

Invoice Information Sheet

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|--|-------------------------|
| Information provided By: _____ Date: _____ | |
| Telephone: _____ | |
| Name of Hospital/Surgery Center for Billing: _____ | |
| Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Telephone: _____ | Fax: _____ |
| <p>Does the billing hospital/surgery center require a Purchase Order Number for payment of tissue received? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, check all applicable boxes below:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Standing P.O. Number <input type="checkbox"/> Individual P.O. Number</p> <p style="padding-left: 40px;"><input type="checkbox"/> P.O. Number required prior to receipt of tissue</p> | |
| Hospital/Surgery Center P.O. #: _____ Expires: _____ | |
| Individual P.O. # (if available): _____ Tentative OR Date: _____ | |
| Hospital/Surgery Center Accounts Payable contact: _____ | |
| Telephone: _____ | Fax: _____ |
| Hospital/Surgery Center Purchasing Dept. contact: _____ | |
| Telephone: _____ | Fax: _____ |
| Hospital/Surgery Center Operating Room contact: _____ | |
| Telephone: _____ | Fax: _____ |
| <p>NOTE: PLEASE COMPLETE ONE FORM FOR EVERY HOSPITAL/FACILITY IN WHICH YOU OPERATE.</p> | |

Please return this form to the appropriate Midwest Eye-Banks division:

Michigan Eye-Bank
4889 Venture Dr.
Ann Arbor, Michigan 48108
Fax: (734) 780-2730
Attn: Distribution

Illinois Eye-Bank & Watson Gailey Eye-Bank
547 West Jackson Blvd., Suite 600
Chicago, IL 60661
Fax: (312) 706-6761

Lions Eye Bank of New Jersey
77 Brant Avenue, Suite 100
Clark, NJ 07066
Fax: (732) 499-0650