cpap.com	CPAP@CPAP.com \ 1-800-356-5221			Receipt					
	Order Number								
001241580									
Date Placed	Ship Via	Date Shipped	Tracking Number	Payr	ment	Terms	P.O. Number		
09/03/2024 CST	Easypost - FedEx Ground	09/03/2024	279043137973	visa - ****770		PIF			
	Shipping Address		Billing Address						
Daniela Jodhan Daniela Jodhan 12225 SW 128th Street Unit 104 12225 SW 128th Street Unit 104 Suite 10166 Suite 10166 MIAMI, Florida, 33186-6083 MIAMI, Florida, 33186-608 +18686782046 +18686782046									
Part Number	С	escription			Unit Price	QTY	Amount		
63001	ResMed AirTouch™ F20 Full Face CPAP Mask with Headgear 159.00 1 Billing Code: A7030, A7035 NU					0 1	159.00 -39.75		
X001F33NYR	Purdoux CPAP Mask & Hose Soap Billing Code: E1399 NU				5.99	1	5.99 -1.50		
39000	ResMed AirSense™ 11 AutoSet™ CPAP Machine Billing Code: E0601 NU				1004.0	0 1	1004.00 -405.00		
37394	Hose Elbow for AirSense™, AirStart™ and AirCurve™ 10 CPAP Machines Billing Code: E1399 NU				6.50	1	6.50 -1.62		
39301	AirSense™ 11 Disposable Billing Code: A7038 NU	Standard Fi	Iters (2 Pack)		8.00	1	8.00 -2.00		
					Dis	count	- \$449.87		
					Su	btotal	\$1183.49		
					Shi	pping	\$0.00		
						Tax	\$0.00		
					R	efund	\$0.00		

	Total (USD)	\$733.62
	Balance	\$0.00
Tax and Insurance Billing Information		

All sales are final with the following exceptions: CPAP.com will accept returns of **unopened** products in their original packaging, within 30 days of their ship date. Credit will be issued less a 15% returns processing fee. Ship costs are non refundable. If filing an insurance claim, use US Expediters, Inc. Tax ID # **760521364**. The diagnosis code for Obstructive Sleep Apnea is **g47.33**. Be sure to make it clear on your claim to "Pay me, not the equipment provider." US Expediters, Inc. does not accept assignment - PLEASE PAY INSURED