

# FLEXtraNet and INVOICING

# Invoicing: General Information

- Invoices are sent monthly
  - 1st week of the month following invoice date
  - Via email and/or mail
- Net Hourly invoices are sent when consumption data is received from:
  - The Data Collection Module (DCM)
  - Returned cylinders
- All cylinders with usage should be returned on your scheduled pick up
- An updated PO# is required upon contract amendment



# Benefits of the DCM and FLEXtraNet



- Provide accurate monthly invoices with all hours used during the month
- Track patient usage
- Enter a specific patient ID number
- Print consumption and other reports for internal account review
- Sort and filter by specific cylinders or dates
- Monitor consumption from contract date
- Identify a run-on cylinder
- Provide simplified transition following contract renewal

# DCM and FLEXtraNet



**DCM is the Data Collection Module that IKARIA has supplied to you**

**The DCM allows you to:**

- **Read the usage on the cylinders**
- **Upload the information to the FLEXtraNet**

**The FLEXtraNet button is located at the top of the INOMAX website at:**

[www.inomax.com](http://www.inomax.com)



# Example of Invoice – Cover Page

INO Therapeutics LLC d/b/a  
**IKARIA**<sup>®</sup>  
 ADVANCING CRITICAL CARE

## ORIGINAL INVOICE

**Bill To:**  
 Accounts Payable  
 1234 Test Dr.  
 Clinton NJ 08809

**Ship To:**  
 Hospital Name  
 1234 Test Dr.  
 Clinton NJ 08809

<b>2 Invoice No:</b>	SI-XXXXXX
<b>2 Invoice Date:</b>	XX/XX/XX
<b>3 Period Ending:</b>	XX/XX/XX
<b>3 P.O. #:</b>	XXXXXX
<b>3 Payment Terms:</b>	XX
<b>4 Due date:</b>	XX/XX/XX
<b>4 Invoice Amount Due:</b>	##,###.##

**2** Invoice No. and Date

**3** Period Ending, PO# and Payment Terms

**4** Due date and Amount Due

**1** Bill to and Ship to information

## Statement of Account

**5**

Flexible Rate Description.....	Bronze
Effective Date.....	XX/XX/XX
Expiration Date.....	XX/XX/XX
Threshold Hours.....	#####
Contract to Date Hours.....	#####
Remaining Hours.....	#####

For Net Hourly and Platinum contracts *Threshold Hours* and *Remaining Hours* will not appear on the invoice.

**6**

Current Amount Due.....	##,###.##
Amount Past Due.....	##,###.##
Total Amount Due.....	##,###.##

**6** Payment accounting summary

# Example of Invoice – Utilization by Department

**INO Therapeutics LLC d/b/a**  
**IKARIA**<sup>®</sup>  
 ADVANCING CRITICAL CARE

ORIGINAL INVOICE

**Bill To:**  
 Accounts Payable  
 1234 Test Dr.  
 Clinton NJ 08809

**Invoice No:** SI-XXXXXX  
**Invoice Date:** XX/XX/XX  
**Period Ending:** XX/XX/XX  
**P.O. #:** XXXXXX  
**Payment Terms:** XX  
**Due date:** XX/XX/XX  
**Invoice Amount Due:** \$##,###.##

**Ship To:**  
 Hospital Name  
 1234 Test Dr.  
 Clinton NJ 08809

Department(s)	Monthly Consumption Hours	Hours Over Threshold	Net Hourly Rate	Tax	SubTotal
Hospital Name <b>1111C</b>	100.00		list price	\$#.##	
Hospital Name <b>1111N</b>	50.00		list price	\$#.##	
Hospital Name <b>1111P</b>	10.00		list price	\$#.##	
Hospital Name <b>1111R</b>	25.00		list price	\$#.##	
<b>Monthly Fee</b>					\$##,###.##
<b>1111ACC</b>	185.00			<b>Tax Total</b>	<b>\$#.##</b> <b>\$##,###.##</b>

Departments

Total utilization

**Total Care**<sup>™</sup>  
 24/7 Service Package

# Example of Invoice – Utilization by Cylinder

INO Therapeutics LLC d/b/a  
**IKARIA**<sup>®</sup>  
 ADVANCING CRITICAL CARE

## ORIGINAL INVOICE

**Bill To:**  
 Accounts Payable  
 1234 Test Dr.  
 Clinton NJ 08809

**Invoice No:** SI-XXXXXX  
**Invoice Date:** XX/XX/XX  
**Period Ending:** XX/XX/XX  
**P.O. #:** XXXXXX  
**Payment Terms:** XX  
**Due date:** XX/XX/XX  
**Invoice Amount Due:** \$\$\$,###.##

**Ship To:**  
 Hospital Name  
 1234 Test Dr.  
 Clinton NJ 08809

**3** Adjustments –  
 “yes” if any,  
 “no” if none

**5** # of Hours for that event  
 on that cylinder#

Serial No.	Lot No.	Customer #	Adjustment	Start Date/Time	End Date/Time	Hours
0XL004820B	11FP-0041	1111R	yes	05/24/11 15:10:36	05/25/11 16:10:36	25.00

**1** Cylinder  
 Serial #  
 and Lot #

**2** Customer/  
 Dept #

**4** Start and End – date and  
 time of each event for  
 that cylinder

**ax Total Care**<sup>™</sup>  
 The TRUSTED 24/7 Service Package

# Run-On Cylinder Policy

- Following patient use, if a cylinder is left on in error, you may file a report by contacting Ikaria Customer Care (1-877-566-9466) immediately or within 15 days of the date of the invoice
- Ikaria may approve credit adjustments if
  - Associated with patient use and
  - Customer provides actual start/stop dates and times of therapy
- Ikaria will not make credit adjustments for INOMAX cylinders:
  - Left on after a pre-use procedure
  - Left on following a pressure check
  - Turned on in error
- It is important that INOMAX cylinders be completely turned off after each use



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The TRUSTED 24/7 Service Package



# Run-on Cylinder Reporting Process

- Provide the following information to report a “Run-on cylinder”
  - *Cylinder serial # : .....*
  - *Patient Start/Stop Date: .....*
  - *Patient Start/Stop Time: .....*
  - *Actual Patient Usage: .....*
  - *Total meter reading on this cylinder or event is: .....*
- If any of the above information is incomplete or is submitted after 15 days from the date of the invoice the credit will be denied

# INOMAX Test Cylinder

- Each account will receive one (1) INOMAX test cylinder
- Test cylinder is to be utilized SOLELY for
  - Internal training
  - Ikaria in-services

**Thank You!**



**Customer Care  
1-877-566-9466**

**INOmax Total Care™**  
The TRUSTED 24/7 Service Package