

**DELIVERY TICKET**

MILLENNIUM MED SPLY, INC.

1741 S. 20TH AVE.

SAFFORD, AZ 85546-4012 928-348-0652

P.O. Number:  
Shipping Batch Number:  
Shipping Method:

Date: 12/14/2023  
Invoice Number: 00024297  
Page Number: 1



Bill To: BOWIE FIRE (BOWIFIRE)  
In Care Of: ACCOUNTS PAYABLE  
118 W KINCHILLA ST

Deliver To: PATIENT PICK UP  
BOWIE FIRE (BOWIFIRE)

BOWIE, AZ 85605-  
(H) 520-847-2553 (W) 000-000-0000  
(C) 000-000-0000 (A) 000-000-0000

Date Location	Item Code Proc Code Trans Number	Quantity Rental/Sale Loaner	Description 1 / Description 2 / Item Tracking Manufacturer / Model / Serial Number Brand / Lot Number	Amount	Sales Tax	Patient Amount
12/14/2023	IMP-W-RS2A 66816	1.00 SALE	WASHER FOR O2 REGULATOR/RUBBER -W/BRASS O R TMD/IMP-W-RS2A/ TMD/	2.30	.00	2.30
12/14/2023	DTANK 66815	1.00 SALE	D TANK REFILL / RENTAL/ / // /	10.00	.91	10.91

#1099  
12-19-23

Delivery Notes:

Total Retail Amount: 12.30

Oxygen Info:  
Driver:  
Salesperson:  
CSR:

\*\*\*\*

Primary ( ) .00 Tax .91  
Secondary ( ) .00 Discount .00  
Tertiary ( ) .00 Patient Amount 13.21

AJ /00  
THANK YOU!  
WWW.MMSUPPLY.NET

Patient/Caregiver/Representative Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_  
Reason Patient is unable to sign \_\_\_\_\_  
Driver or CSR Signature \_\_\_\_\_ PATIENT PICK UP Date \_\_\_\_\_

MILLENNIUM MED SPLY, INC.

Statement

1741 S. 20TH AVE.  
SAFFORD, AZ 85546  
928-348-0652

Statement Date: 01/02/2024

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Charge Account: BOWIFIRE

BOWIE FIRE  
ACCOUNTS PAYABLE  
118 W KINCHILLA ST  
BOWIE, AZ 85605

Amount Paid \_\_\_\_\_

Please Detach and Return Top Portion with Payment

Begin Date	Trans#	Qty	Description	Trans Amount	Ins Paid	Patient Charges	Patient Payments	Patient Balance
** Activity For BOWIE FIRE				-BOWIFIRE				
03/31/21	00003374	6	D TANK REFILL / RENTAL	18.00	.00	18.00	18.00	.00
12/14/23	00066815	1	D TANK REFILL / RENTAL	10.91	.00	10.91	.00	10.91
12/14/23	00066816	1	WASHER FOR O2 REGULAT	2.30	.00	2.30	.00	2.30

THANK YOU!

Payments Received this Statement Period: 18.00

Ins Due .00      Total Patient Balance 13.21

Statement Date: 01/02/2024

Charge Account Code: BOWIFIRE

MILLENNIUM MED SPLY, INC. Phone: 928-348-0652 Fax: 928-348-0695