΥ	U/M		ITEM NO. / DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
40	3	.00	PK	3.00	HDT1018587	TE	853854711	428.20	1,284.60
				HDT1018	3587 /MASK,CPA	P,IMAGE 3,V	V/HEADGEAR,LARGE		
Subtota	il		Freight	: 0.00		Təx:	0.00		1284.60
				GROSS		TAX AM	DUNT	FREIGHT	TOTAL
				1,284.60			0.00	0.00	\$1,284.60

Eligible Gross Amount \$1,284.60

Discount amount \$25.69 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

BIII To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064120166

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$1,284.60

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 70 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176897	05/24/2013	1064120167

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680696413	MEDTRANS	MEDLINE	1084466	USD	\$826.98

INE NO. OF	DER QTY U/M INV	OICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	4.00 CS	4.00 BXTCA1420	TE	853858101	206.75	826.98
		BXTCA1420 /NEEDLE,A	CHIEVE,SFT,T	IS,BIOP,14GAX20CM		
Subtotal						
	Fraight:	0.00	Tax:	0.00		826.98
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		826.98		0.00	0.00	\$826.98

Eligible Gross Amount \$826.98

Discount amount \$16.54 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064120167 Invoice Date 05/24/2013 Sales Rep # 210 2% 30, 1% 60, Net 90 Payment Terms \$826.98 **Amount Due**

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 71 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177146	05/24/2013	1064120168

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786135	MEDTRANS	CUSTOMER	1084466	USD	\$181.28

INE NO. OI	RDER OTY U/M INVO	DICE OTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	2.00 CS	2.00 J-J20392	TE	853858103	90.64	181.28
		J-J20392 /STRIP,TE	ST, SOLUTION,	CIDEX OPA,60/BT		
Subtotal						
	Freight:	0.00	Tax:	0.00		181.28
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		181.28		0.00	0.00	\$181.28

Eligible Gross Amount \$181.28

Discount amount \$3.63 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064120168

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Amount Due

Detach and return this portion with your payment

\$181.28



Part 2 Pg 72 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177106	05/24/2013	1064120169

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP # SALES ORDER # CARRIER FREIGHT TERMS CUSTOMER # CURRENCY						
210	432408313	FEDEX GROUND	CUSTOMER	1084466	USD	\$389.13

INE NO. OR	DER QTY U/M	NVOICE QTY DESCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
10	10.00 EA	10.00 BAA010016LVCS		853858175	37.95	379.50
		BAA010016LVCS /TUBE,FEED	ING,GASTRC),16FR,SILICONE,MIC		
Subtotal						
	Freight:	9.63	Tax:	0.00		3 7 9. 50
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		379.50		0.00	9.63	\$389.13

Eligible Gross Amount \$379.50

Discount amount \$7.59 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064120169 Invoice # 05/24/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$389.13 **Amount Due**

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



2,954.72

Part 2 Pg 73 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176978	05/24/2013	1064120170

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680726544	FEDEX GROUND	MEDLINE	1084466	USD	\$2,963.88

			GROSS		TAX AMO	JNT	FREIGHT	TOTAL
Subtotal		Freight:	9.16		Tax:	0.00		2954.72
			DVL00103	03 /PATCH,HER	NIA,VENTRAL	EX,CIRCLE,LG,STR	AP	
0	2.00	cs	2.00 D	VL0010303	TE,C	853858614	1,477.36	2,954.72
NO. O	RDER QTY	U/M II	NVOICE GTY D	ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

0.00

Eligible Gross Amount \$2,954.72 Discount emount \$59.09 if recd. by 06/23/13

*Code

9.16

TE - Tax Exempt

C - Customer Freight

\$2,963.88

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FRRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1064120170 05/24/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 **Payment Terms** \$2,963.88 **Amount Due**

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 74 of 118

0:04:39 EXHIBIT A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177038	05/24/2013	1064120171

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680753407	FEDEX GROUND	CUSTOMER	1084466	USD	\$24.84

LINE NO OR	DER QTY U/M INV	OICE GTY DESCRIPTI		* DELIVERY #	UNIT PRICE	AMOUNT
20	4.00 EA	4.00 600NTHXS		853859129	4.50	18.00
0 1-1-1-1		600NTHXS-CM /PAN	T,SCRUB,REV,A-ST/	AT,CEIL,MDL-CC,XS		
Subtotal	Freight:	6.84	Tex:	0.00		18.00
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
		18.00		0.00	6.84	\$24.84

Eligible Gross Amount \$18.00

Discount amount \$0.36 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064120171

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$24.84

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



www.medline.com

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A - Part 2 Pg 75 of 118

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786990	MEDTRANS	MEDLINE	1084466	USD	\$5,536.01

LINE NO:	ORDER QTY	U/M	INVOICE OTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
		M.1						
10	2.00	cs	2.00	NON25312	TE	853868608	62.00	124.00
			600	0200 /GAUZE,SP	ONGE,3"X3",1:	2PLY,NS,LF,200/P	PK	
		600200)					
HCPCS	Code #: A6216	6						
Subtota	al 400							
		Freight	:: 0.00		Tax:	0.00		124.00
60	6.00	CS	6.00	NON260509	TE	853868608	39.89	239.34
			600	0500 /WASHCLO	TH,DISPOSABL	.E,12.5X13"		
		600500)					
260	5.00	CS	5.00	MSC281230	TE	853868608	27.94	139.70
			600	0900 /UNDERPAI	D,FLUFF,STD,PF	ROTPLUS,17X24"		
		600900)					
Subtota	al 100							
		Freight	0.00		Tax:	0.00		379.04
20	3.00	CS	3.00	PRG30374	TE	853868608	15.75	47.24
			60	5700 /DIAPER,NE	WBORN,SWAD	LERS,UP TO 10	LBS	

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064120172

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$5,536.01

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

F0000000000000000000000000000000000000		e de la constante de la consta			į		1	
NO.	ORDER QTY	U/M	INVOICE CITY	ITEM NO. / DESCRIPTION	√ CODE*	DELIVERY #	UNIT PRICE	AMOUNT
20	2.00	00	3.00	MMM1860S	TE	853868608	64.46	128,92
30	2.00	CS			. –	NIOSH APPROVED		120,32
40	5.00	CS		DYND80217		853868608	16.32	81.60
40	0.00	00			N,PONTOON/STA			
50	3.00	cs		NON03007	TE	853868608	51.75	155.25
					LASTIC,7 OZ,TRA	NSLUCENT		
70	3.00	CS	3.00	HUD1734	TE	853868608	40.16	120,49
			107	7420 /NEBUL	IZER,T UPDRAFTII	,MOUTHPC,6" RES	,TUB	
80	,2.00	CS	2.00	B-D363083	TE	853868608	87.66	175.32
			409	9100 /TUBE,	CITRATE,LT BLU,A	DDITV,13X75MM,	2.7ML	
100	2.00	BX	2.00	RCH33301	TE	853868608	25.48	50.95
			509	9500 /CATH	ETER,EXTERNAL,M	ALE,ULTRAFLEX,S	M,25MM	
HCPCS Co	ode #: A4349	•						
110	2.00	8X		RCH33302	TE	853868608	25.48	50.95
			509	9600 /CATH	ETER,EXTERNAL,M	ALE,ULTRAFLX,MC),29MM	
	ode #: A4349							
120	1.00	CS		NON024215	TE	853868608	30.29	30.29
				•	APER,SOUFFLE,.75		00.04	20.04
130	1.00	CS		DYND80000		853868608	26.94	26.94
1.40	F 00	00			IEDICINE,GRAD,PL		43,90	219.50
140	5.00	US		NON026320		853868608 IG,RGD HDL,WHT,		219.50
150	5.00	CE		CTR000413	TE	853868608	19.59	97.95
150	5.00	CS			HWASH,ALCOHOL		13.55	37.33
160	2.00	CS		DYND10500	·	853868608	33.91	67.82
100	2.00	00			URETHRAL,CATHE		00.01	37.102
HCPCS Co	ode #: A4353	3	00.	3000 ,,	0112111111112,01111112	, •, ·		
170	1.00		1.00	NON24272	TE	853868608	77.85	77.85
					N,PULLOVER,LGHT	WT,WHT,24X42		
180	8.00	CS	8.00	B-D367342	TE	853868608	267.25	2,138.00
			40:	9600 /SET,B	LOOD COLL,VACU	TAINER,23G X .75	5"	
190	1.00	CS	1.00	NON70500	TE	853868608	48.44	48.44
			30.	7300 /PACK,	SHROUD, ADULT, 5	4"X108"		
200	24.00	CS	24.00	DYND75020	TE	853868608	28.85	692.40
			30	7000 /TOUR	NIQUET,1"X18",BL	UE,LF,ROLLED		
210	3.00	GR		MDS136000		853868608	8.83	26.49
			60	2500 /TOOT		ALLY WRAPPED,30		
220	2.00	CS		MMM15272		853868608	74.83	149.66
			60	6200 /TAPE,	SURGICAL,TRANS	PORE,2"X10YD		
	ode #: A4452					05000000	00.10	00.00
230	2.00	CS		BDF0231	TE	853868608	33.19	66.38
0.46		0.5			•	,WOVEN,COVERLE		200.04
240	5.00	CS		LTP3101392		853868608	57.66	288.31
			70	1600 /ELECT	RODE,ECG,SNAP,	EARDROP, FOAM		



Part 2 Pg 77 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177150	05/24/2013	1064120172

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

			GROSS 5,536.01	JOMA XAT	JNT).00	FREIGHT 0.00	TOTAL \$5,536.01
Subtota	l .	Freight:	0.00	Tax:	0.00		5032.97
250	2.00	CS	2.00 MMM1296 807400 /PACK,T	TE EST,INDICAT,ATT	853868608 EST,STEAM,BRN C	146.11 AP	292.22
.INE NO.	ORDER OTY	U/M INVO	DICE OTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligibla Gross Amount \$5,536.01

Discount amount \$110.72 if recd. by 06/23/13

* Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 78 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177154	05/24/2013	1064120173

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680787499	MEDTRANS	MEDLINE	1084466	USD	\$8,198.44

LINE NO	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
30	2.00	cs		DYNJP2309 2300 /COVER,	TE TABLE,44X76,STE	853868612 RILE	28.97	57.94
100	3.00	102300 CS	3.00	DYKD2002M 1000 /KIT,MAT	TE FERNITY,DELUXE	853868612	50.78	152.34
Subtot	al 200	601000			Tax:	0.00		210.28
10	8.00	_	8.00	DYNJ21512A 1000 /ARTHRO	TE PACK-SOUND S	853868612 HORE	253.09	2,024.72
20	1.00	CS	,,,,,	CRI1002 1900 /CAP,BO	TE UFFANT,SPUNBON	853868612 ND,WHT,21"	26.69	26.69
40	2.00	CS		DYNJP2410 2600 /SHEET,E	TE DRAPE,40X58,STE	853868612 RILE	21.07	42.14
50	2.00	CS		DYNJP3003 2700 /SHEET,	TE T, LAPAROTOMY	853868612 , STERILE	64.38	128.76

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDILINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064120173

 Invoice Date
 05/24/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$8,198.44

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 79 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177154	05/24/2013	1064120173

Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

			GROSS 8,198.44		TAX AM	OUNT 0.00	FREIGHT 0.00	TOTAL \$8,198,44
		Freight:	0.00		Tax:	0.00		7988.16
Subtota	1							
			20000	O /CLOTH,SKI	N PREP,PREC	P,2%CHG,2 PK/32	SETS	
140	5.00	CS	5.00 SG	E9707CS	TE	853868612	188.68	943.39
			CUR922	6 /GLOVE,EXA	M,STRETCH	VINYL,L		
130	20.00	CS	20.00 CL	JR9226	TE	853868612	47.52	950.40
			31310	O /GLOVE,EXA	M,STRETCH	VINYL,M		
120	20.00	CS	20.00 CL	JR9225	TE	853868612	47.52	950.40
			014190	o /GOWN,COV	/ER,SPNBND,	WST-NECK TIE,YEL	,XLG	
110	20.00	CS	20.00 CF	14001	TE	853868612	17.28	345.60
			10780	O /LAP CHOLE	PROCEDUR	E		
90	8.00	CS	8.00 CD	S981069C	TE	853868612	285.11	2,280.88
			10460	O /SPONGE,LA	P,18"X18",F	RING,XR,ST,5/PK,40	PK	
30	1.00	CS	1.00 MI	DS251518RNG	TE	853868612	64.99	64.99
			10420	O /GOWN,REIN	IF,POLY,AUR	ORA,XLNG/XL,STRL	-	
70	1.00	CS	1.00 DY	NJP2725	TE	853868612	101.43	101.43
			10290	O /DRAPE,LAP	AROTOMY,T	,PEDI,STERILE		
60	2.00	CS	2.00 DY	NJP3009	TE	853868612	64.38	128.76
	J., J.				1		I I	
vo.	ORDER QTY	17/54 15		SCRIPTION	CODE	* DELIVERY #	UNIT PRICE	AMOUNT
INE			111	M NO. /				

Eligible Gross Amount \$8,198.44

Discount amount \$163.97 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177006	05/24/2013	1064121543

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432309446	VENDOR	MEDLINE	1084466	USD	\$1,244.90

		GROSS 1,076.00		TAX AMOU	JNT .00	FREIGHT 16 8 .90	TOTAL \$1,244.90
Subtot	al Freig	ht: 168.90		Tax:	0.00		1076.00
10	25.00 EA	25.00	SKR6000006000 /BATTERY,INS	TE,C STRUMENT		43.04	1,076.00
LINE NO.	ORDER QTY U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$1,076.00

Discount amount \$21.52 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED DN THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064121543 05/24/2013 **Invoice Date** 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$1,244.90

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

Part 2 Pg 81 of 118

INVOICE

MEDLINE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177122	05/24/2013	1064121544

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432384388	VENDOR	CUSTOMER	1084466	USD	\$565.49

		GR OSS 516.48	TAX AMO	O.00	FREIGHT 49.01	TOTAL \$565.49
Subtotal	Freight:	49.01	Tex:	0.00		516.48
0	12.00 EA	12.00 SKR60000 SKR6000006000 /BAT			43.04	516.48
NO OF	RDER QTY U/M IN	VOICE OTY DESCRIPTION	ON CODE	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$516.48

Discount amount \$10.33 if recd. by 06/23/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

ITEM NO /

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064121544 Invoice # 05/24/2013 **Invoice Date** 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$565.49

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



www.medline.com

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -Part 2 Pg 82 of 118

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177147	05/25/2013	1064155328

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON MISCELLANEOUS 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680786518	FEDEX GROUND	CUSTOMER	1084466	USD	\$246.72

LINE NO.	ORDER QTY U/M	INVOICE OTY DESCRIPTION		E* DELIVERY #	UNIT PRICE	AMOUNT
10	1.00 CS	1.00 JMISF450 JMISF450 /FLFC	TE	853880912 OAM,ADULT,BLUE	227.70	227.70
Subtota			Tax:	0.00		227.70
	Freight	GROSS	TAX AN		FREIGHT	TOTAL
		227.70		0.00	19.02	\$246.72

Eligible Gross Amount \$227.70

Discount amount \$4.55 if racd. by 06/24/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWD BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064155328 Invoice # 05/25/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$246.72

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Amount Due



Part 2 Pg 83 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176992	05/25/2013	1064155329

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680766318	FEDEX GROUND	MEDLINE	1084466	USD	\$817.24

			GROSS 805.60		TAX AMOU	NT 00	FREIGHT 11.64	TOTAL \$817.24
		Freight:	11.64		Tax:	0.00	55510117	805.60
Subtotal								
			UTD66800	795 /KIT,SOFT P	ORT,FOAM,ME	DIUM,RENASYS		
0	4.00 C	s	4.00	UTD66800 7 95	TE,C	853893341	201.40	805.60
0.	ORDER OTY L	I/M IN	OICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INE				ITEM NO. /				

Eligible Gross Amount \$805.60

Discount amount \$16.11 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064155329

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$817.24

Remit To: Medline Industries, Inc.

Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Part 2 Pg 84 of 118

INVOICE

MEDLINE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176992	05/25/2013	1064155330

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680766318	FEDEX GROUND	MEDLINE	1084466	USD	\$529.89

20

2.00 CS

2.00 UTD66800912

TE,C 853893353 259.34

518.68

UTD66800912 /CANISTER, EZPLUS, 800CC, SOFT PORT, RENASYS

Subtotal

Freight:

11.21

Tax:

0.00

518.68

FREIGHT TOTAL TAX AMOUNT **GROSS** \$529.89 0.00 11.21 518.68

Eligible Gross Amount \$518.68

Discount amount \$10.37 if recd. by 06/24/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date** Sales Rep # Payment Terms

1084466 1064155330 05/25/2013 210

2% 30, 1% 60, Net 90

Amount Due

\$529.89

Remit To:

Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$____



Part 2 Pg 85 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176951	05/25/2013	1064155331

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MISCELLANEOUS 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680713431	FEDEX GROUND	MEDLINE	1084466	USD	\$326.37

		315.36		0	.00	11.01	\$326.37
		GROSS		TAX AMOU	NT	FREIGHT	TOTAL
	Freight:	11.01		Tax:	0.00		315.36
Subtotel							
		PRD20687	7275 /GLOVE, DER	MAPRENE SIZ	ZE 7.5		
0	1.00 CS	1.00	PRD20687275	TE,C	85 3 89 33 69	315.36	315.36
and a second second second		1-15-4-4-6-10-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	hittianin hanna a ann an	ALPHINI BEARANNI DA ARASAN BA		NAME	·····
10 (ORDER QTY U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$315.36

Discount amount \$6.31 if recd. by 06/24/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064155331

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Amount Due

Detach and return this portion with your payment

\$326.37



www.medline.com

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A - Part 2 Pg 86 of 118

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177169	Lichtelland and a second	1064155332

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432431263	FEDEX GROUND	CUSTOMER	1084466	USD	\$360.75

	Freight:	GROSS		TAX AMO		FREIGHT	TOTAL
Subtotal		7.98		Tax:	0.00		352.77
) CS	3.00 V	SYM3720HKI /KIT,C A THETEI	TE R,CVC,TRII	853898792 PLE LUMEN,16CM,7FR	117.59	352.77

Eligible Gross Amount \$352.77

Discount amount \$7.06 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064155332

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$360.75

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 87 of 118

:04:39 EXNIBIT A

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
ALLEN	05/25/2013	1064155333

Sold To:SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE MED CTR STOREROOM 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432437388	FEDEX GROUND	MEDLINE	1084466	USD	\$105.38

R-L50906 /GLUCERNA 1.2 CAL,1000ML BOTTLE, RTH ICPCS Code #: B4154 Subtotal Freight: 0.00 Tex: 0.00	105.38
CPCS Code #: B4154	
	100.00
	100,00
3.00 CS 3.00 R-L50906 TE 853907507 35.13	105.38

Eligible Gross Amount \$105.38

Discount amount \$2.11 if recd. by 06/24/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064155333

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$105.38

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment



Part 2 Pg 88 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177186	05/25/2013	1064155334

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND SHORE OR** 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432439853	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$ 9 60.76

LINE ORDER OTY U/M INVOICE OTY DESCRIPTION CODE* DELIVERY # UNIT PRICE AMOUNT

10

6.00 EA

6.00 SKR4118127100

TE 853910428 146.62

879.72

SKR4118127100 /BLADE, SAGITTAL, DUAL CUT, HEAVY DUTY

Subtotal

Freight:

81.04

Tax:

0.00

879.72

GROSS TAX AMOUNT **FREIGHT** TOTAL 87**9**.72 0.00 81.04 \$960.76

Eligible Gross Amount \$879.72

Discount emount \$17.59 if recd. by 06/24/13

** Special Ship-To

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWD BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # Invoice Date Sales Rep #

1084466 1064155334 05/25/2013

210

Payment Terms **Amount Due**

2% 30, 1% 60, Net 90 \$960.76

Remit To:

Medline Industries, Inc.

Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 89 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177186	05/25/2013	1064155335

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: SOUND'SHORE OR** 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432439854	FEDERAL EXPRESS CORP.	CUSTOMER	1084466	USD	\$603.11

DER QTY U/M IN	IVOICE QTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
8.00 EA	8.00 SKR6000006000 SKR6000006000 /BATTERY,II		853910509	43.04	344.32
Freight:	258.79	Tax:	0.00		3 44.32
	GROSS 344.32			FREIGHT 258.79	TOTAL \$603.11
	8.00 EA	NVOICE GTY DESCRIPTION	NO NO NO NO NO NO NO NO	NO NO NO NO DESCRIPTION CODE* DELIVERY #	NO NO NO NO NO NO NO NO

Eligible Gross Amount \$344.32

Discount amount \$6.89 if recd. by 06/24/13

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064155335 **Invoice Date** 05/25/2013 Sales Rep # 210 Payment Terms 2% 30, 1% 60, Net 90 **Amount Due** \$603.11

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment



Part 2 Pg 90 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680627869	MEDTRANS	MEDLINE	1084466	USD	\$7,151.63

LINE				ITEM NO. /				MACHET
NO.	ORDER OTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
140	2.00	CS	2.00	B-D367814	TE	853149403	73.98	147.95
			100	500 /TUBE,SE	RUM,PLSTC,RED,0	CLOT,13X100MN	M,5ML	
		10050)					
160	8.00	CS	8.00	B-D364902	TE	853149403	139.18	1,113.47
			101	300 /DEVICE,	ACCESS, MALE LU	ER ADAPT,STRL	BULK	
		10130)					
150	3.00	CS	3.00	B-D367861	TE	853149403	65.00	194.99
			101	600 /TUBE,WH	HOLE BLOOD,LVN	DR,ADD,13X75N	лм,4ML	
		10160	כ					
120	2.00	CS	2.00	B-D364815	TE	853149403	29.93	59.86
			101	700 /HOLDER,	TUBE, VACUTAINI	ER,1-USE,NONST	KBLE	
		10170)					
Subtota	al 9 99							
		Freigh	t: 0.00		Tax:	0.00		1516.27
80	6.00	CS	6.00	NON260509	TE	853149403	39.89	239.34
			600	0500 /WASHCL	OTH, DISPOSABLE	,12.5X13"		
		60050)					

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064159640

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$7,151.63

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE NO.	ORDER QTY	U/M		TEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
		100000000000000000000000000000000000000				chennant .		
Subtotal	100							
		Freight			Tax:	0.00		239.34
10	8.00	CS		MSC68841	TE	853149403	111.81	894.48
						EGRITY,1000ML	47.00	24.00
20	2.00	CS		NON24357W	TE	853149403	17.00	34.00
					•	UE,3PLY,WHITE,13		150.40
30	40.00	EA		MDT219684	TE	853149403	3.96	158.40
				BOO /PILLOW,N			00.00	77.06
40	2.00	CS		NON243275	TE	853149403	38.63	77.26
						ND,5.7X7,40SHT/20		26.60
50	1.00	CS		NON256000	TE	853149403	36.69	36.69
			3043	300 /GAUZE,SI	PONGE, DHAIN, 2	1"X4",6PLY,STRL,2'	5	
	de #: A6402		0.00	101104 400	T-F	050440400	00.51	201.06
60	6.00	CS		NON21420	TE	853149403	33.51	201.06
LIODOG O			3088	JOO /GAUZE,SI	PONGE, 2" X2", 8	BPLY,STERILE,LF,2'S		
	de #: A6402	_	0.00	ION044000	TE	050140400	21.74	63.48
70	2.00	CS		NON241283	TE	853149403	31.74	63.46
0.0	2.00	00		000 /PAD,OB,N			20.02	120.12
90	6.00	CS		DYND50252	TE	853149403	20.02	120.12
LIODOO O	-l- # A700		104	300 /SUCT CO	INN TUBE 1/4	X 12 51		
	de #: A7002		0.00	U.D.1.1.0.1	TE	052140402	17.19	51.57
100	3.00	CS		HUD1104	TE	853149403	17.19	51.57
440				700 /CANNULA			50.51	151.53
110	3.00	CS		HUD1059	TE	853149403	50.51	101.00
					•	BREATHER, ADULT	07.66	175.00
130	2.00	CS		3-D363083	TE	853149403	87.66	175.32
				•		ADDITV,13X75MM,2		700.70
170	2.00	CS		TRIDT10290S10		853149403	354.40	708.79
						ATION PK,STRL,10/		425 14
190	5.00	ÇS		SWD850815	TE	853149403	85.03	425.14
		_	406	IOO /NEEDLE,S	SAFELY, 18G X	1-1/2",MAGELLAN		
	ode #: A421!		0.00	21415050040	TE	050140400	05.00	170.06
200	2.00	CS		SWD850310	TE	853149403	85.03	170.06
110000		_	407	100 /NEEDLE,S	AFEIY,23G X	I",MAGELLAN		
	ode #: A421!		4.00	0140000000	~=	050140400	96.00	96.02
210	1.00	CS		SWD850215	TE	853149403	86.93	86.93
		_	406	NEEDLE,	AFETY,22G X	1-1/2",MAGELLAN		
	ode #: A421		0.00	D DOD4 400	75	050440400	700.07	1.016.63
220	3.00	CS		B-D381433	TE	853149403	338.87	1,016.62
		1.				ETRACTABLE, STERI		04.00
230	6.00	EΑ		ORT21310LXL	TE	853149403	14.00	84.00
		_	303	700 /BINDER,A	BDOMINAL12"	,4-PANEL,PREM,LG/	XL	
HCPCS Co	ode #: L0625	5						



Part 2 Pg 92 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159640

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

			7,151.63			0.00	0.00	\$7,151.63
			GROSS		TAX AMO	UNT	FREIGHT	TOTAL
		Fraight:	0.00		Tax:	0.00		5396.02
Subtota	31				_			T000000
UCDC6	Code #: A4349		300	,000 ,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 5		
				500 /CATHETER,E	XTERNAL M	ALE.ULTRAFLEX.SM	И.25MM	
320	2.00	вх	2.00	RCH33301	TE	853149403	25.48	50.95
			701	600 /ELECTRODE,	ECG,SNAP,T	EARDROP,FOAM		
310	5.00	CS	5.00	LTP31013926	TE	853149403	57.66	288.31
			801	800 /SLIPPER,SING	GLE TREAD,	GRAY,XXL		
300	8.00	CS	8.00	MDT211218XXLI	TE	853149403	25.77	206.16
			801	700 /SLIPPER,SING	GLE TREAD,	BEIGE,XL		
290	5.00	CS	5.00	MDT211218XLI	ΤE	853149403	25.07	125.35
			702	800 /BANDAGE,A	DHES STRIP	,WOVEN,COVERLE	Г,1 Х З	
280	3.00	CS	3.00	BDF0231	TE	853149403	33.19	99.58
			309	900 /HYDROGEN	PEROXIDE,U	SP 3%,160Z		
270	2.00	BX	2.00	MDS098001Z	TE	853149403	8.50	17.00
			309	800 /JELLY,LUBE,	STRL,FOIL P.	ACK,5 GRAM		
260	1.00	CS	1.00	MDS032280	TE	853149403	51.00	51.00
			305	700 /RAZOR,TWIN	I BLADE,BLU	ΙE		
250	1.00	CS	1.00	BRN1313	TE	853149403	53.78	53.78
			307	300 /PACK,SHROU	JD,ADULT,5	4"X108"		
240	1.00	CS	1.00	NON70500	TE	853149403	48.44	48.44
		~~~	8.000.000.000.000.000.000.000		t			
NO.	ORDER QTY	U/M IN	VOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INE				ITEM NO. /				

Eligible Gross Amount \$7,151.63

Discount amount \$143.03 if recd. by 06/24/13

* Code

TE - Tax Exempt

C - Customer Freight



Part 2 Pg 93 of 118

13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680659932	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$4,271.67

LINE				ITEM NO. /	00000	SELVICOV #	WHY PRICE	AMOUNT
NO.	ORDER OT	[ D/M]	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	MINIOGIAI
40	2.00	) CS		NON25312	TE	853306388	62.00	124.00
			600	200 /GAUZE,SPO	ONGE,3"X3",12	PLY,NS,LF,200/P	K	
		600200	)					
HCPCS	Code #: A62	6						
Subtot	al 400							
		Freight	0.00		Tax:	0.00		124.00
10	2.00	) CS	2.00	MDS251518RNG	TE	853306388	64.99	129.98
			104	4600 /SPONGE,LA	\P,18"X18",RIN	IG,XR,ST,5/PK,40	)PK	
20	2.00	) CS	2.00	MDSV80535	TE	853306388	103.72	207.44
			80!	5100 /CRUTCH,A	LUMINUM,ADU	LT,MED,LF,300 L	В	
HCPCS	Code #: E011	4						
30	6.00	) CS	6.00	NON23324	TE	853306388	16.97	101.82
			600	6600 /PAPER,EXA	M TABLE,STN	D,CREPE,18X125	',12CS	
50	2.00	) CS	2.00	8XT65651930C	TE	853306388	93.56	187.12
			120	0100 /LINER,SUC	TION,FLEX AD\	7,3000 CC		
60	3.00	) CS	3.00	NON243275	TE	853306388	38.63	115.89
			60:	3100 /PAPER,TIS	SUE,FACE,STNI	),5.7X7,40SHT/2	00BX	

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE, ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BΕ

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED-

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

# REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # Invoice # 1064159641 05/25/2013 Invoice Date 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms \$4,271.67 **Amount Due** 

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



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13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

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INVOICE

Customer PO # Invoice Date Invoice # NR176766 1064159641

05/25/2013

LINE			DIVOICE OTV	ITEM NO. /	CODE	DELIVERY #	UNIT PRICE	AMOUNT
NO.	ORDER OTY	U/NI	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOONT
70	2.00	cs		KDL5072 6800 /SPONGE,KER	TE	853306388	67.08	134.16
HCPCS	Code #: A6402	1	301	751 ONGE, KEI	1217,12121,0	TEMEE, 4 7,4 ,2 0		
80	1.00			NON25853	TE	853306388 X6.75",STRL,5/TRA	68.68	68.68
HCPCS	Code #: A6403	t	301	0900 /GAUZE,SFOI	VGL, I LOIT, O	70.70 ,0111E,0/111A	'	
90	4.00			NON21420 8900 /GAUZE,SPON	TE	853306388	33.51	134.04
HCPCS	Code #: A6402	)	30	BBOO /GAUZE,SI OI	VGL,2 X2 ,01	ET,OTENIEE,ET,Z		
100	8.00			CRI2003	TE E SPLINBOND	853306388 ,NONSKID,BLUE,XLG	19.44	155.52
110	2.00	cs	2.00	NON27143XL	TE	853306388 NONSKID,BLUE,XLG	62.41	124.82
120	2.00	cs	2.00	BXT002620	TE	853306388	18.03	36.05
130	3.00	cs	3.00	HUD719025	TE	FERILE WATER,500N 853306388	32.16	96.47
150	8.00	CS	8.00	6500 /SPIROMETEF MMM1624W	TE	853306388	96.60	772.76
			30	0400 /DRESSING,T	EGADERM,TF	RNS,FILM,2.375X2.7	5"	
	Code #: A6257		0.00	DVND40500	TE	052206288	22.01	67.82
160	2.00	CS		DYND10500 6300 /TRAY,URETI	TE HRAL/CATHE	853306388 TER.VINYL.14FR	33.91	07.02
HCPCS	Code #: A4353	3	•	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		
170	2.00	CS		DYND50216 1800 /TUBING,SUC	TE CTION,CONNE	853306388 CTING,3/16"X6',STF	22.54 RL	45.08
HCPCS	Code #: A7002	2						
180	4.00	cs		SWD81892910 6700 /SYRINGE,INS	TE SULIN,MAGEL	853306388 .LAN,100-UNIT 29X	133.26 1/2	533.05
190	12.00	cs	12.00	DYND75020 7000 /TOURNIQUE	TE	853306388	28.85	346.20
200	3.00	cs	3.00	PEGO06019600 2000 /PAPER,ECG,	TE	853306388	185.99	557.97
210	3.00	cs	3.00	MDT211218LI 1600 /SLIPPER,SIN	TE	853306388	24.61	73.83
220	3.00	cs	3.00	MDT211218XLI	TE	853306388	25.07	75.21
230	3.00	cs	3.00	1700 /SLIPPER,SIN MDT211218XXLI	TE	853306388	25.77	77.31
240	3.00	cs	3.00	1800 /SLIPPER,SIN MDS708550	TE	853306388	24.15	72.45
HODOG	C-1- #: ACC70	`	80	2/00 /IRAY,SUTU	KE KEMOVAL	.,METAL FCP,LITT S	CIS	
250	Code #: A9270 2.00			MPP100520GSZ	TE	853306388 ELF-SEAL,3.5" X 9"	17.00	34.00
			80	/ 000 / FOUCH, 3 IE	ITILIZA HON,S	LLI-ULAL, 3.0 A 8		

Part 2 Pg 95 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159641

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

INE ORDER OT	Y U/M		ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal							
	Freight	: 0.00	Т	ax:	0.00		4147.67
		GROSS	Т	AX AMOU	NT	FREIGHT	TOTAL
		4,271.67		0	.00	0.00	\$4,271.67

Eligible Gross Amount \$4,271.67 Discount amount \$85.43 if recd. by 06/24/13 *Code

TE - Tax Exempt



Part 2 Pg 96 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176766	05/25/2013	1064159642

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680659932	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$66.00

		66.00		0	.00	0.00	\$66.00
		GROSS		TAX AMOU	INT	FREIGHT	TOTAL
	Freigh	ot: 0.00		Тах:	0.00		66.00
Subtotal							
		70	7300 /WASHBASI	IN,RECTANGUL	AR,GRAPHITE,6 Q	Т	
40	4.00 CS	4.00	DYND80347	TE	853326880	16.50	66.00
0.	ORDER QTY U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
INE			ITEM NO. /				

Eligible Gross Amount \$66.00

Discount amount \$1.32 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

**BIII To:**SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064159642

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$66.00

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 97 of 118

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680677208	MEDTRANS	MEDLINE	1084466	USD	\$8,295.96

LINE				ITEM NO. /				
NO.	ORDER OTY	U/M	INVOICE GTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
120	3.00	CS	3.00	B-D367986	TE	853378763	159.39	478.16
			100	0400 /TUBE,SERU	M,GOLD,CLOT	ACTIVE,13X100	MM,5M	
		. 10040	00					
110	2.00	CS	2.00	B-D364815	TE	853378763	29.93	59.86
			10	1700 /HOLDER,TU	BE, VACUTAIN	ER,1-USE,NONSTI	KBLE	
		10170	00					
Subtota	ıl 999							
		Freigl	ht: 0.00		Tax:	0.00		538.02
280	8.00	вх	8.00	OMMAT0704Z	TE	853378763	28.00	224.00
			52	1400 /LANCET,21	G,SAFETY,UNI	STIK 2,200/BX		
		52140	00					
HCPCS	Code #: A425	9						
290	6.00	вх	6.00	OMMAT0714Z	TE	853378763	27.60	165.60
			52	1500 /LANCET,UN	IISTIK 2 EXTR	A,21G,AUTO RET	RC	
		52150	00					

HCPCS Code #: A4259

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHDRT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVDICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS DF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

1084466 Customer # 1064159643 Invoice # 05/25/2013 **Invoice Date** 210 Sales Rep # 2% 30, 1% 60, Net 90 Payment Terms **Amount Due** \$8,295.96

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$

Detach and return this portion with your payment

5



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13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A -

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INVOICE

Customer PO # Invoice Date Invoice # NR176841 05/25/2013 1064159643

NO. ORE	DER QTY	U/M IN	VOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
Subtotal 500	)							
		Freight:	0.00		Tax:	0.00		389.60
10	2.00	CS	2.00	NON25408	TE	853378763	74.12	148.24
			600	100 /GAUZE,SF	ONGE,4"X4",8	BPLY,WOVEN,NS,LF		
		600100						
HCPCS Code		3						
Subtotal 400	)	Facialists	0.00		Town	0.00		148.24
270	6.00	Freight:	0.00	NON27381	Tax: TE	0.00 853378763	22.03	132.18
270	0.00	Co				STYLE,1 BAND,LF	22.03	132.10
		601200	001	200 //////	02,0202,00112	01122,1 0/110,21		
Subtotal 300	)	001200						
		Freight:	0.00		Tax:	0.00		132.18
90	8.00	-	8.00	NON260509	TE	853378763	39.89	319.12
			600	500 /WASHCLO	TH,DISPOSAB	LE,12.5X13"		
		600500						
80	8.00	CS	8.00	MSC281230	TE	853378763	27.94	223.52
			600	900 /UNDERPA	D,FLUFF,STD,P	ROTPLUS,17X24"		
		600900						
Subtotal 100	)							
		Freight:	0.00		Tax:	0.00		542.64
20	3.00	CS		PRG30374	TE	853378763	15.75	47.24
00	0.00	00		700 /DIAPER,N MSG1065	EWBOHN,SWAI TE	DLERS,UP TO 10 LB	5 157.71	473.13
30	3.00	CS				853378763 E,ALOE,LF,PF,6.5	157.71	473.13
40	3.00	CS		NON03007	TE	853378763	51.75	155.25
10	0.00	00		000 /CUP,PLAS			01170	100,20
50	3.00	CS		DTM8J8	TE	853378763	27,77	83.31
				100 /CUP,STYF	ROFOAM,8 OZ			
60	2.00	CS	2.00	NON25853	TE	853378763	68.68	137.36
			306	900 /GAUZE,SI	PONGE,FLUFF,6	"X6.75",STRL,5/TRA	Υ	
HCPCS Code	#: A6403	3						
70	4.00	CS		NON21420	TE	853378763	33.51	134.04
			308	8900 /GAUZE,SI	PONGE,2"X2",8	BPLY,STERILE,LF,2'S		
HCPCS Code								
100	2.00	CS		DYNC8522	TE	853378763	14.26	28.52
100				0600 /BEDPAN,F	·		10.50	100.00
130	8.00	CS		DYND80347	TE	853378763	16.50 -	132.00
140	1,00	CS			•	JLAR,GRAPHITE,6 QT	148.80	148.80
140	1.00	Co		ABB425840505 505 /TUBE TR/		853378763 MONITOR	140.00	140.00
150	3.00	CS		DYND80535	TE	853378763	25.51	76.53
100	3.00	55		1800 /PITCHER,			20.01	, 0.50



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

					•	1		
LINE	SOMED ATV	11/84	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
NO. C	ORDER OTY	U/M	INVOICE OTT	DESCRIPTION		DELIVERY #	OWN THISE	rune out
160	1.00	CS	1.00	DYND80528	TE	853378763	44.29	44.29
			204	4900 /LINERS,PLAS	STIC INSIDE,	F/D805,35,21		
170	4.00	CS	4.00	DYND30261	TE	853378763	43.66	174.64
			203	3300 /BAG,SPECIN	IEN,BIOHAZA	RD,ZIPLOK,6X9,P	OCKT	
180	1.00	CS		DYND80000	TE	853378763	26.94	26.94
				5800 /CUP,MEDICI				
190	1.00	CS	_	KDL7000LL	TE	853378763	70.13	70.13
				5500 /METER,URIN				241 29
200	5.00	CS		KDL6146LL	TE	853378763	68.26	341.28
24.0	4.00	00		OOOO /TRAY,FOLEY			230.43	230.43
210	1.00	CS		NONTP85DS 9100 /TOOTHPAST	TE	853378763		230.43
220	6.00	CC		SWD850815	TE	853378763	85.03	510.17
220	6.00	CS		6100 /NEEDLE,SAF				510.17
HCBCs Co.	de #: A4215	:	400	NEEDLL,SAI	L11,100 X	1-1/2 ,WAGLLLAN		
230	3.00	-	3.00	B-D367344	TE	853378763	267.25	801.75
200	3.00	00		9500 /SET,BLOOD				3373
240	8.00	CS		B-D367342	TE	853378763	267.25	2,138.00
	0.00	•		9600 /SET,BLOOD			5"	,
250	3.00	CS		SWD300777CS	TE	853378763	29.53	88.58
			408	8700 /SYRINGE,3	CC,LL,SOFT	PACK		
HCPCS Co	de #: A4210	)						
260	2.00	CS	2.00	SWD200777	TE	853378763	34.66	69.31
			408	8900 /SYRINGE,12	CC,LL,SOFT	PACK,STRL		
HCPCS Co	de #: A4210	)						
300	1.00	CS	1.00	DYND70125	TE	853378763	11.50	11.50
			60:	2900 /BOTTLE,PER	I,LAVETTE,8	OZ,LID		
310	2.00	GR		MDS137007	TE	853378763	6.67	13.34
				2600 /COMB,BLAC	K,7"			
320	2.00	ВХ		MMM15302Z	TE	853378763	3.92	7.83
			60	7100 /TAPE,PAPEF	R,SURGICAL,I	MICROPORE, 2"X10	DYD	
HCPCS Co	de #: A4450	-						407.00
330	20.00	BX		MMM15382Z	TE	853378763	6.90	137.90
		_	60	7700 /TAPE,SURG	ICAL,DURAP	ORE,2"X10YD		
	de #: A4452					050070700	22.10	00.59
340	3.00	CS		BDF0231	TE CTRIP	853378763	33.19	99.58
250	E 00	66		2800 /BANDAGE,A		853378763	57.66	288.31
350	5.00	CS		LTP31013926 1600 /ELECTRODE	TE FCG SNAP I		37.00	200.31
260	2.00	CS		JIP003268	,ecg,snap, i TE	853378763	37.56	75.12
360	2.00	Co		5600 /WASH,BAB				70.12
Subtotal			80	COOC / WAGII, DAD	. ,. ,	52,752 OHBIT Q	· · •	
Subtotal		Freigh	t: 0.00		Tax:	0.00		6545.28
					45			



Part 2 Pg 100 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159643

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

GROSS	TAX AMOUNT	FREIGHT	TOTAL
8,295.96	0.00	0.00	\$8,295.96

Eligible Gross Amount \$8,295.96 Discount amount \$165.92 if recd. by 06/24/13 *Code

TE - Tax Exempt



Part 2 Pg 101 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176651	05/25/2013	1064159644

**Sold To:**SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680627869	MEDTRANS TRUCK # 3	MEDLINE	1084466	USD	\$179.72

	RDER QTY U/M I	NVOICE QTY DESCRIPTION		* DELIVERY #	UNIT PRICE	AMOUNT
180	4.00 CS	4.00 SWD27200	D5 TE NECTOR,Y,SUCTIO	853482415	44.93	179.72
Subtotal		602000 /CON	NECTOR, 1, 30CTIO	N,LG 1/4-1/2 N/3		
odbioidi	Freight:	0.00	Tax:	0.00		179.72
		GROSS	TAX AM	OUNT	FREIGHT	TOTAL
		179.72		0.00	0.00	\$179.72

Eligible Gross Amount \$179.72

ВΕ

Discount amount \$3.59 if recd. by 06/24/13

*Code

TE - Tax Exempt
C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 

 Customer #
 1084466

 Invoice #
 1064159644

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$179.72

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 102 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176841	05/25/2013	1064159645

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680677208	MEDTRANS	MEDLINE	1084466	USD	\$101.90

370

4.00 BX

4.00 RCH33304

TE 853507246 25.48

101.90

509800 /CATHETER, EXTERNAL, MALE, ULTRAFLX, LG, 36MM

HCPCS Code #: A4349

Subtotal

Freight:

0.00

Tax:

0.00

101.90

TAX AMOUNT **FREIGHT** TOTAL **GROSS** 0.00 0.00 \$101.90 101.90

Eligible Gross Amount \$101.90

Discount amount \$2.04 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND DTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, DR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING **ERRDRS** 

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # Invoice # **Invoice Date** Sales Rep #

1084466 1064159645 05/25/2013

Payment Terms

210 2% 30, 1% 60, Net 90

**Amount Due** 

\$101.90

2

Remit To:

Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 103 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159646

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680717530	FEDEX GROUND	MEDLINE	1084466	USD	\$70.15

LINE NO. OF	DER QTY U/M	NVOICE GTY DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
300	2.00 CS	2.00 MDS202000ML MDS202000ML /APPLICAT	, -	853567253 WOOD 6" STERILI	2 <b>9</b> .60	59.20
Subtotel		INDUZUZUUNIE (MITELOMI	0.1,00110111117	VV 0 0 2 / 0 / 2 / 1 / 1 / 1 / 1		
	Freight:	10.95	Tax:	0.00		59.20
		GROSS	TAX AMOU	NT	FREIGHT	TOTAL
		5 <b>9</b> .20	0.	00	10.95	\$70.15

Eligible Gross Amount \$59.20

Discount amount \$1.18 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 

 Customer #
 1084466

 Invoice #
 1064159646

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$70.15

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment

2

Part 2 Pg 104 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680717530	MEDTRANS	MEDLINE	1084466	USD	\$8,101.01

LINE NO.	ORDER QTY	U/M IN	VOICE DTY DESCR	NO. / RIPTION CODE	DELIVERY #	UNIT PRICE	AMOUNT
			I de la companya de		- Alice		
190	1.00	CS	1.00 B-D36	7814 TE	853568179	73.97	73.97
			100500 /	TUBE, SERUM, PLSTC, RE	D,CLOT,13X100MI	M,5ML	
		100500					
310	6.00	cs	6.00 LFSSS	M10797 TE	853568179	378.43	2,270.56
			521000 /	STRIP, TEST, GLUCOSE,	SOUND SHORE LIF	ESCAN	
		521000					
Subtota	al 9 <b>9</b> 9						
		Freight:	0.00	Тах:	0.00		2344.53
150	8.00	CS	8.00 NON2	60509 TE	853568179	39.89	319.12
			600500 /	WASHCLOTH, DISPOSA	BLE,12.5X13"		
		600500					
130	6.00	cs	6.00 MSC2	81230 TE	853568179	27.94	167,64
			600900 /	UNDERPAD,FLUFF,STD	PROTPLUS.17X24	i	
		600900		,,	, ,		
Subtota	al 100						
		Freight:	0.00	Tax:	0.00		486.76

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

CDMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED, ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

8illing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

# REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 1064159647 Invoice # Invoice Date 05/25/2013 Sales Rep # 210 Payment Terms 2% 30, 1% 60, Net 90 **Amount Due** \$8,101.01

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$



13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A - Part 2 Pg 105 of 118

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

LINE	ORDER OTY	11784	INVOICE QTY		NO. /	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
NO.	ORDER GIT	Univi	INVOICE Q11	DESI	JAH HON	COUL	DELIVERY # 1	oran mac j	AMOUNT
10	3.00	CS	3.00	NON	243275	TE	853568179	38.63	115.89
, 0	0.00	-					D,5.7X7,40SHT/200B		
20	3.00	CS			30374	TE	853568179	15.75	47.24
			609	5700	/DIAPER,NEWBOR	RN,SWAD	LERS,UP TO 10 LBS		
30	6.00	CS	6.00	NON	03007	TE	853568179	51.75	310.50
			20!	5000	/CUP,PLASTIC,7	OZ,TRAN	SLUCENT		
40	5.00	CS	5.00	DTM	8J8	TE	853568179	27.77	138.85
			20!	5100	/CUP,STYROFOA	M,8 OZ			
50	5.00	CS	5.00	DYN	D80217	TE	853568179	16.32	81.60
			70	7100	/BEDPAN,PONTO	ON/STAC	K,GRAPHITE		
70	2.00	CS	2.00	NON	256000	TE	853568179	36.69	73.38
			304	1300	/GAUZE,SPONGE	DRAIN,4'	'X4",6PLY,STRL,2'S		
HCPCS	Code #: A6402								
80	3.00	CS	3.00	NON	25865	TE	853568179	66.92	200.76
			304	1700	/BANDAGE,GAUZ	E,BULKEE	II,4.5"X4.1YD,STRL		
HCPCS	Code #: A6446								
90	5.00	CS	5.00	KDL	5072	TE	853568179	67.08	335.40
			300	008	/SPONGE,KERLIX	,12PLY,S	ΓERILE,4"Χ4",2'S		
HCPCS	Code #: A6402								
100	2.00	CS			25853	TE	853568179	68.68	137.36
			300	900	/GAUZE,SPONGE	FLUFF,6"	X6.75",STRL,5/TRAY		
HCPCS	Code #: A6403								
110	2.00	CS			21453	TE	853568179	22.72	45.44
			30.	7200	/PAD,ABDOMINA	L,8"X7.5'	',STERILE,LF,1/PK		
	Code #: A6253							00.74	407.55
120	5.00	CS			21420	TE	853568179	33.51	167,55
			30	3900	/GAUZE,SPONGE	,2"X2",8F	PLY,STERILE,LF,2'S		
	Code #: A6402						050500470	10.00	40.04
140	3.00	CS			25497	TE	853568179	16.28	48.84
новоо	0.1 # 40440		30	/100	/BANDAGE,GAUZ	ZE,50F-F0	RM,3"X75",STRL,LF		
	Code #: A6446		2.00	DVN	00500	TE	853568179	14.26	42.78
160	3.00	CS			C8522	TE UDE CDAE		14.20	42.70
170	2.00	00			/BEDPAN,FRACTI	TE	853568179	17.19	51.57
170	3.00	CS			1104 - (CANNUL A ELAR			17.19	31.37
100	1.00	CC			/CANNULA,FLAR 1518	TE	853568179	40.85	40.85
180	1.00	C5						40.85	40.65
200	4.00	CS			/TUBING,CORRUG D80535	TE	853568179	25.51	102.04
200	4.00	CO			/PITCHER,HANDL			20.01	102.07
210	1.00	CS			D80528	TE	853568179	44.29	44.29
210	1.00	Co			/LINERS,PLASTIC			77,20	44,20
220	1.00	CS			1024215	TE	853568179	30.29	30.29
220	1.00	00			/CUP,PAPER,SOL			00120	00.20
			20	0200	, cor ,i Ai Lit, coc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		



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INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR176964	05/25/2013	1064159647

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE				EM NO. /				
vo.   c	ORDER OTY	U/M IN	IVOICE OTY   D	ESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
230	2.00	CS	2.00 N	PKB10800	TE	853568179	106.90	213.80
.00	2.00			OO /PAD,PREP,0				
240	1.00	cs		YND50211	TE	853568179	15.41	15.41
			6019	OO /TUBING,SU	CTION, CONNE	ECTING,3/16"X20"	,STR	
HCPCS Co	de #: A7002	<u>)</u>						
250	4.00	CS	4.00 8	-D381433	TE	853568179	338.87	1,355.49
			4077	OO /CATHETER,	IV,20GX1",RI	ETRACTABLE, STEF	RILE	
260	2.00	CS	2.00 N	DS090780	TE	853568179	25.94	51.88
			30110	OO /PAD,REMO	VER, NAIL POL	JSH		
270	2.00	CS	2.00 N	DS057003	TE	853568179	21.09	42.18
			3015	00 /BANDAGE,	LASTIC, SURE	E-WRAP,3"X5YD,V	VHITE	
HCPCS Co	de #: A6451							
280	2.00	CS	2.00 N	DS057004	TE	853568179	26.00	52.00
			3016	00 /BANDAGE,	ELASTIC,SURI	E-WRAP,4"X5YD,V	VHITE	
HCPCS Co	de #: A6451							
290	2.00	CS	2.00 N	DS057006	TE	853568179	34.00	68.00
			3017	00 /BANDAGE,	ELASTIC, SURE	E-WRAP,6"X5YD,V	VHITE	
HCPCS Co	de #: A4649	)						
320	2.00	CS	2.00 N	DS092005	TE	853568179	17.98	35.96
			7014	00 /GEL,ULTRA	SOUND,8.5 C	Z,SQUEEZE BOTT	LE	
330	4.00	BX	4.00 J	J5175Z	TE	853568179	20.63	82.52
			7032	00 /TAPE,ELAS	TIC,3"X 5YD,	ELASTIKON		
340	5.00	CS	5.00 N	IDT211218LI	TE	853568179	24.61	123.05
			8016	OO /SLIPPER,SI	NGLE TREAD,	LARGE,BLUE		
350	5.00	CS	5.00 N	IDT211218XLI	TE	853568179	25.07	125.35
			8017	00 /SLIPPER,SI	NGLE TREAD,	BEIGE,XL		
360	5.00	CS		IDT211218XXLI	TE	853568179	25.77	128.85
			8018	00 /SLIPPER,SI	NGLE TREAD,	GRAY,XXL		
370	4.00	CS	4.00 N	IDS708550	TE	853568179	24.15	96.60
			8027	00 /TRAY,SUTU	JRE REMOVA	L,METAL FCP,LITT	SCIS	
	de #: A9270							
380	50.00	CS	50.00 C		TE	853568179	17.28	864.00
			01419	00 /GOWN,CO\	/ER,SPNBND,\	WST-NECK TIE,YEI	_,XLG	
Subtotal								
		Fraight:	0.00		Tax:	0.00		5269.72
			GROSS		TAX AMO		FREIGHT	TOTAL
			8,101.01			0.00	0.00	\$8,101.01

Eligible Gross Amount \$8,101.01

Discount amount \$162.02 if recd. by 06/24/13

* Code

TE - Tax Exempt



Part 2 Pg 107 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To:
MOUNT VERNON INVENTORY
9 N 8TH AVE
MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680761636	MEDTRANS	MEDLINE	1084466	USD	\$7,302.82

LINE NO.	ORDER QTY	11/84	INVOICE QTY	ITEM NO. /	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
	willowin will	1 2001				3		
120	8.00	cs	8.00	NON260509	TE	853752916	39.89	319.12
			600	500 /WASHCLOT	H,DISPOSABLE	,12.5X13"		
		600500	)					
Subto	tal 100							
		Freigh	t: 0.00		Tax:	0.00		319.12
10	2.00	CS	2.00	BXT65651920C	TE	853752916	81.46	162.92
			60	7400 /LINER,SUCT	ION,FLEX ADV	,1500 CC		
20	2.00	CS	2.00	NON243275	TE	853752916	38.63	77.26
			603	3100 /PAPER,TISS	UE,FACE,STNC	,5.7X7,40SHT/20	OOBX	
30	4.00	CS	4.00	PRG30374	TE	853752916	15.75	62.99
			60!	5700 /DIAPER,NEV	VBORN,SWADL	ERS,UP TO 10 L	BS	
40	1.00	CS	1.00	PRG06729	TE	853752916	14.45	14.45
			60!	600 /DIAPER,SW	ADLERS,SIZE 1	,8-14 LBS,LF		
50	3.00	CS	3.00	MMM1860	TE	853752916	64.46	193.38
			604	4100 /MASK,RESP	IRATOR,N95,N	IOSH APPROVED		
60	5.00	CS	5.00	DYND80235S	TE	853752916	15.18	75.90
			70:	2600 /URINAL,MA	LE,SUPREME			

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE OATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

# REMITTANCE

**BIII To:**SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064159648

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$7,302.82

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A - Part 2 Pg 108 of 118

www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

LINE				ITEM NO. /		DELINERY A		AMOUNT
NO. C	ORDER QTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	8.00	cs		DYND80217 7100 /BEDPAN,F	TE PONTOON/STA	853752916	16.32	130.56
80	2.00	CS		NON25865	TE	853752916	66.92	133.84
	2.00					EE II,4.5"X4.1YD,ST		
HCPCS Co	de #: A6446	i				·		
90	3.00	cs	3.00	NON25853	TE	853752916	68.68	206.04
			306	900 /GAUZE,SF	PONGE,FLUFF,6	"X6.75",STRL,5/TR	AY	
HCPCS Co	de #: A6403	}						
100	4.00	CS	4.00	NON21420	TE	853752916	33.51	134.04
			308	3900 /GAUZE,SF	PONGE,2"X2",8	BPLY,STERILE,LF,2'S	3	
HCPCS Co	de #: A6402	2						
110	2.00	CS	2.00	NON241283	TE	853752916	31.74	63.48
			309	9000 /PAD,0B,N	ION STERILE,T.	AILS,11IN		
130	2.00	CS	2.00	DYNC8522	TE	853752916	14.26	28.52
			300	0600 /BEDPAN,F	RACTURE,GRA	APHITE,24 EA		
140	2.00	CS	2.00	PTX002610	TE	853752916	92.47	184.94
			107	7410 /MASK,VE	NTURI,ADULT,	7' TUBE,W/OXY DII	LUTER	
150	2.00	CS		NON27143XL	TE	853752916	62.41	124.82
			103	3910 /COVER,B0	DOT,MULTI-LYF	R,NONSKID,BLUE,XL		
160	2.00	CS		HUD719025	TE	853752916	32.16	64.31
						,VOLDYNE,2500ML		
170	6.00	CS		CRI2003	TE	853752916	19.44	116.64
				•		D,NONSKID,BLUE,XI		
180	4.00	CS		HUD1104	TE	853752916	17.19	68.76
				3700 /CANNULA				
190	6.00	BX		DRCPC2400Z	TE	853752916	4.51	27.03
						URACELL, 1.5V, A		22.22
200	6.00	вх		DRCPC1400Z	TE	853752916	5.39	32.33
						URACELL, 1.5V, C	100.00	400.00
210	1.00	CS		NON24777ACS	TE	853752916	168.89	168.89
000	1.00	00				OR,CLEAR,LARGE	40.00	42.39
220	1.00	CS		DYND80416	TE ED CDADUATE	853752916	42.39	42.39
220	F 00	00				D,TRIANG,IN/OUT,C		82.50
230	5.00	CS		DYND80347	TE SIN DECTANGL	853752916	16.50	62.50
240	2.00	00			TE	JLAR,GRAPHITE,6 C 853752916	25.51	51.02
240	2.00	CS		DYND80535 4800 /PITCHER,			25.51	31.02
250	1 00	CC			TE	853752916	44.29	44.29
250	1.00	CO		DYND80528 4900 /LINERS.PI			77.20	77.23
260	5.00	CS	_	NON042001	TE	853752916	8.99	44.95
200	5.00	00		1600 /TEASPOC			0.33	77.55
270	1.00	CS		DYND80000	TE	853752916	26.94	26.94
210	1.00			5800 /CUP,MED			20.07	20.0-7
			20:	CCCC /CCI /IVILD	, GINE, GIIAD, IL	.,		



Part 2 Pg 109 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177066	05/25/2013	1064159648

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

LINE NO. C	RDER OTY	HAM IN	VOICE QTY DESCRIPTI		E* DELIVERY #	UNIT PRICE	AMOUNT
•••		×	voice arr peconii i		- 1		
280	5.00	CS	5.00 MMM1624	-W TE	853752916	96.59	482.97
			300400 /DRE	SSING,TEGADERM	TRNS,FILM,2.375X2.	.75"	
	de #: A6257						
290	4.00	CS	4.00 MSC09500		853752916	26.38	105.52
000	0.00	00	•	ION,HAND AND BO	·	440.04	000.44
300	2.00	CS	2.00 KDL7006L		853752916	113.21	226.41
310	6.00	Ce	6.00 MDS0907		DLEY,16FR,DRN BAG 853752916	,LL 26.00	156.00
310	6.00	CS			TERILE,MEDIUM,2-PL		150,00
HCPCS Cod	de #: A4245		WIDS090735 /FAD	, I NEI , ALCOHOL, S	TEMEL, MEDION, 2-1 L	I	
320	3.00		3.00 SWD8189	2910 TE	853752916	133.26	399.78
				INGE, MAGELLAN,		, , , , , ,	
330	3.00	CS	3.00 B-D38143		853752916	338.87	1,016.62
			407700 /CAT	HETER,IV,20GX1",	RETRACTABLE, STERI	LE	•
340	3.00	CS	3.00 SWD6007	77 TE	853752916	24.59	73.76
			408800 /SYR	INGE, LL, 6mL			
HCPCS Cod	de #: A4210						
350	3.00	CS	3.00 SWD3007	77CS TE	853752916	29.53	88.58
			408700 /SYR	INGE, LL, 3mL			
	de #: A4210						
370	1.00	CS	1.00 MDS2020		853752916	23.52	23.52
				DE,TONGUE,6",STI			
380	3.00	CS	3.00 MDS03228		853752916	51.00	153.00
000	40.00	D.V		Y,LUBE,STRL,FOIL		0.01	00.40
390	10.00	вх	10.00 MMM1530		853752916	3.91	39.13
HCBCS Co.	do #. A44E0		60/100 /TAP	E,PAPER,SURGICA	L,MICROPORE,2"X10	עץ	
400	de #: A4450 3.00		3.00 DYND708	50 TE	853752916	103.16	309.48
400	3.00	DΛ		DE,CLIPPER,UNIVE		103.10	309.46
410	6.00	CS	6.00 NPBMAXA		853752916	235.22	1,411.34
710	0.00	CO		SOR,ADULT,ADHE		200.22	1,411.01
420	2.00	CS	2.00 MDS0920		853752916	17.98	35.96
120	2.00	00			OZ,SQUEEZE BOTTL		••••
430	4.00	CS	4.00 MDT2112		853752916	24.61	98.44
				PER,SINGLE TREA			
Subtotal							
		Freight:	0.00	Tax:	0.00		6983.70
			GROSS	TAX AN	IOUNT	FREIGHT	TOTAL
			7,302.82		0.00	0.00	\$7,302.82

Eligible Gross Amount \$7,302.82

Discount amount \$146.06 if recd. by 06/24/13

*Code

TE - Tax Exempt



Part 2 Pg 110 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794558	MEDTRANS	MEDLINE	1084466	USD	\$7,163.58

LINE				ITEM NO. /				
NO.	ORDER OTY	U/M	INVOICE QTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
310	6.00	вх	6.00	OMMAT0704Z	TE	853899430	28.00	168.00
			521	400 /LANCET,210	3,SAFETY,UNI	STIK 2,200/BX		
		521400						
HCPCS	Code #: A425	9						
Subto	tal 500							
		Freight	: 0.00		Tax:	0.00		168.00
210	3.00	CS	3.00	DYND50130	TE	853899430	25.00	75.00
			503	700 /YANKAUER,	BULB TIP,STE	RILE		
		503700	)					
HCPCS	Code #: A462	8						
Subto	tal 200							
		Fraight	: 0.00		Tax:	0.00		75.00
10	2.00	CS	2.00	MPH18107	TE	853899430	52.92	105.84
			206	100 /SOAP,COMP	LEXION,BAR,	MEDLINE, #.75, .64	OZ	
20	3.00	CS	3.00	BXT65651920C	TE	853899430	81.46	244.37
			607	400 /LINER,SUCT	ION,FLEX AD	V,1500 CC		

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 

 Customer #
 1084466

 Invoice #
 1064159650

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$7,163.58

Remit To:

Medline Industries, Inc.

Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$_____



Part 2 Pg 111 of 118

INVOICE

www.medline.com Invoice # Customer PO # Invoice Date 1064159650 NR177170 05/25/2013

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
la constant		800000000000000000000000000000000000000		L		L	Arrivation of the second secon	
30	2.00	CS	2.00	NON243275	TE	853899430	38.63	77.26
			600	3100 /PAPER,TISSUE	,FACE,STN	D,5.7X7,40SHT/200	OBX	
40	3.00	CS	3.00	MSG1065	TE	853899430	156.13	468.39
			604	4400 /GLOVE,SURG,	SENSICARE	,ALOE,LF,PF,6.5		
50	2.00	CS	2.00	MSG1070	TE	853899430	156.13	312.26
			604	4500 /GLOVE,SURG,	SENSICARE	,ALOE,LF,PF,7		
60	3.00	CS		MSG1080	TE	853899430	156.13	468.39
				4700 /GLOVE,SURG,				
70	3.00	CS		NON25853	TE	853899430	68.68	206.04
			306	6900 /GAUZE,SPONG	E,FLUFF,6'	'X6.75",STRL,5/TRA	λY	
	Code #: A6403					07000000	00.00	
90	2.00	CS		HUD04128	TE	853899430	33.03	66.06
				7200 /NEBULIZER,LG	·	•		
100	11.00	CS		DYND50252	TE	853899430	20.02	220.22
			104	4300 /SUCT CONN 1	UBE 1/4"	X 12' ST		
	Code #: A7002							
110	3.00	CS		NON27710	TE	853899430	48.17	144.51
100				5200 /MASK,FACE,M		·		50.04
120	2.00	CS		NON21444	TE	853899430	26.52	53.04
LICECC	C-4- #. AC400	ı	308	9600 /GAUZE,SPONG	E,AVANI,	4"X4",4PLY,5TRL,LI	F	
	Code #: A6402		40.00	DD0D045007	<b>T</b> E	050000400	4.50	F4.0F
130	12.00	BX		DRCPC1500Z	TE	853899430	4.50	54.05
4.40	0.00	00		9400 /BATTERY, ALI		•		70.50
140	3.00	CS		DYND80535	TE	853899430	25.51	76.53
450	4.00			4800 /PITCHER,HANI			44.00	44.00
150	1.00	CS		DYND80528	TE	853899430	44.29	44.29
4.00	0.00			4900 /LINERS,PLAST			00.50	200 70
160	3.00	CS		MMM1624W	TE	853899430	96.59	289.78
HODOG	0   # 40057		300	0400 /DRESSING,TEC	JADERM, IF	RNS,FILM, 2.375X2.	/5"	
	Code #: A6257		2.22	M00005000	76	050000400	04.50	102.50
170	3.00	CS		MSC095020	TE	853899430	34.53	103.59
100	4.00	00		9000 /SHAMPOO,BA			04.00	04.00
180	1.00	CS		MSC095014	TE	853899430	94.60	94.60
100	F 00	00		1200 /CREAM,SHAV			20.00	130.00
190	5.00	CS		MDS090735	TE	853899430	26.00	130.00
HOROS	Code #- ^4045		609	5300 /PAD,PREP,ALC	OHUL, STE	NILE,WEDIUW,Z-PLY		
	Code #: A4245		2.00	CDIECO1	TC	052000420	20.15	07 45
200	3.00	CS		CRI5001	TE	853899430	29.15	87.45
220	2.00	00		5001 /GOWN,ISO,TH				255.00
220	3.00	CS		SWD850815	TE TV 190 V 1	853899430	85.03	255.08
HOBOO	Codo #- A4045		400	6100 /NEEDLE,SAFET	17,18G X	I-I/Z",WAGELLAN		
HUPUS	Code #: A4215	)						



13-22840-rdd Doc 158-2 Filed 07/09/13 Entered 07/09/13 16:04:39 Exhibit A - Part 2 Pg 112 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177170	05/25/2013	1064159650

Ship To: MOUNT VERNON INVENTORY 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

NO. 0	RDER QTY	U/M IN		EM NO. / ESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
								00.00
230	1.00	CS		WD850558	TE Y OF C Y	853899430	86.93	86.93
1CBC6 C°4	e #: A4215		40660	JO /NEEDLE,SA	AFETY, 25G X	5/8",MAGELLAN		
1000 000 240	2.00		2.00 81	WD81892950	TE	853899430	133,26	266.52
240	2.00	Co		OO /SYRINGE,			133.20	200.52
250	2.00	CS		WD560125	TE	853899430	32.75	65.49
200	2.00	00		OO /SYRINGE,6	. –		02.70	00.40
HCPCS Cod	e #: A4213	1	+0700	70 70 711111111111111111111111111111111	000,20211 20	JOK TII		
260	2.00		2.00 S	ND600777	TE	853899430	24.59	49.17
				OO /SYRINGE,	. –			
HCPCS Cod	e #: A4210	)		, , , , , , , , , , , , , , , , , , , ,	,			
270	1.00	CS	1.00 BI	RN1313	TE	853899430	53.78	53.78
			30570	O /RAZOR,TW	IN BLADE,BL	UE		
280	1.00	CS	1.00 S	ND264960	TE	853899430	58.40	58.40
			30490	O /TUBE,SALE	M SUMP,AR	GYLE,16FR,48"		
290	1.00	CS	1.00 N	ON256125	TE	853899430	24.79	24.79
			30850	O /GAUZE,PA	CKING STRIP	IODOFORM,1/2"X5"	YD,ST	
HCPCS Cod	e #: A6266	3						
300	2.00	CS	2.00 M	DS032280	TE	853899430	51.00	102.00
			30980	O /JELLY,LUB	E,STRL,FOIL	PACK,5 GRAM		
320	10.00	CS	10.00 N	PBMAXA	TE	853899430	235.22	2,352.23
				·	•	IVE,USE,W/D-25		
330	3.00	CS		DN25600	TE	853899430	22.00	66.00
			70290	00 /BANDAGE,	ADHESIVE,PL	ASTIC,1"X3",STRL,	LF	
	e #: A6413							
340	2.00	CS		MG456020	TE	853899430	47.35	94.69
050		<b></b>				ORT COVERS, LUER		4.47.50
350	2.00	BX	2.00 B		TE	853899430	73.76	147.52
200	0.00	DV				ACH,STABILOCK	05.00	E4 04
360	2.00	вх		AK240CA	TE	853899430	25.66	51.31
Cubtotal			BAK2400	A /HULDER, II	AACH TUBE,(	ONE SIZE FITS MOS	ı	
Subtotal		Freight:	0.00		Tax:	0.00		6920.58
		rreignt:	0.00		I OX:	0.00		6920.38
			GROSS		TAX AM	DUNT	FREIGHT	TOTAL
			7,163.58			0.00	0.00	\$7,163.58

Eligible Gross Amount \$7,163.58

Discount amount \$143.27 if recd. by 06/24/13

*Code

TE - Tax Exempt



INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177171	05/25/2013	1064159651

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794584	MEDTRANS	CUSTOMER	1084466	USD	\$262.46

0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS  Subtotal  Freight: 82.65 Tax: 0.00 179.81	0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS  Subtotal  Freight: 82.65 Tax: 0.00 179.81			179.81	0.00	82.65	\$262.46
0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS Subtotal	O 4.00 CS 4.00 J-J6824A TE 853899431 44.95 179.81 0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS Gubtotal			GROSS	TAX AMOUNT	FREIGHT	TOTAL
0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS Subtotal	0 4.00 CS 4.00 J-J6824A TE 853899431 44.95 <b>179</b> .81 0145400 /TAPE,CAST,DELTA LITE,4"X 4 YDS Subtotal		Freight:	82.65	Tax: 0.00		179.81
	20 4.00 CS 4.00 J-J6824A TE 853899431 44.95 <b>179</b> .81	Subtotal					
4.00 CS 4.00 J-J6824A TE 853899431 44.95 <b>179</b> .81				0145400 /TAPE	E,CAST,DELTA LITE,4"X 4 YDS		
		20	4.00 CS	4.00 J-J6824A	TE 853899431	44.95	179.81

Eligible Gross Amount \$179.81

Discount amount \$3.60 if recd. by 06/24/13

*Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ВΕ

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064159651 Invoice Date 05/25/2013 Sales Rep # 210 Payment Terms 2% 30, 1% 60, Net 90 **Amount Due** \$262.46

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 114 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177173	05/25/2013	1064159652

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	680794845	MEDTRANS	MEDLINE	1084466	USD	\$7,150.13

LINE NO.	ORDER QTY	U/M	INVOICE OTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
		10780011000					1	
90	1.00	cs	1.00	CRI1004	TE	853899432	16.20	16.20
			CRI	1004 /CAP,BOL	JFFANT,SPUNBON	D,BLUE,24"		
		601300	)					
Subtota	al 300							
		Freight	:: 0.00		Tax:	0.00		16.20
10	4.00	CS	4.00	DYNJP8003	TE	853899432	61.79	247.16
			102	2800 /T-DRAPE	EXTREMITY, STEE	RILE		
20	4.00	CS	4.00	DYNJ24994C	TE	853899432	348.72	1,394.88
			104	1400 /BASIC P	ACK-LF			
30	1.00	CS	1.00	DYNJP2416	TE	853899432	50.09	50.09
			102	2500 /DRAPE,R	EIN 53X77,STERI	LE		
40	2.00	CS	2.00	DYNJP2707	TE	853899432	84.86	169.72
			107	7500 /GOWN,R	EINFORCED, POLY	AURORA,LARGE	STRL	
50	2.00	CS	2.00	DYNJP2708	TE	853899432	90.22	180.44
			107	7600 /GOWN,R	EINFORCED, POLY	AURORA, XLARG	SE,STRL	
60	4.00	CS	4.00	CDS981069C	TE	853899432	285.11	1,140.44
			107	7800 /LAP CHO	LE PROCEDURE			

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING FROMS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

## REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502 

 Customer #
 1084466

 Invoice #
 1064159652

 Invoice Date
 05/25/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$7,150.13

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$



Part 2 Pg 115 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
NR177173	05/25/2013	1064159652

Ship To: SOUND SHORE INVENTORY 16 GUION PL NEW ROCHELLE, NY 10801-5502

INE IO O	RDER QTY	U/M IN	VOICE QTY DESCRIPTI		E* DELIVERY #	UNIT PRICE	AMOUNT
0	6.00	CS	6.00 CDS98107	OC TE	853899432	635.20	3,811.20
			107900 /TOT	AL JOINT PROCED	URE		
30	1.00	cs	1.00 DYNJP100	40 TE	853899432	140.00	140.00
			104000 /DRA	PE,T,CRANIOTOM	,STERILE		
Subtotal							
		Freight:	0.00	Tax:	0.00		7133.93
			GROSS	TAX AM	IOUNT	FREIGHT	TOTAL
			7,150.13		0.00	0.00	\$7,150.13

Eligible Gross Amount \$7,150.13

Discount amount \$143.00 if recd. by 06/24/13

*Code

TE - Tax Exempt



Part 2 Pg 116 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
ALLEN	05/29/2013	1064195518

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502 Ship To: SOUND SHORE MED CTR STOREROOM 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432437388	FEDEX GROUND	MEDLINE	1084466	USD	\$345.65

LINE				ITEM NO. /				
NO.	ORDER QTY	U/M	INVOICE OTY	DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	4.00	CS	4.00	R-L62010	TE	853907409	5.03	20.10
			R-L62	2010 /ENSURE,COM	MPLETE,BTL,S	STRAWB,80Z		
HCPCS	Code #: B4152	<u>)</u>						
20	1.00	CT	1.00	R-L58012	TE	853907409	73.63	73.63
			R-L58	3012 /JUVEN POW	DER,ORANGE	30 PKTS/CT		
HCPCS	Code #: B4155	5						
30	2.00	CS	2.00	R-L62685	TE	853907409	14.80	29.59
			R-L62	2685 /JEVITY 1.0	CAL,1000 MI	L,RTH		
50	3.00	CS	3.00	R-L62675	TE	853907409	39.51	118.53
			R-L62	2675 /GLUCERNA	1.2CAL,1500	ML BOTTLE, RTH		
60	5.00	CS	5.00	R-L50904	TE	853907409	20.76	103.80
			R-L50	904 /GLUCERNA,	1.2 CAL,80Z	CAN		
<b>HCPCS</b>	Code #: B4154	ļ.						
Subtota	al							
		Freight:	0.00		Tax:	0.00		345.65

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

**Bill To:**SOUND SHORE MEDICAL CTR/500
16 GUION PL
NEW ROCHELLE NY 10801-5502

 Customer #
 1084466

 Invoice #
 1064195518

 Invoice Date
 05/29/2013

 Sales Rep #
 210

 Payment Terms
 2% 30, 1% 60, Net 90

 Amount Due
 \$345.65

Remit To: Medline Industries, Inc. Box 382075 Pittsburgh PA 15251-8075

AMOUNT PAID \$_____

Detach and return this portion with your payment

3



Part 2 Pg 117 of 118

INVOICE

www.medline.com

Customer PO #	Invoice Date	Invoice #
ALLEN	05/29/2013	1064195518

Ship To: SOUND SHORE MED CTR STOREROOM 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

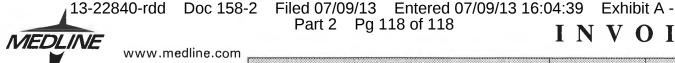
GROSS	TAX AMOUNT	FREIGHT	TOTAL
345.65	0.00	0.00	\$345.65

Eligible Gross Amount \$345.65

Discount amount \$6.91 if recd. by 06/28/13

* Code

TE - Tax Exempt



Part 2 Pg 118 of 118

INVOICE

www.medline.com	1

Customer PO #	Invoice Date	Invoice #
NR176791	05/29/2013	1064199953

Sold To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE, NY 10801-5502

Ship To: MOUNT VERNON OR 9 N 8TH AVE MOUNT VERNON, NY 10550-1965

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
210	432154594	VENDOR	MEDLINE	1084466	USD	\$1,605.12

		1,605.12		0.00	0.00	\$1,605.12
		GROSS	TAX AMO	DUNT	FREIGHT	TOTAL
	Freight:	0.00	Tax:	0.00		1605.12
Subtota	al					
		RUH345APA /C	LEANER,INST,ENZYMA	TIC,APA,ENDOZYI	ME,4GAL	
0	6.00 CS	6.00 RUH34	5APA TE,C		267.52	1,605.12
INE IO.	ORDER QTY U/M	ITEM N INVOICE QTY   DESCRI		* DELIVERY #	UNIT PRICE	AMOUNT

Eligible Gross Amount \$1,605.12

Discount amount \$32.10 if recd. by 06/28/13

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL ΒE

COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING

SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Lisa Serpico-Foreman x-4233

### REMITTANCE

Bill To: SOUND SHORE MEDICAL CTR/500 16 GUION PL NEW ROCHELLE NY 10801-5502

Customer # 1084466 Invoice # 1064199953 **Invoice Date** 05/29/2013 Sales Rep # 210 Payment Terms 2% 30, 1% 60, Net 90 Amount Due \$1,605.12

Remit To: Medline Industries, Inc. Box 382075

Pittsburgh PA 15251-8075

AMOUNT PAID \$