

UNITED STATES BANKRUPTCY COURT Middle District of Tennessee		PROOF OF CLAIM
Name of Debtor: Cura Health Inc. and its affiliates	Case Number: 18-05665	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">SEP 21 2018</div> <div style="font-weight: bold; margin-bottom: 10px;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</div> <div style="font-weight: bold; margin-bottom: 10px;">COURT USE ONLY</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): 18-0		
Name and address where notices should be sent: c/o SRS 6607 - 18th Ave S. Richfield, MN 55423		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: (866) 486-5888 email: jmoore@shreflaw.com		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>22,152.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Goods and services sold</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>22,152.00</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Julie Moore

Title: Bankruptcy Recovery Manager

Company: SRS

Address and telephone number (if different from notice address above):
6607 - 18th Ave S.

Julie T. Moore

(Signature)

(Date)

Telephone number: _____ email: jmoore@shreflaw.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3816499	05/01/2018	05/31/2018	1 of 1
INVOICE DATE	DUE DATE	PO NUMBER	
06/06/2018	07/06/2018		

INVOICE SUMMARY	
Invoice Subtotal	1,930.60
+ Taxes	135.14
TOTAL DUE	\$2,065.74

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	LFB PMS FSS

BILL TO: 113524

GILMORE MEMORIAL R. M. C
ATTN: Accounts Payable
1105 EARL FRYE BLVD
AMORY MS 38821-5500

SHIP TO: 113524

Gilmore Memorial R.M.C
ATTN: Accounts Payable
1105 Earl Faye Blvd
Amory, MS 38821

UHS CONTACT INFORMATION									
Billing Questions : 901-382-7230					UHS website : www.uhs.com				
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL	
HAL 0121	HOSPIRA PLUM A+ INFUSION PUMP	14136580	05/01/2018	05/14/2018		14 DAYS	4.90	68.60	
HAL 0145	HOSPIRA PLUM A+ INFUSION PUMP DEPT: biomed	14134233	05/29/2018	05/31/2018		3 DAYS	4.90	14.70	
HAL 0151	HOSPIRA PLUM A+ INFUSION PUMP DEPT: Biomed	13863451	05/15/2018	05/31/2018		17 DAYS	4.90	83.30	
Sub Total								166.60	
HAL 0101	HOSPIRA PLUM A+ INFUSION PUMP	13843737	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0103	HOSPIRA PLUM A+ INFUSION PUMP	13863454	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0104	HOSPIRA PLUM A+ INFUSION PUMP	13863458	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0105	HOSPIRA PLUM A+ INFUSION PUMP	13863722	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0107	HOSPIRA PLUM A+ INFUSION PUMP	13881131	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0108	HOSPIRA PLUM A+ INFUSION PUMP	13882385	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0109	HOSPIRA PLUM A+ INFUSION PUMP	13884272	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0112	HOSPIRA PLUM A+ INFUSION PUMP	13884370	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0114	HOSPIRA PLUM A+ INFUSION PUMP	13884381	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0116	HOSPIRA PLUM A+ INFUSION PUMP	13884392	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0117	HOSPIRA PLUM A+ INFUSION PUMP	13898789	05/01/2018	05/31/2018		1 MO	147.00	147.00	
HAL 0120	HOSPIRA PLUM A+ INFUSION PUMP	14136010	05/01/2018	05/31/2018		1 MO	147.00	147.00	
Sub Total								1,764.00	
State Tax							Rate: 0.070000	135.14	

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
113524	3816499	07/06/2018	1,930.60	135.14	\$2,065.74



Universal Hospital Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313

Payment and Credit Terms:

Unless an exception to these terms has been agreed upon by both parties in writing the following terms apply to Customer and UHS. Payment is due 30 days from the date of this invoice. Past due balances are subject to and additional fees of 1.5% per month (18% per annum) or the highest amount allowed by law. Customer is responsible for taxes, if any, associated with this invoice, including without limitation, sales and use taxes. On five days' notice UHS may suspend performance of Services for non-payment until a reasonable time after the non-payment is cured. There is no right of off set, and Customer will take no deductions, unless authorized to do so by UHS through issuance of a credit memorandum. Notice of any incorrect charges must be claimed in writing within 90 days of the UHS invoice to which the claim relates. Such claims made after such 90-day period are null and void.

Discount, Coupon or Rebate:

The invoice price may be subject to a discount, coupon or rebate. Customer must fully and accurately report all discounts, coupons or rebate on any federal or state health care program cost reports and as otherwise required under 42 USC 1320a-7b(b) and 42 CFR 1001.952 and applicable state law. Customer will provide access to all information provided by UHS about any discount, coupon or rebate upon request by the U.S. Department of Health and Human Services or a state health care program or agency.



Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3828867	06/01/2018	06/30/2018	1 of 2
INVOICE DATE	DUE DATE	PO NUMBER	
07/06/2018	08/05/2018		

INVOICE SUMMARY	
Invoice Subtotal	1,866.90
+ Taxes	130.68
TOTAL DUE	\$1,997.58

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	GLZ PST KSK

BILL TO: 113524

GILMORE MEMORIAL R. M. C
ATTN: Accounts Payable
1105 EARL FRYE BLVD
AMORY MS 38821-5500

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ATTN: Accounts Payable
1105 Earl Faye Blvd
Amory, MS 38821

UHS CONTACT INFORMATION									
Billing Questions : 901-382-7230					UHS website : www.uhs.com				
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL	
HAL 0101	HOSPIRA PLUM A+ INFUSION PUMP	13843737	06/01/2018	06/07/2018		7 DAYS	4.90	34.30	
HAL 0108	HOSPIRA PLUM A+ INFUSION PUMP	13882385	06/01/2018	06/07/2018		7 DAYS	4.90	34.30	
HAL 0112	HOSPIRA PLUM A+ INFUSION PUMP	13884370	06/01/2018	06/07/2018		7 DAYS	4.90	34.30	
HAL 0150	HOSPIRA PLUM A+ INFUSION PUMP DEPT: biomed	13881125	06/11/2018	06/30/2018		20 DAYS	4.90	98.00	
HAL 0152	HOSPIRA PLUM A+ INFUSION PUMP DEPT: biomed	13918687	06/11/2018	06/30/2018		20 DAYS	4.90	98.00	
HAL 0153	HOSPIRA PLUM A+ INFUSION PUMP DEPT: biomed	13904324	06/11/2018	06/30/2018		20 DAYS	4.90	98.00	
Sub Total								396.90	
HAL 0103	HOSPIRA PLUM A+ INFUSION PUMP	13863454	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0104	HOSPIRA PLUM A+ INFUSION PUMP	13863458	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0105	HOSPIRA PLUM A+ INFUSION PUMP	13863722	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0107	HOSPIRA PLUM A+ INFUSION PUMP	13881131	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0109	HOSPIRA PLUM A+ INFUSION PUMP	13884272	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0114	HOSPIRA PLUM A+ INFUSION PUMP	13884381	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0116	HOSPIRA PLUM A+ INFUSION PUMP	13884392	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0120	HOSPIRA PLUM A+ INFUSION PUMP	14136010	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0145	HOSPIRA PLUM A+ INFUSION PUMP DEPT: biomed	14134233	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0151	HOSPIRA PLUM A+ INFUSION PUMP DEPT: Biomed	13863451	06/01/2018	06/30/2018		1 MO	147.00	147.00	
Sub Total								1,470.00	

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
113524	3828867	08/05/2018	1,866.90	130.68	\$1,997.58



Universal Hospital Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313



INVOICE NO.	START DATE	END DATE	PAGE
3828867	06/01/2018	06/30/2018	2 of 2

INVOICE DATE	DUE DATE	PO NUMBER
07/06/2018	08/05/2018	

INVOICE SUMMARY	
Invoice Subtotal	1,866.90
+ Taxes	130.68
TOTAL DUE	\$1,997.58

Case 3:18-bk-05665 Claim 47-1 Filed 09/21/18 Desc Main Document Page 7 of 33

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Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3843270	07/01/2018	07/31/2018	1 of 2

INVOICE DATE	DUE DATE	PO NUMBER
08/06/2018	09/05/2018	

INVOICE SUMMARY

Invoice Subtotal	1,911.00
+ Taxes	133.77
TOTAL DUE	\$2,044.77

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BILL TO: 113524

GILMORE MEMORIAL R. M. C
ATTN: Accounts Payable
1105 EARL FRYE BLVD
AMORY MS 38821-5500

SHIP TO: 113524

Gilmore Memorial R.M.C
ATTN: Accounts Payable
1105 Earl Faye Blvd
Amory, MS 38821

UHS CONTACT INFORMATION

Billing Questions : 901-382-7230

UHS website : www.uhs.com

UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
HAL 0104	HOSPIRA PLUM A+ INFUSION PUMP	13863458	07/01/2018	07/24/2018		24 DAYS	4.90	117.60
HAL 0109	HOSPIRA PLUM A+ INFUSION PUMP	13884272	07/01/2018	07/24/2018		24 DAYS	4.90	117.60
HAL 0121	HOSPIRA PLUM A+ INFUSION PUMP	14136580	07/26/2018	07/31/2018		6 DAYS	4.90	29.40
	DEPT: MATERIALS MANAGEMENT							
HAL 0144	HOSPIRA PLUM A+ INFUSION PUMP	13866866	07/26/2018	07/31/2018		6 DAYS	4.90	29.40
	DEPT: MATERIALS MANAGEMENT							
HAL 0145	HOSPIRA PLUM A+ INFUSION PUMP	14134233	07/01/2018	07/24/2018		24 DAYS	4.90	117.60
HAL 0149	HOSPIRA PLUM A+ INFUSION PUMP	13884313	07/26/2018	07/31/2018		6 DAYS	4.90	29.40
	DEPT: MATERIALS MANAGEMENT							
Sub Total								441.00
HAL 0103	HOSPIRA PLUM A+ INFUSION PUMP	13863454	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0105	HOSPIRA PLUM A+ INFUSION PUMP	13863722	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0107	HOSPIRA PLUM A+ INFUSION PUMP	13881131	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0114	HOSPIRA PLUM A+ INFUSION PUMP	13884381	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0116	HOSPIRA PLUM A+ INFUSION PUMP	13884392	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0120	HOSPIRA PLUM A+ INFUSION PUMP	14136010	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0150	HOSPIRA PLUM A+ INFUSION PUMP	13881125	07/01/2018	07/31/2018		1 MO	147.00	147.00
	DEPT: biomed							
HAL 0151	HOSPIRA PLUM A+ INFUSION PUMP	13863451	07/01/2018	07/31/2018		1 MO	147.00	147.00
	DEPT: Biomed							
HAL 0152	HOSPIRA PLUM A+ INFUSION PUMP	13918687	07/01/2018	07/31/2018		1 MO	147.00	147.00
	DEPT: biomed							
HAL 0153	HOSPIRA PLUM A+ INFUSION PUMP	13904324	07/01/2018	07/31/2018		1 MO	147.00	147.00

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
113524	3843270	09/05/2018	1,911.00	133.77	\$2,044.77



Universal Hospital Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313



Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3843270	07/01/2018	07/31/2018	2 of 2
INVOICE DATE	DUE DATE	PO NUMBER	
08/06/2018	09/05/2018		

INVOICE SUMMARY	
Invoice Subtotal	1,911.00
+ Taxes	133.77
TOTAL DUE	\$2,044.77

UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
	DEPT: biomed							
							Sub Total	1,470.00
						State Tax	Rate: 0.070000	133.77

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Universal|Hospital|Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3849600	08/01/2018	08/31/2018	1 of 1

INVOICE DATE	DUE DATE	PO NUMBER
09/06/2018	10/06/2018	

INVOICE SUMMARY	
Invoice Subtotal	1,528.80
+ Taxes	107.02
TOTAL DUE	\$1,635.82

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	GLZ PST KSK

BILL TO: 113524

GILMORE MEMORIAL R. M. C
ATTN: Accounts Payable
1105 EARL FRYE BLVD
AMORY MS 38821-5500

SHIP TO: 113524

Gilmore Memorial R.M.C
ATTN: Accounts Payable
1105 Earl Faye Blvd
Amory, MS 38821

UHS CONTACT INFORMATION								
Billing Questions : 901-382-7230						UHS website : www.uhs.com		
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
HAL 0103	HOSPIRA PLUM A+ INFUSION PUMP	13863454	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0105	HOSPIRA PLUM A+ INFUSION PUMP	13863722	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0107	HOSPIRA PLUM A+ INFUSION PUMP	13881131	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0114	HOSPIRA PLUM A+ INFUSION PUMP	13884381	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0116	HOSPIRA PLUM A+ INFUSION PUMP	13884392	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0120	HOSPIRA PLUM A+ INFUSION PUMP	14136010	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0121	HOSPIRA PLUM A+ INFUSION PUMP	14136580	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0144	HOSPIRA PLUM A+ INFUSION PUMP	13866866	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0149	HOSPIRA PLUM A+ INFUSION PUMP	13884313	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0150	HOSPIRA PLUM A+ INFUSION PUMP	13881125	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0151	HOSPIRA PLUM A+ INFUSION PUMP	13863451	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0152	HOSPIRA PLUM A+ INFUSION PUMP	13918687	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0153	HOSPIRA PLUM A+ INFUSION PUMP	13904324	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
							Sub Total	1,528.80
							State Tax	Rate: 0.070000 107.02

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS					
CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
113524	3849600	10/06/2018	1,528.80	107.02	\$1,635.82



Universal|Hospital|Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313

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Universal|Hospital|Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3816510	05/01/2018	05/31/2018	1 of 1

INVOICE DATE	DUE DATE	PO NUMBER
06/06/2018	07/06/2018	

INVOICE SUMMARY	
Invoice Subtotal	1,572.00
+ Taxes	110.04
TOTAL DUE	\$1,682.04

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	LKZ MDS FKQ

BILL TO: 473019

NW MISSISSIPPI REG MED
ATTN: Accounts Payable
BOX 1218
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

SHIP TO: 473019

NW Mississippi Reg Med
ATTN: Accounts Payable
Box 1218
1970 Hospital Drive
Clarksdale, MS 38614

UHS CONTACT INFORMATION									
Billing Questions : 901-382-7230					UHS website : www.uhs.com				
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL	
RPX 0517	RESPIRONICS V60 NIV VENTILATOR WITH STAND DEPT: Respiratory	100028252	05/01/2018	05/30/2018		1 MO	786.00	786.00	
RPX 0743	RESPIRONICS V60 NIV VENTILATOR WITH STAND DEPT: Respiratory	100046041	05/01/2018	05/30/2018		1 MO	786.00	786.00	
							Sub Total	1,572.00	
							State Tax	Rate: 0.070000	110.04

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS					
CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473019	3816510	07/06/2018	1,572.00	110.04	\$1,682.04



Universal|Hospital|Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313

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Universal|Hospital|Services®
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3849952	08/01/2018	08/31/2018	1 of 1
INVOICE DATE	DUE DATE	PO NUMBER	
09/06/2018	10/06/2018		

INVOICE SUMMARY	
Invoice Subtotal	995.60
+ Taxes	0.00
TOTAL DUE	\$995.60

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	ZFS SXS GZV

BILL TO: 473019

NW MISSISSIPPI REG MED
ATTN: Accounts Payable
BOX 1218
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

SHIP TO: 473019

NW Mississippi Reg Med
ATTN: Accounts Payable
Box 1218
1970 Hospital Drive
Clarksdale, MS 38614

UHS CONTACT INFORMATION									
Billing Questions : 901-382-7230					UHS website : www.uhs.com				
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL	
RPX 5341	RESPIRONICS V60 NIV VENTILATOR WITH STAND DEPT: RT	100264429	08/06/2018	08/24/2018		19 DAYS	26.20	497.80	
RPX 5343	RESPIRONICS V60 NIV VENTILATOR WITH STAND DEPT: RT	100264586	08/06/2018	08/24/2018		19 DAYS	26.20	497.80	
							Sub Total	995.60	

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS					
CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473019	3849952	10/06/2018	995.60	0.00	\$995.60



Universal|Hospital|Services®

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313

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Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3807323	04/01/2018	04/30/2018	1 of 1
INVOICE DATE	DUE DATE	PO NUMBER	
05/04/2018	06/03/2018		

INVOICE SUMMARY	
Invoice Subtotal	975.60
+ Taxes	0.00
TOTAL DUE	\$975.60

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	LKX PDS FKD

BILL TO: 473004

PANOLA MEDICAL CENTER
ATTN: Accounts Payable
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

SHIP TO: 473004

Panola Medical Center
ATTN: Accounts Payable
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION

Billing Questions : 901-382-7230

UHS website : www.uhs.com

UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
MUK 0255	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW06030032SR	04/01/2018	04/30/2018		30 DAYS	16.26	487.80
MUK 0485	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW8240045SR	04/01/2018	04/30/2018		30 DAYS	16.26	487.80
Sub Total								975.60

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	3807323	06/03/2018	975.60	0.00	\$975.60



Universal Hospital Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313

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Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3816509	05/01/2018	05/31/2018	1 of 1

INVOICE DATE	DUE DATE	PO NUMBER
06/06/2018	07/06/2018	

INVOICE SUMMARY	
Invoice Subtotal	2,160.60
+ Taxes	0.00
TOTAL DUE	\$2,160.60

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	LKX PDS FKD

BILL TO: 473004

PANOLA MEDICAL CENTER
ATTN: Accounts Payable
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

SHIP TO: 473004

Panola Medical Center
ATTN: Accounts Payable
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION								
Billing Questions : 901-382-7230						UHS website : www.uhs.com		
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
HAL 0100	HOSPIRA PLUM A+ INFUSION PUMP	14128644	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0102	HOSPIRA PLUM A+ INFUSION PUMP	13851356	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0110	HOSPIRA PLUM A+ INFUSION PUMP	13884312	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0111	HOSPIRA PLUM A+ INFUSION PUMP	13884340	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0113	HOSPIRA PLUM A+ INFUSION PUMP	13884373	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0115	HOSPIRA PLUM A+ INFUSION PUMP	13884391	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0118	HOSPIRA PLUM A+ INFUSION PUMP	13898948	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0119	HOSPIRA PLUM A+ INFUSION PUMP	13904389	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0122	HOSPIRA PLUM A+ INFUSION PUMP	17431879	05/01/2018	05/31/2018		1 MO	162.00	162.00
HAL 0123	HOSPIRA PLUM A+ INFUSION PUMP	17444982	05/01/2018	05/31/2018		1 MO	162.00	162.00
							Sub Total	1,620.00
MUK 0255	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW06030032SR	05/01/2018	05/31/2018		1 MO	270.30	270.30
MUK 0485	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW8240045SR	05/01/2018	05/31/2018		1 MO	270.30	270.30
							Sub Total	540.60

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS					
CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	3816509	07/06/2018	2,160.60	0.00	\$2,160.60



Universal Hospital Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
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Remit To :

Universal Hospital Services
P.O. Box 851313
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Universal | Hospital | Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3828876	06/01/2018	06/30/2018	1 of 1
INVOICE DATE	DUE DATE	PO NUMBER	
07/06/2018	08/05/2018		

INVOICE SUMMARY	
Invoice Subtotal	1,947.20
+ Taxes	0.00
TOTAL DUE	\$1,947.20

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	GHP SQK XPM

BILL TO: 473004

PANOLA MEDICAL CENTER
ATTN: Accounts Payable
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

SHIP TO: 473004

Panola Medical Center
ATTN: Accounts Payable
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION									
Billing Questions : 901-382-7230					UHS website : www.uhs.com				
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL	
HAL 0100	HOSPIRA PLUM A+ INFUSION PUMP	14128644	06/01/2018	06/15/2018		15 DAYS	4.90	73.50	
HAL 0102	HOSPIRA PLUM A+ INFUSION PUMP	13851356	06/01/2018	06/15/2018		15 DAYS	4.90	73.50	
HAL 0117	HOSPIRA PLUM A+ INFUSION PUMP	13898789	06/15/2018	06/30/2018		16 DAYS	4.90	78.40	
HAL 0147	HOSPIRA PLUM A+ INFUSION PUMP	13884403	06/15/2018	06/30/2018		16 DAYS	4.90	78.40	
Sub Total								303.80	
HAL 0110	HOSPIRA PLUM A+ INFUSION PUMP	13884312	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0111	HOSPIRA PLUM A+ INFUSION PUMP	13884340	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0113	HOSPIRA PLUM A+ INFUSION PUMP	13884373	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0115	HOSPIRA PLUM A+ INFUSION PUMP	13884391	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0118	HOSPIRA PLUM A+ INFUSION PUMP	13898948	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0119	HOSPIRA PLUM A+ INFUSION PUMP	13904389	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0122	HOSPIRA PLUM A+ INFUSION PUMP	17431879	06/01/2018	06/30/2018		1 MO	147.00	147.00	
HAL 0123	HOSPIRA PLUM A+ INFUSION PUMP	17444982	06/01/2018	06/30/2018		1 MO	147.00	147.00	
Sub Total								1,176.00	
MUK 0255	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW06030032SR	06/01/2018	06/30/2018		1 MO	233.70	233.70	
MUK 0485	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW8240045SR	06/01/2018	06/30/2018		1 MO	233.70	233.70	
Sub Total								467.40	

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	3828876	08/05/2018	1,947.20	0.00	\$1,947.20



Universal | Hospital | Services*

FOR CHANGE OF ADDRESS OR QUESTIONS,
PLEASE CONTACT : 901-382-7230

Remit To :

Universal Hospital Services
P.O. Box 851313
Minneapolis, MN 55485-1313

Payment and Credit Terms:

Unless an exception to these terms has been agreed upon by both parties in writing the following terms apply to Customer and UHS. Payment is due 30 days from the date of this invoice. Past due balances are subject to and additional fees of 1.5% per month (18% per annum) or the highest amount allowed by law. Customer is responsible for taxes, if any, associated with this invoice, including without limitation, sales and use taxes. On five days' notice UHS may suspend performance of Services for non-payment until a reasonable time after the non-payment is cured. There is no right of off set, and Customer will take no deductions, unless authorized to do so by UHS through issuance of a credit memorandum. Notice of any incorrect charges must be claimed in writing within 90 days of the UHS invoice to which the claim relates. Such claims made after such 90-day period are null and void.

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Universal|Hospital|Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3843298	07/01/2018	07/31/2018	1 of 1

INVOICE DATE	DUE DATE	PO NUMBER
08/06/2018	09/05/2018	

INVOICE SUMMARY	
Invoice Subtotal	1,937.40
+ Taxes	0.00
TOTAL DUE	\$1,937.40

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	GHP SQK XPM

BILL TO: 473004

PANOLA MEDICAL CENTER
ATTN: Accounts Payable
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

SHIP TO: 473004

Panola Medical Center
ATTN: Accounts Payable
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION

Billing Questions : 901-382-7230

UHS website : www.uhs.com

UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
HAL 0110	HOSPIRA PLUM A+ INFUSION PUMP	13884312	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0111	HOSPIRA PLUM A+ INFUSION PUMP	13884340	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0113	HOSPIRA PLUM A+ INFUSION PUMP	13884373	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0115	HOSPIRA PLUM A+ INFUSION PUMP	13884391	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0117	HOSPIRA PLUM A+ INFUSION PUMP	13898789	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0118	HOSPIRA PLUM A+ INFUSION PUMP	13898948	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0119	HOSPIRA PLUM A+ INFUSION PUMP	13904389	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0122	HOSPIRA PLUM A+ INFUSION PUMP	17431879	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0123	HOSPIRA PLUM A+ INFUSION PUMP	17444982	07/01/2018	07/31/2018		1 MO	147.00	147.00
HAL 0147	HOSPIRA PLUM A+ INFUSION PUMP	13884403	07/01/2018	07/31/2018		1 MO	147.00	147.00
							Sub Total	1,470.00
MUK 0255	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW06030032SR	07/01/2018	07/31/2018		1 MO	233.70	233.70
MUK 0485	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC DEPT: materials mgmt	AAW8240045SR	07/01/2018	07/31/2018		1 MO	233.70	233.70
							Sub Total	467.40

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	3843298	09/05/2018	1,937.40	0.00	\$1,937.40



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Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

RENTAL INVOICE

INVOICE NO.	START DATE	END DATE	PAGE
3849943	08/01/2018	08/31/2018	1 of 1
INVOICE DATE	DUE DATE	PO NUMBER	
09/06/2018	10/06/2018		

INVOICE SUMMARY	
Invoice Subtotal	1,549.92
+ Taxes	0.00
TOTAL DUE	\$1,549.92

TO VIEW ONLINE GO TO:	http://uhs.billtrust.com
USE THIS WEB TOKEN:	GHP SQK XPM

BILL TO: 473004

PANOLA MEDICAL CENTER
ATTN: Accounts Payable
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

SHIP TO: 473004

Panola Medical Center
ATTN: Accounts Payable
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION								
Billing Questions : 901-382-7230					UHS website : www.uhs.com			
UNIT #	VENDOR / DESCRIPTION	SERIAL NUMBER	START	STOP	PO#	USES	RATE	TOTAL
HAL 0110	HOSPIRA PLUM A+ INFUSION PUMP	13884312	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0111	HOSPIRA PLUM A+ INFUSION PUMP	13884340	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0113	HOSPIRA PLUM A+ INFUSION PUMP	13884373	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0115	HOSPIRA PLUM A+ INFUSION PUMP	13884391	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0117	HOSPIRA PLUM A+ INFUSION PUMP	13898789	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0118	HOSPIRA PLUM A+ INFUSION PUMP	13898948	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0119	HOSPIRA PLUM A+ INFUSION PUMP	13904389	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0122	HOSPIRA PLUM A+ INFUSION PUMP	17431879	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0123	HOSPIRA PLUM A+ INFUSION PUMP	17444982	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
HAL 0147	HOSPIRA PLUM A+ INFUSION PUMP	13884403	08/01/2018	08/24/2018		24 DAYS	4.90	117.60
							Sub Total	1,176.00
MUK 0255	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC	AAW06030032SR	08/01/2018	08/24/2018		24 DAYS	7.79	186.96
MUK 0485	CRITIKON DINAMAP PROCARE 420,NIBP,NELSP02,TMP,REC	AAW8240045SR	08/01/2018	08/24/2018		24 DAYS	7.79	186.96
							Sub Total	373.92

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS					
CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	3849943	10/06/2018	1,549.92	0.00	\$1,549.92



Universal Hospital Services*

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P.O. Box 851313
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Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

SALES INVOICE

SALES INVOICE NO.	PO NUMBER	PAGE
634609	00797	1 of 2
INVOICE DATE	DUE DATE	SALES ORDER NO.
08/25/2018	09/24/2018	860159

ORDER DATE	DATE SHIPPED	SHIP VIA	F.O.B.
08/24/2018	08/24/2018	UHS	DESTINATION

INVOICE SUMMARY	
Invoice Subtotal	1,545.00
+ Taxes	0.00
TOTAL DUE	\$1,545.00

BILL TO: 473004

PANOLA MEDICAL CENTER
ATTN: Accounts Payable
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

TO VIEW ONLINE GO TO: <http://uhs.billtrust.com>

USE THIS WEB TOKEN: GHP SQK XPM

SHIP TO: 473004

Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION	
Billing Questions : 901-382-7230	UHS website : www.uhs.com

QUANTITY				ITEM DETAIL			AMOUNTS		
ORD	B/O	SHIP	RET	STOCK NO.	DESCRIPTION / VENDOR	PART NUMBER	UNIT PRICE	U/M	TOTAL
					WO: INSE-B38SHY EQ: VENTILATOR		0.00		0.00
					ID: B0201; 001004 & 0043 / S.. DEPT: Respiratory Department		0.00		0.00
					Service Result Scheduled Maintenance		0.00		0.00
					Level 1 08/24/2018 (1.5 hr)		0.00		395.00
					Level 1 (travel) 08/24/2018 (1 hr)		0.00		180.00
					PM Drager Pm Kit (1)		0.00		0.00
					WO: INSE-B38SJ3 EQ: VENTILATOR		0.00		0.00

See back of invoice for Payment and Credit Terms, Return of Goods and Discount, Coupon or Rebate Information.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

PAYMENT DETAILS					
CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	634609	09/24/2018	1,545.00	0.00	\$1,545.00



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Universal [Hospital] Services*
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SALES INVOICE

SALES INVOICE NO.	PO NUMBER		PAGE
634609	00797		2 of 2
INVOICE DATE	DUE DATE	SALES ORDER NO.	
08/25/2018	09/24/2018	860159	
ORDER DATE	DATE SHIPPED	SHIP VIA	F.O.B.
08/24/2018	08/24/2018	UHS	DESTINATION

INVOICE SUMMARY	
Invoice Subtotal	1,545.00
+ Taxes	0.00
TOTAL DUE	\$1,545.00

QUANTITY				ITEM DETAIL			AMOUNTS		
ORD	B/O	SHIP	RET	STOCK NO.	DESCRIPTION / VENDOR	PART NUMBER	UNIT PRICE	U/M	TOTAL
					ID: B0202; 1350 & #2 / SN: A.. DEPT: Respiratory Department		0.00		0.00
					Service Result Scheduled Maintenance		0.00		0.00
					Level 1 08/24/2018 (1.5 hr)		0.00		395.00
					PM Drager Pm Kit (1)		0.00		0.00
					WO: INSE-B38SJ5 EQ: VENTILATOR		0.00		0.00
					ID: B0099 & 000010 / SN: ARZ.. DEPT: Respiratory Department		0.00		0.00
					Service Result Scheduled Maintenance		0.00		0.00
					Level 1 08/24/2018 (1.5 hr)		0.00		395.00
					Level 1 (travel) 08/24/2018 (1 hr)		0.00		180.00
					PM Drager Pm Kit (1)		0.00		0.00
								Sub-Total	1,545.00

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Universal Hospital Services*
6625 West 78th Street, Suite #300
Minneapolis, MN 55439

SALES INVOICE

SALES INVOICE NO.	PO NUMBER		PAGE
562577	701-6667258		1 of 2
INVOICE DATE	DUE DATE	SALES ORDER NO.	
02/24/2018	03/26/2018	746488	
ORDER DATE	DATE SHIPPED	SHIP VIA	F.O.B.
02/23/2018	02/23/2018	UHS	DESTINATION

INVOICE SUMMARY

Invoice Subtotal	1,725.00
+ Taxes	0.00
TOTAL DUE	\$1,725.00

BILL TO: 473004

PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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USE THIS WEB TOKEN: LKX PDS FKD

SHIP TO: 473004

Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

UHS CONTACT INFORMATION

Billing Questions : 901-382-7230

UHS website : www.uhs.com

QUANTITY				ITEM DETAIL			AMOUNTS		
ORD	B/O	SHIP	RET	STOCK NO.	DESCRIPTION / VENDOR	PART NUMBER	UNIT PRICE	U/M	TOTAL
					WO: INSE-AVKA5 EQ: VENTILATOR		0.00		0.00
					ID: B0201; 001004 & 0043 / S.. DEPT: Respiratory Department		0.00		0.00
					Service Result Scheduled Maintenance		0.00		0.00
					Level 1 02/22/2018 (1.5 hr)		0.00		395.00
					Level 1 (travel) 02/22/2018 (1.5 hr)		0.00		270.00
					PM Drager Pm Kit (1)		0.00		0.00
					WO: INSE-AVKKBF EQ: VENTILATOR		0.00		0.00

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PAYMENT DETAILS

CUSTOMER NO.	INVOICE NO.	DUE DATE	INVOICE SUBTOTAL	+ Taxes	TOTAL DUE
473004	562577	03/26/2018	1,725.00	0.00	\$1,725.00



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SALES INVOICE

SALES INVOICE NO.	PO NUMBER		PAGE
562577	701-6667258		2 of 2
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02/24/2018	03/26/2018	746488	
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02/23/2018	02/23/2018	UHS	DESTINATION

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+ Taxes	0.00
TOTAL DUE	\$1,725.00

QUANTITY				ITEM DETAIL			AMOUNTS		
ORD	B/O	SHIP	RET	STOCK NO.	DESCRIPTION / VENDOR	PART NUMBER	UNIT PRICE	U/M	TOTAL
					ID: B0099 & 000010 / SN: ARZ.. DEPT: Respiratory Department		0.00		0.00
					Service Result Scheduled Maintenance		0.00		0.00
					Level 1 02/01/2018 (1.5 hr)		0.00		395.00
					Level 1 (travel) 02/01/2018 (1.5 hr)		0.00		270.00
					PM Drager Pm Kit (1)		0.00		0.00
					WO: INSE-AVKKAT EQ: VENTILATOR		0.00		0.00
					ID: B0202; 1350 & #2 / SN: A.. DEPT: Respiratory Department		0.00		0.00
					Service Result Scheduled Maintenance		0.00		0.00
					Level 1 02/22/2018 (1.5 hr)		0.00		395.00
					PM Drager Pm Kit (1)		0.00		0.00
								Sub-Total	1,725.00

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MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6744589)

Claim No: 47

Status:

18-0

Original Filed

Filed by: CR

C O SRS

Date: 09/21/2018

Entered by: Intake3

6607 18TH AVE S

Original Entered

Modified:

RICHFIELD MN 55423

Date: 09/21/2018

Amount claimed: \$22152.00

History:

[Details](#) [47-1](#) 09/21/2018 Claim #47 filed by 18-0, Amount claimed: \$22152.00 (Intake3)

Description: (47-1) GOODS AND SERVICES SOLD

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$22152.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		