Fill in this information to identify the case:						
Debtor 1 Curae Health Inc.						
Debtor 2						
(Spouse, if filing)						
United States Bankruptcy Court M	IDDLE DISTRICT OF TENNESSEE					
Case number: 18-05665						

**FILED** 

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

9/21/2018

**MATTHEW T. LOUGHNEY, Clerk** 

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Clair	n							
1.Who is the current creditor?	Instrumentation Laboratory							
	Name of the current creditor (the person or entity to be paid for this claim)							
	Other names the creditor used with the debtor							
2.Has this claim been acquired from someone else?	✓ No ✓ Yes. From whom?							
3.Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)						
creditor be sent? Federal Rule of	Instrumentation Laboratory							
	Name	Name						
Bankruptcy Procedure (FRBP) 2002(g)	180 Hartwell Rd Bedford, MA 01730							
	Contact phone	Contact phone						
	Contact email dgarcia2@ilww.com	Contact email						
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):							
4.Does this claim amend one already filed?	No     Yes. Claim number on court claims registry (if known	Filed on						
		MM / DD / YYYY						
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?							

Official Form 410 Proof of Claim page 1

5.Do you have any number you use to identify the debtor?	<b>☑</b>	No Yes. Last 4 digits of the debtor's a	ccount or any number you use	to identify the debtor:	7097
7.How much is the claim?	\$		Does this amount includ ☑ No	e interest or other ch	arges?
		[	Yes. Attach statement other charges required	itemizing interest, fees by Bankruptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	imples: Goods sold, money lo th, or credit card. Attach reda ikruptcy Rule 3001(c). it disclosing information that i	cted copies of any docum	ents supporting the cla	aim required by
		Medical supplies			
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property:  ☐ Real estate. If the clair	a lien on property.  m is secured by the debto  Claim Attachment (Official	r's principal residence, Form 410–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		Attach redacted copies of d interest (for example, a mor document that shows the lie	tgage, lien, certificate of t	itle, financing statemer	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that i secured:	\$		
		Amount of the claim that unsecured:	\$ <u></u>	unsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to curdate of the petition:	e any default as of the	\$	
		Annual Interest Rate (whe	n case was filed)	%	
		☐ Fixed ☐ Variable			
0.Is this claim based on a lease?		No Yes. <b>Amount necessary to</b>	o cure any default as of	the date of the petitio	on.\$
11.Is this claim subject to a right of setoff?	<b>Y</b>	No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<b>Y</b>	No Yes. Check all ti	hat apply:		Amount entitled to priority
A claim may be partly priority and partly		Domestic suppunder 11 U.S.	port obligat C. § 507(a	tions (including alimony and child support) (1)(A) or (a)(1)(B).	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.		☐ Up to \$2,850* property or ser U.S.C. § 507(a	rvices for p	s toward purchase, lease, or rental of personal, family, or household use. 11	<u>\$</u>
common to priority.		☐ Wages, salarie	es, or comi	missions (up to \$12,850*) earned within kruptcy petition is filed or the debtor's er is earlier. 11 U.S.C. § 507(a)(4).	\$
				to governmental units. 11 U.S.C. §	\$
		☐ Contributions t	to an empl	oyee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☐ Other. Specify	subsectio	n of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject of adjustment.	ct to adjustme	ent on 4/01/19 and every 3 years after that for case	es begun on or after the date
Part 3: Sign Below					
The person completing this proof of claim must sign and date it. FRBP 9011(b).  If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.  A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157 and 3571.	I und the a	I am the trustee, of I am a guarantor, derstand that an author imount of the claim, the e examined the inform correct.	s attorney or the debt or the debt surety, en rized signature creditor gar nation in this		e 3005. ment that when calculating and the debt.
	Ū		person who	o is completing and signing this claim:	
	Nar	ne		Diana Garcia	
	Title	)		First name Middle name Last name Credit & Collections Specialist	
	Cor	npany		Instrumentation Laboratory	
	Ado	Iress		Identify the corporate servicer as the company if the servicer 180 Hartwell Rd	he authorized agent is a
				Number Street Bedford, MA 01730	
	Cor	ntact phone 78	318614148	City State ZIP Code  Email dgarcia2@ilww	.com

Official Form 410 Proof of Claim page 3

	USD	7,038-39					Account 227097	** Acc
	USD	7,038.39						*
COLZZ OF ZERGE MONTH CHANNEL FOREST	999	4-6-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-	G	PEOP IN LINE		100100100	A T T T T T T T T T T T T T T T T T T T	
	000	2 0 00	8 (	00/10/10000	, ,	200000000000000000000000000000000000000	111111111111111111111111111111111111111	1
		- P.C. 8340				D. WARRANGE CO.	OLD DESCRIPTION OF THE PROPERTY OF THE PROPERT	•
9/16/18 filed for Chetr 11 on 8/31/18	usp	773.87	C)	8105/01/80	55	1400062171	9110569610	•
0009068344 01874	USD	587.01	W.	08/15/2018		9110559013 DI	9110559013	
0009038070 / 01694	USD	273,00	<b>(6)</b>	08/02/2018	:	9110553479 DI	9110553479	
0609032806 / 01647	USD	587.01	<b>E</b>	07/31/2018	2112	9110552121 DI	9110552121	
0008905779 / 906	USD	980.75	14	07/24/2018		9110549432 DI	9110549432	
0008976883: ///013555	USD	587.01	W	07/02/2018		9110540096 DI	9110540096	
0008965792 / 01288	USD		W	06/26/2018		9110538086 DI	9110538086	•
0008905779. / 906	USD	690.32	18	06/25/2018		9110537340 DI	9110537340	
0008905779 / 906	USD	357.13	W	06/22/2018	:	9110536813 DI	9110536813	•
0008924814 / 01051	USD	587.01	W	06/06/2018	*1*1	9110529899 DI	9110529899	
0008905779 / 906	USD	167.93	W	06/06/2018	:	9110529898 DI	9110529898	•
0008905779 / 906	USD	1,018.36	•	05/29/2018		9110525417 DI	9110525417	
0008903331 / 00943	USD	60.00	•	05/29/2018		9110525416 DI	9110525416	₽
0008896630 / 00901	USD	569.91	<u> </u>	05/23/2018		9110524263 DI	9110524263	
0008866442 / 00738 08/22 EM to Cindy	USD	569.91	W	05/09/2018	:	9110518826 DI	9110518826	
0050462000 / Gase 0000111396/1 7/31 CK 33907	USD	1 11111 60 0 v 24.5	E	03/03/2018	Be	99520023680	9110498200	-
0060447867 / 754-6427312	USD	16,45~		09/18/2017	DI	9610016512	9110405479	
Ame in loc.cur. Leure Cirng doc. Wext	POULL CT	AME IN LOC. CHE.	187 189 190	pocumentino ryp poc pace s sp	₫K.ī.	DOCUMENTINO	ye assignment	iv.

Customer Company Code

Name City

GILMORE MEMORIAL HOSPITAL AMORY

765.9

### Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Case 3:18-bk-0566 Claim 49-1 Part 2 Filed 09/21/18 Case 3:18-bk-0566 Claim 49-1 Part 2 Filed 09/21/18 Case 3:18-bk-0566 Claim 49-1 Part 2 Fi

yespenoo galiaW A

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Original Document:

Invoice Number Billing Date

NIT

Pittaburgn PA 15251-4934

Terms Payable within 30 days due net

9110405479

461130836

09/18/2017 **9610016512** 

Ship To: 338907 GILMORE MEMORIAL HOSPITAL PO# 754-6427312 AMORY MS 38821 AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD MAORY MS 38821

54.81	<b>N2D</b>	lato	oT əoiovnl				
S4.81		:letotdu&					
16.45		Subtotal:					
24.81 ————————————————————————————————————	16.45	00.1	NN	SEDIT	TAX CF	000WISCINA	2001
noisnetx∃	Unit Price	Quantity		noitqina	Desc	Material No.	ltem
					79874409	y Number	Deliver
	oT bis9 egsins0	Inco CPT C	754-6427312	P.O. No.	Z98Z7709	ova rabic	Sales (

REMIT TO: Case 3:18-bk-05665

Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment Face 3 of 36

A Werfen Company

Pittsburgh PA 15251-4934 P O Box 347934 Werten USA LLC

461130638 Invoice Number Billing Date 8102/60/90 9110518826

Terms Payable within 30 days due net

227097 1288E 2M YROMA 1105 EARL FRYE BLVD 86700 O9 D/B/A GILMORE MEMORIAL HOSPITAL AMORY REGIONAL MEDICAL CENTER LLC Ship To: 8500236900

FS88E SM YROMA 1105 EARL FRYE BOULEVARD GILMORE MEMORIAL HOSPITAL

16.692	asn	lsto	T əsiovnl					
16.693		:lstotdu2						
16.693		:lstotdu2						
			810	2/18/01	812435-013	TOT/SEF		
16.693	16.692	00.1	NO	M 4WK PAK	.6 BG/HCT 075 TEST 1Q	GEW 3/3	00056407584	1002
noisnetx∃	Price	Quantity			noitqi	Desci	Material No.	ltem
					22323	00000004311334	g Number (	Trackin
						96867813	y Number	Deliven
	arriage Paid To	D T97 cont		88700	P.O. No.	8896442	order No.	Sales C

# GILMORE MEMORIAL HOSPITAL

BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	ıt DAYS K	Extended Price 569.91	569.91 .00 569.91
BILL TO: GILMORE MEMORIAL HO PO BOX 459 1105 EARL FRYE BLVD AMORY, MS PHN: (662)256-6226 FAX: (662)256-1693	e Terms/Freight 30 NET 30 DAYS BW BEST WAY	Unit To Price 569.91	SUBTOTAL: TAX: TOTAL AMOUNT:
OSPITAL D 38821	Expected Delivery Date Terms/Freight 30 NET 30 DA BW BEST WAY	Dept/ Expense 754 754	TO
<b>SHIP TO:</b> GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS  S821 PHN: (662)256-6218 FAX: (662)256-6149	Order Date Expec 5/08/18	Description/ Catalog# / Mfg ID-Number CARTR GEM 3500 BG/HCT 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION	
SI GI 11 AM AM 15251-0000 MS PH	<i>&gt;</i> -	der it	
9525 35	No. Ordered By GMHMWRIGH	Order Or Qty Un 1 EA	П
VENDOR: WERFEN USA LLC PO BOX 347934 PITTSBURGH, PA PHN: (800)955- FAX: 178186161 LD: 210032	Vendor No. W010	Line No./ Item Number 001 467016	

REMIT TO: Case 3:18-bk-05665

Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1918 age 51 of 36 3000001

A Werfen Company

Pittsburgh PA 15251-4934 P O Box 347934 Werten USA LLC

Terms Payable within 30 days due net 461130636 Billing Date 9110524263 9110524263 Invoice Number

GILMORE MEMORIAL HOSPITAL 227097 FS885 2M YAOMA 1105 EARL FRYE BLVD PO# 00901 D/B/A GILMORE MEMORIAL HOSPITAL AMORY REGIONAL MEDICAL CENTER LLC :oT qidS 8200236900

1288E 3M YAOMA

1105 EARL FRYE BOULEVARD

16.692		tal	Invoice To					
16.693		:lstotdu2					11.00	
16.698		Subtotal:						
			810	71/1/20	820-353518 # JAI	H38/T0J		
16.693	16'699	1.00	NU	N 4WK PAK	.6 BG/HCT 075 TEST IQ	GEM 3/3	00026407584	1002
noisnatx∃	Unit Price	Quantity			noitqi	Descu	Material No.	ltem
					<b>76609</b>	0000004311334	д Иитрег 00	Trackin
						1918989	y Number 5	Deliver
	oT bis9 egains0	Inco CPT C		10600	P.O. No.	009968	Srder No. 8	Sales C

## GILMORE MEMORIAL HOSPITAL

Purchase Order Number:

٠.	
1	
j	<b>b</b>
	<b>P</b>
]	
	-
•	
1	$\overline{}$
1	$\mathbf{U}$
)	
ı	70
	_
4	
)	

WERFEN USA LLC PO BOX 347934

PHN: PITTSBURGH, PA

ID: FAX: 17818616135 (800) 955-9525 210032

15251-0000

AMORY

FAX: PHN: (662) 256-6218 (662) 256-6149

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY, MS

PHN: (662)256-6226 FAX: (662)256-1693

GILMORE MEMORIAL HOSPITAL PO BOX 459

1105 EARL FRYE BLVD

BILLTO:

00901

001

467016

Line

W010

Vendor No.

Ordered By **GMHDCAMPB** 

Order Date 5/22/18

Expected Delivery Date Terms/Freight

5/22/18

ВW 30

NET 30 DAYS BEST WAY

Item Number No./

Qty Order

Unit  $\mathbb{E}\mathbb{A}$ 

Order

Description/

REQUEST FROM DEPT LOCATION 754

00026407584 00026407584

Catalog# / Mfg ID-Number

Expense To Dept/

569.91

Unit Price

754425

CARTR GEM 3500 BG/HCT 75

SUBTOTAL:

TOTAL AMOUNT:

.00

569.91 569.91

Case 3:18-bk-05665

Filed 09/21/18 of 36 Claim 49-1 Part 2

569.91

Price Extended

Desc Attachment 1

Page 6

умецел Сотграну

Pittsburgh PA 15251-4934 P O Box 347934 Werten USA LLC

Terms Payable within 30 days due net 986081197 Invoice Number Billing Date 8102/62/90 9110525416

227097 **1288E 2M YAOMA** 1105 EARL FRYE BOULEVARD PO 00943 GILMORE MEMORIAL HOSPITAL 506888 :oT qid2

FS88E SM YROMA 1105 EARL FRYE BOULEVARD GILMORE MEMORIAL HOSPITAL

00.09	asn	lst	oT əɔiovnl				
00.09		:lstotdu2					
00.09		:lstotdu2					
			02/28/2019	1195721N # JA	LOT/SERI		
00.09	00.09	00.1	N∩	Iti Level 3 x 10 x 1.7 mL.	Multi-4 Mu	00003316200	1001
Extension	Price	Quantity		noitq	Descri	Material No.	mətl
					Z6778619	y Number 5	(JevileC
	оТ bis9 евіпв	Inco CPT C	000	P.O. No.	8903331	леег Ио.	Sales C

## GILMORE MEMORIAL HOSPITAL

Purchase Order Number: 00943

NUOR	
••	

WERFEN USA LLC PO BOX 347934

ID: FAX: 17818616135 PHN: PITTSBURGH, PA (800) 955-9525 210032

15251-0000

AMORY

1105 EARL FRYE BLVD

GILMORE MEMORIAL HOSPITAL

SHIP

FAX: PHN: (662) 256-6218 (662) 256-6149

PHN: AMORY, MS

1105 EARL FRYE BLVD

PO BOX 459

GILMORE MEMORIAL HOSPITAL

BILL

TO:

(662) 256-6226

FAX: (662)256-1693

SUBTOTAL:

TOTAL AMOUNT:

TAX:

754425

001

311620

ب

Line

W010

GMHMWR IGH Ordered By

Order Date 5/25/18

Expected Delivery Date Terms/Freight

5/25/18

В₩ 30

NET 30 DAYS BEST WAY

Vendor No.

Item Number No./

Qty Order

Unit PΚ

CONTROL MULTI-4 CO-OXIMETER Catalog# / Mfg ID-Number

00003316200 00003316200

REQUEST FROM DEPT LOCATION 754

Order

Description/

Expense To

Dept/

Unit

Price 60.00

Price Extended

60.00

Desc Attachment 1

Page 8

60.00

.00

60.00

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934 Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC D'B/A GILMORE MEMORIAL HOSPITAL TOMMY GANN TOMMY GANN
A105 EARL FRYE BLVD AMORY MS 38821-5500

1288E SM YROMA

:oT IIi8

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD

227097

Invoice Number 9110525417 Billing Date 05/29/2018 TIN 461130936 Terms Payable within 30 days due net

02.77	09.86	2.00	NO		sIL Calibration plasma	Hemo	00020003700	11005
				02/29/2020	SERIAL # N0285728	S/IO7		
99'69	87.62	2.00	NU		gS-TT9A Jis	Hemo	00020006300	11004
				0202/12050	SERIAL # N0570092	S/LO1		
113.92	84.82	00.4	NΠ		sIL PT-Fibrinogen	Hemo	01495460000	11003
noisnətx∃	Unit Price	Quantity			scription	De	Material No.	ltem
:						51935144	y Number	Deliver
88.881		:letotdu2						
\$ <del></del>				12/31/8688	FRIAL # LSF1711	S/101		
170.28	82.071	00.1	NΠ		PRS 20 POS., 100/PK, ACL	отоя	00000890000	11002
				10/31/2020	EERIAL # N0485805	LOT/S		
02.6	02.6	00.1	NΠ		sIL Factor Diluent	Hemo	00978760000	2008
				6102/16/80	FRIAL # N0870411	S/IOI		
02.6	9.20	00.f	NΩ		slL Sample diluent	Hemo	00895760000	2007
noianetx∃	Unit Price	Quantity			ecription	Des	Material No.	mətl
						51935143	y Number	Deliver
:======	oT bis9 egsins	D T9O conl		906	P.O. No.	6778068	Order No.	Sales C

LOT/SERIAL # N0487381

LOT/SERIAL # N0386790

LOT/SERIAL # N0386408

LOT/SERIAL # N1072754

00020004200

11007 | 00020005800

11006 00020005600

80011

HemosIL Low Fibrinogen Control

Remost Routine Control Level 3

HemoslL Routine Control Level 1

04/30/2020

03/31/2020

1202/15/20

10/31/2020

NΠ

NΠ

NΠ

2.00

14.00

14.00

38.60

09.71

15.54

77.20

246.40

217.56

### :01 LIM38 Case 3:18-bk-05665 Claim 49-1 Part 2

Billing Date

Invoice Mumber

Filed 09/21/18 Desc Attachment Hole 100 Page 100

ynsqmoD netiew A

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

4584-16261 AY ngjudajiy

461130936

8102/62/90

9110525417

Terms Payable within 30 days due net

Ship To: 56243

AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
D/B/A GILMORE BLVD
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

3E.810,1	asu.	tal	oT eoioval			
86.810,1 ———————————————————————————————————		:Subtotal:				
48.78		:Subtotal:				
			02/29/2020	LOT/SERIAL # N0284510		
<b>₽</b> 8.7£	26.81	2.00	NO	HemosIL Cleaning Solution (Clean A)	00718860000	01011
Extension	Price	Quantity	1.	Description	Material No.	ltem
				94	Number 519351	VievijeO
48.197		:Istotdu&				

### REMIT TO: Case 3:18-bk-05665 Claim 49-1 Part 2

Billing Date

A Werfen Company

Pittsburgh PA 15251-4934 P O Box 347934 Werten USA LLC

**9110529898** Invoice Number

986081197

Terms Payable within 30 days due net

227097 :oT Ili8 0052-1288E 2M YAOMA 1105 EARL FRYE BLVD TOMMY GAUN 906 #Od D/B/A GILMORE MEMORIAL HOSPITAL AMORY REGIONAL MEDICAL CENTER, LLC 26243 :oT qid2

FS88E SM YAOMA 1105 EARL FRYE BOULEVARD GILMORE MEMORIAL HOSPITAL

£6.731	asn	lsi	oT epiovnl				
£6.781		:Subtotal:					
£6.7ar		:lstotdu2					
			02/34/2020	4078830N # JAIR	BS/TOJ		
£6.781	68.62	00.7	NU	A-dash-R	Hemosli	00020002400	2009
Extension	eping JinU	Quantity		noitqin	Desc	Material No.	ltem
					21962883	y Number	Deliver
	arriage Paid To	Inco CPT C	906	P.O. No.	6229068	order No.	Sales C

### **Case 3:18-bk-05665** Claim 49-1 Part 2

Filed 09/21/18 Desc Attachment 401E100E2 of 36

ynaqmoD natraW A

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Invoice Number Billing Date TIN

Pittsburgh A9 15251-4934

Terms Payable within 30 days due net

**461130936** 06/22/2018

9110536813

Ship To: 56243

AMORY REGIONAL MEDICAL CENTER, LLC D'B/A GILMORE MEMORIAL HOSPITAL TOMMY GANN 1105 EARL FRYE BLVD AMORY MS 38821-5500

Bill To: 227097

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

£1.72£	asn	lsi	oT eoiov	\u <sub> </sub>				
357.13		:lstotdu&						
26.81		Subtotal:						
				02/31/2020	1278830N # JAI9	LOT/SE		
26.81	26.81	00.1	NN		(A nsəlO) noitulog gninsəlO.	Hemoslf	00715860000	11002
Extension	9oing Price	Quantity			noitqi	Desc	Material No.	ıtem
						25010269	\ Number	Delivery
12.855		:lstotdu2						
				12/31/9999	SIAL # LSF1712	LOT/SE		
82.071	82.071	00.1	NU		S 20 POS., 100/PK, ACL	яотоя	00000890000	11003
				02/31/2020	4078860N # JAIS	IBS/TOJ		
£6.781	23.99	00.T	NU		Я-dasW .	Hemosl	00020002400	6003
Extension	Price	Quantity			noitqi	Desc	Material No.	ltem
						292010267	/ Number	Qeliver
	arriage Paid To	Inco CPT C		90	P.O. No. 9	6249068	order No.	0.00100

### :01 LIM38 Case 3:18-bk-05665 Claim 49-1 Part 2

Billing Date

Invoice Number

Filed 09/21/18 Desc Attachment Page 13 of 36 Tolono Desc Attachment Page 13

yneqmoD natiaW A

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Pittsburgh A9 15251-4934

Terms Payable within 30 days due net

461130936

06/25/2018

9110537340

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC D/B/A GILMORE MEMORIAL HOSPITAL PO# 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

ZE.069	asn	<b>:9</b> 1	voice Tot	ul				
ZE.068		:lstotdu2						
28.069		:listotdu&						
				04/30/2020	1857840N # JAI	LOT/SER		
02.77	09.86	2.00	NO		Low Fibrinogen Control	HemoslL	00020004200	10002
				03/31/2020	0678860N # JAI	LOT/SER		
228.80	09.71	00.81	NU		Routine Control Level 3	HemoslL	00020002000	2005
				03/31/2021	8049860N # JAI	LOT/SER		
202.02	15.54	00.81	NU		Routine Control Level 1	Нетозі	00990002000	4005
				10/31/2020	4872701N # JAI	LOT/SER		
09.86	09.86	00.1	NU		Calibration plasma	HemoslL	00020003700	3002
				02/29/2020	1AL # N0285728	LOT/SER		
87.62	87.62	00.1	NO		92-TT9A	HemoslL	00020000300	2002
				02031/5050	1AL # N0570092	LOT/SER		
113.92	28.48	00.4	NΩ		PT-Fibrinogen	HemoslL	01/299/60000	1001
Extension	Unit Price	Quantity	*		noitqi	Descr	Material No.	mətl
						9201029	/ Number	Qeliver
	oT bisd epsina	Inco CPT C		906	P.O. No.	6773068	order No.	Sales C

### **Case 3:18-bk-05665** Claim 49-1 Part 2

Filed 09/21/18 Desc Attachment 1018 10087 of 36

A Werfen Company

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Terms Payable within 30 days due net

461130936

07/24/2018

9110549432

Invoice Number Billing Date Ship To: 56243

AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
D/B/A 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
BIII To: 227097

BIII To: 227097 GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

						22102099	Number Number	nəviləC
54.42		Subtotal:						
				04/30/2020	N0487381	LOT/SERI		
09.88	09.88	00.1	NΩ		lontrogen Control	HemoslL L	00020004200	600 L
				03/31/2020	0649850N # TV	LOT/SERIA		
228.80	09.71	13.00	ΝΩ		outine Control Level 3	HemoslL R	00020002800	8001
				03/31/2021	8049850N # JA	LOT/SERIA		
20.202	49.81	13.00	ΝΩ		↑ ləvə Lontro Deviluo	HemosIL R	00020002000	2001
				02/29/2020	8272820N # JA	LOT/SERI		
99.69	87.62	2.00	NΩ		q2-TTq	A JisoməH	00020002000	9001
				02/31/2020	Z600Z90N # TV	LOT/SERI		
<del>1</del> 4.28	28.48	00.8	NU		T-Fibrinogen	HemosIL P	01499460000	11005
Extension	Unit Price	Quantity	4		noið	Descrip	Material No.	tem
						52102098	y Number	nəviləC
14.748		:lstotdu&						
				12/31/8669	/C # LSF1801	LOT/SERI/		
82.071	82.071	00.1	NU		0 POS., 100/PK, ACL	з вяотоя	00000890000	100t
				11/30/2020	8E+Z890N # TY	LOT/SERIA		
02.6	02.6	00.1	NU		actor Diluent	HemosIL F	00925760000	8008
				02/34/5050	₽₽₽Z890N # ¬\	LOT/SERI		
£6.781	66.52	00.T	NΩ		A-dash-R	M Alemosil W	00020002400	<del>1</del> 009
noisnetx∃	Unit Price	Quantity	All I		noit	Descrip	Material No.	məj
S						25102097	V Number	(nevilec
	oT bis9 epsins	Inco CPT Ca		906	P.O. No.	6449068	order No.	า รอเยง

### 

Filed 09/21/18 Desc Attachment 401810083

упецто потгом А

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Invoice Number 9110549432 Billing Date 07/24/2018 TIN 461130936

Terms Payable within 30 days due net

Ship To: 56243

AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
TOMMY GANN
T105 EARL FRYE BLYD
AMORY MS 38821-5500
Bill To: 227097

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

27.086	asn	l'	stoT esiovnl			
G7.086	CP-11-	:lstotdu2		<del></del>		
Z6.81		:lstotdu2				
26.81	26.81	00.1	0202/0E/90	HemosIL Cleaning Solution (Clean A)	0071£860000	11011
noisnetx∃	Unit Price	Quantity		Description	Material No.	məj

	St	PT-FIBRINOGEN KIT	ØTTSTT	0TZ9SZ6	++ IL COAG/Werfen bx 28.48
+-	+	+	+	+	bkg
	1	I		I	Yry Unit Price/  
	Ordered	Description	#WWd	Vendor Number	Vendor
+~	+		+	+	
	1			I	NNAÐ
1	Total Qty		26243	Customer Number	ОКDЕКЕD ВУ Т.
			-	+	
			9	906	FO NUMBER >>>
				+	
		Buicing m	please confir	, nabno gnibnsta	bjesze zee pejom
			Wd 17	mos.wwli@sn Ll9	From: Tommy Gann Sent: Wednesday, To: coustomerorde Cc: Deborah Campb Subject: Coag Sta
				STANDING ORDER	Subject: 906 COAG
					Copy:
				.ESKER@ilww.com	- ORDERS,US
					:01
			85:07 -	de mayo de 2018	Date: jueves, 24
		pgəəz	ett4_44axn_be	ЭН тоэ.мы.сот Ме]@i]ми.сош	Erom: - Jgam

### Case 3:18-bk-05665 Claim 49-1 Part 2 Filed 09/21/18 Desc Attachment 1 Page 17 of 36

75	ACL ROTORS (100/pk)	TS0 <del>7</del> 6	0000089	IL COAG√Werfen pk 170.28
<b>0</b> Z	Fibrinogen Low Control	£ <del>1</del> 886	90249992	IL COAG/Werfen 00.82 xd
91	CLEANING AGENT A	976701	00ZTE86	IL COAG/Werfen bx 18.92
9	FACTOR DIL 1X100mL repl	ZTZSTT	009८5८6	IL COAG/Werfen ea 9.20
	Td2.1			
7	SAMPLE DIL, 1X100mL	£1096	00895/6	IL COAG/Werfen 6a 9.20
08	ACL REF, EMULSION SOL.	9/2612	20002 <del>4</del> 00	IL COAG/Werfen bx 23.99
09T	ACESS HIGH ABN CONTROL	058557	00850007	IL COAG/Werfen bx 17.60
09T	ACESS NORM, CONTROL	522846	70002600	IL COAG/Werfen bx 15.54
8	ACESS CAL PLASMA	590 <del>1</del> 97	00750002	IL COAG/Werfen bx 38.80
81	D£993d APTT-SP IL TEST	.164485 164485 164485	70006300 He	IL COAG/Werfen 87.62 xd

#.lno>

Page 2

E agaq

Tommy R. Gann BSMT(ASCP) Clinical Laboratory Director Gilmore Memorial Hospital Curae Health Amory Ms 38821
Offlce # 662-256-6013

987-729-9073

IS88E 2M . YnomA

Blvd

1105 earl Frye

month shipments please

Ship in 12 separate

12 month standing order

Gilmore Memorial

Head\_rxef4\_F4192ee3d

### Head\_rxef4\_F4192ee3d

God will make us good because He loves us. C S Lewis The Christian does not think God will love us because we are good, but that

for the return or destruction of these documents. this information in error, please notify the sender immediately and arrange contents of these documents is strictly prohibited. If you have received disclosure, copying, distribution, or action taken in reliance on the are not the intended recipient, you are hereby notified that any destroy the information after its stated need has been fulfilled. If you party unless required to do so by law or regulation and is required to information is prohibited from disclosing this information to any other individual or entity named above. The authorized recipient of this other information. This information is intended only for the use of the transmission may contain confidential and/or legally privileged health or CURAE HEALTH CONFIDENTIALITY STATEMENT: The documents accompanying this

4 age4

REMIT TO: Case 3:18-bk-05665 Claim 49-1 Part 2

Filed 99/21/18 Desc Attachment Ajote loge of 36

упьqmo2 пэтэW A

FS88E ZM YAOMA

1105 EARL FRYE BOULEVARD

P O Box 347934 Werten USA LLC

Terms Payable within 30 days due net

986081197 9110529899 9110529899

Pittsburgh PA 15251-4934

Invoice Number

Billing Date

GILMORE MEMORIAL HOSPITAL 227097 **1288E SM YAOMA** 1105 EARL FRYE BLVD PO 01051 D/8/A GILMORE MEMORIAL HOSPITAL AMORY REGIONAL MEDICAL CENTER LLC Ship To: 8500236900

10.788	asn 	al	voice Tot	uĮ					
10.788		:lstotdu&							
10.783		:lstotdu2							
				12/01/2018	815535-027	LOT/SERIAL #			
10.788	10.788	00.r	NU	WK PAK	HCT 076 TEST IQM 4	GEM 3/3.5 BG		18970192000	1002
noisnetx∃	Unit Price	Quantity			ι	Description		Material No.	mətl
						0481138471340	0000000	g Number	Trackin
						7.5	. <del>1</del> 89619	y Number	Deliven
	oT bis9 egaina	Inco CPT C		19010	.oN .C	ı.q 4	184268	order No.	Sales C

	30		001 467016	Line No./	W010	V WERFEN USA LLC E PO BOX 347934 N PO BOX 347934 D PITTSBURGH, PA O PHN: (800)955-9525 R FAX: 17818616135 ID: 210032	GILMORE M
		<u>—</u>	<u> </u>	Order Off	НМЭ	EN USA LLC OX 347934  SBURGH, PA (800)955-9525 17818616135 210032	MEMORIA.
	7		EА	Order Unit	GMHMWRIGH		Ĺ,
1	300		CARTR GEM 3500 BG/HCT 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION	Catalog# /, Mfg.ID-Number	5/18	S GILMORE MEMORIAL H H 1105 EARL FRYE BLV I AMORY 15251-0000 P MS T PHN: (662)256-6218 O FAX: (662)256-6149	HOSPITAL
2			754	H		D 388:	
		TOTAL.	754 754425	Dept.	5/18	D T T T T T T T T T T T T T T T T T T T	<u> </u>
\		SUBTOTAL: TAX:	587.01	Uningrice		GILMORE PO BOX 4 1105 EAH AMORY, P PHN: (66 FAX: (66	Order (
	, , ,	587.01 .00 587.01	587.01		NET 30 DAYS	MORIAL H FRYE BLVI 256-6226 256-1693	01051

### REMIT TO: Case 3:18-bk-05665 Claim 49-1 Part 2

Filed 09/21/18 Desc Attachment Page 37 Con of 36 HOVE Des

Werfen Company

P O Box 347934 Werten USA LLC

Invoice Number Billing Date

Pittsburgh PA 15251-4934

Terms Payable within 30 days due net

461130936

06/26/2018

9808630119

227097 **1288E 2M YAOMA** 1105 EARL FRYE BLVD PO #01288 D/B/A GILMORE MEMORIAL HOSPITAL AMORY REGIONAL MEDICAL CENTER LLC :oT qid2 8200236900

**AMORY MS 38821** 1105 EARL FRYE BOULEVARD GILMORE MEMORIAL HOSPITAL

ro.788	asu	lsto	oT əpiovrl						
10.788		Subtotal:							
10.788		:lstotdu2							
			81	12/16/20	860-360718	RERIAL # 1	101		
10.783	10.788	00.1	NN	M 4WK PAK	1CT 075 TEST IQI	N 3/3'2 BC/H	GEN	4837049 <u>2000</u>	1002
noisnetx∃	Unit Price	Quantity				escription	a	Material No.	ltem
						014997684	844000000000	д Иитрег (	Trackin
							52022116	у Митрег	Deliver
	OT bis9 egains0	Inco CPT		01288	.oN .	D.9	Z6Z9968	Order No.	Sales C

## GILMORE MEMORIAL HOSPITAL

Purchase
Order
Number:

VERFEN USA	VENDOR
0.1.1	••

PO BOX 347934

PITTSBURGH, PA

PHN: (800)955-9525 FAX: 17818616135 ID: 210032

15251-0000

SM

PHN: FAX: (662) 256-6218 (662) 256-6149 AMORY

1105 EARL FRYE BLVD

GILMORE MEMORIAL HOSPITAL

PHN:

(662) 256 - 6226

FAX: (662)256-1693

AMORY, MS 1105 EARL FRYE BLVD

01288

GILMORE MEMORIAL HOSPITAL

BILL

TO:

PO BOX 459

001

467016

ΕA Unit Order

CARTR GEM 3500 BG/HCT 75 Catalog# / Mfg ID-Number

Description/

00026407584 00026407584

REQUEST FROM DEPT LOCATION 754

Item Number

Qty Order

Line

No./

W010

Vendor No.

Ordered By **GMHMWRIGH** 

Order Date 6/25/18

Expected Delivery Date Terms/Freight

6/25/18

ВW 30

NET 30 DAYS BEST WAY

SUBTOTAL:

TOTAL AMOUNT:

TAX:

587.01

.00

Filed 09/21/18 of 36

Price Extended

587.01

Expense To Dept/

587.01 Price Unit

754425 754

Desc Attachment 1

Page 23

**Case 3:18-bk-05665** Claim 49-1 Part 2

Filed 09/21/18 Desc Attachment Page 7 of 36

ynegmo) natiaW A

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Invoice Number 9110540096
Billing Date 07/02/2018
TIN 461130936

Terms Payable within 30 days due net

Ship To: 8500236900

AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO #01355
1105 EARL FRYE BLVD
AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

F0.78 <b>2</b>	asu 	धि	oT epiovnl						
10.788		Subtotal:						-	
10.783		:lstotdu&							
			810	12/22/20	420-359718	LOT/SERIAL #			
10.783	10.783	00.1	NU	N 4WK PAK	HCT 075 TEST IQN	GEM 3/3.5 BG		00026407584	1005
noisnetx3	Price	Quantity			L	Descriptio	.с	Material No	mətl
					(	)Z604Z6848 <del>44</del> 0	0000000	g Number	Trackin
						60	250399	y Number	Deliver
	arriage Paid To	O T9O conl		01322	.oN .O	.q 8.	889768	Order No.	Sales C

## GILMORE MEMORIAL HOSPITAL

0
1
•
W
5
(n

Purchase Order Number:

WERFEN	VEND
USA	ŎR
LLC	••

PO BOX 347934

PHN: ID: FAX: 17818616135 PITTSBURGH, PA 210032

(800) 955-9525

15251-0000

SM

PHN: FAX:

AMORY 1105 EARL FRYE BLVD

GILMORE MEMORIAL HOSPITAL

TO:

(662) 256-6218 (662) 256-6149

1105 EARL FRYE BLVD

PO BOX 459

AMORY, MS

PHN: (662)256-6226 FAX: (662)256-1693

38821

W010

Vendor No.

Ordered By GMHMWR IGH

Order Date 6/29/18

Expected Delivery Date Terms/Freight

6/29/18

В₩ 30

NET 30 DAYS BEST WAY

Unit Order

ΕA

001

467016

Line

Item Number No./

Qty order

Description/

Catalog# / Mfg ID-Number

REQUEST FROM DEPT LOCATION 754 00026407584 00026407584 CARTR GEM 3500 BG/HCT 75

754425

754

Expense To Dept/

Price Unit

587.01

Price

587.01

Extended

Desc Attachment 1

Page 25

GILMORE MEMORIAL HOSPITAL

BILL

TO:

587.01

.00

TOTAL AMOUNT:

SUBTOTAL:

587.01

TAX:

:**O1 LIMBY**Case 3:18-bk-05665 Claim 49-1 Part 2

Billing Date

Filed 99/21/18 Desc Attachment Jore 100 P 100 P

ynagmoD natiaW A

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Invoice Number 9110552121

Terms Payable within 30 days due net

461130936

07/31/2018

Ship To: 8500236900

AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD AMORY MS 38821

ro.788	asn	lsto	T əəiovnl						
10.788		:listotdu2							
10.783		:lstotdu2							
			6102	2/12/10	# 820635-022	LOT/SERIAL			
10.788	10.783	00.1	NN	M 4WK PAK	NHCT 075 TEST IQI	GEM 3/3.5 BC		00026407584	1002
noisnetx3	Unit Price	Quantity			u	Descriptio	.(	Material No	ltem
					6	978826848440	0000000	д Иитрег	Trackin
						٤٦	251265	y Number	Deliver
	атпаде Раіб То	D T9O conl		74910	.oN .O.	d 9	903280	order No.	Sales C

# GILMORE MEMORIAL HOSPITAL

Purchase Order Number:

### 01647

GILMORE MEMORIAL HOSPITAL

BILL

TO:

1105 EARL FRYE BLVD

PO BOX 459

WERFEN USA LLC PO BOX 347934 **VENDOR:** 

PHN: PITTSBURGH, PA (800) 955-9525

ID: FAX: 17818616135 210032

W010

Vendor No.

Ordered By GMHMWR IGH

Order Date 7/26/18

Expected Delivery Date Terms/Freight

7/26/18

ВW 30

NET 30 DAYS BEST WAY

15251-0000 AMORY

 $\mathbb{N}$ 

PHN: FAX: (662) 256-6218 (662) 256-6149

1105 EARL FRYE BLVD

GILMORE MEMORIAL HOSPITAL

TO:

PHN: (662)256-6226 FAX: (662)256-1693 AMORY, MS 38821

Price Extended 587.01

Expense To Dept/

754425 754

587.01 Price Unit

001

467016

Н

Line

Item Number No./

Qty Order

Unit Order

Description/

ΕA

REQUEST FROM DEPT LOCATION 754

00026407584 00026407584 CARTR GEM 3500 BG/HCT 75 Catalog# / Mfg ID-Number

Filed 09/21/18 of 36

Desc Attachment 1

Page 27

Case 3:18-bk-05665

Claim 49-1 Part 2

587.01

.00

TOTAL AMOUNT:

SUBTOTAL:

587.01

### REMIT TO: Case 3:18-bk-05665 Claim 49-1 Part 2

NIT

Billing Date

Invoice Number

Filed 99/26/18/1 Desc Attachment Lioterode of 36

А Werfen Company

P O Box 347934 Werten USA LLC

Pittsburgh PA 15251-4934

Terms Payable within 30 days due net

461130936

08/02/2018

9110553479

273.00

asn

0058-1288E 2M YAOMA 1105 EARL FRYE BLVD ₱6910 Od D/B/A GILMORE MEMORIAL HOSPITAL AMORY REGIONAL MEDICAL CENTER, LLC Ship To: 56243

1288E 2M YAOMA 1105 EARL FRYE BOULEVARD GILMORE MEMORIAL HOSPITAL 227097

	<del></del>								
13.00		Freight:							
260.00		:lstotdu2							
260.00		Subtotal:							
				15/31/8888	ער # 0000000000 #	LOT/SERI			
00.092	00.092	00.1	NN		CE EMULSION SENSOR	ВЕГЕВЕИ		04801181000	1002
noian∋tx∃	Unit Price	Quantity			noit	Descrip		Material No.	mətl
						9.	2512657	y Number	ņəviləC ———
	oT bisd egams,	Inco CPT C		76910	Р.О. Ио.		0408806	Order No.	

Invoice Total

## GILMORE MEMORIAL HOSPITAL

	Purchase
) ) 	Order
ı	Number:

01694

WERFEN USA LLC PO BOX 347934

PITTSBURGH, PA

210032

W010

Vendor No.

Ordered By GMHMWR IGH

Order Date 7/30/18

PHN: ID: FAX: 17818616135 (800) 955-9525

### TO:

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY

SM

15251-0000

PHN: FAX: (662) 256-6149 (662) 256-6218

AMORY, MS

PHN: (662)256-6226 FAX: (662)256-1693

B₩ 30 NET 30 DAYS BEST WAY

Expected Delivery Date Terms/Freight

7/30/18

Expense To Unit Price

Dept/

736425

736

001

10840

ΞA Unit Order

Catalog# / Mfg ID-Number

18110840 18110840 FLUSH SENSOR ASSY Description/

Line

Item Number No./

Qty Order

260.00

Price

260.00

Extended

Filed 09/21/18 of 36

Desc Attachment 1

Page 29

GILMORE MEMORIAL HOSPITAL

BILL

TO:

1105 EARL FRYE BLVD

PO BOX 459

260.00

.00

TOTAL AMOUNT:

SUBTOTAL:

260.00

TAX:

**:01 LIMBU**Case 3:18-bk-05665 Claim 49-1 Part 2

Filed 99/21/18 Desc Attachment Jorg 100 of 36

үпватоо пэтэW А

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Invoice Number 9110559013
Billing Date 08/15/2018
TIN 461130936

Terms Payable within 30 days due net

Ship To: 8500236900

AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GII MORE MEMORIAI HOSPITAL

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BOULEVARD 13882 AM YROMA

10.782	asn	lsto	Invoice To						
10.788		:lstotdu2							
10.788		:lstotdu2							
			61	02/04/20	\$22035-024	# JAIRENTO.	1		
10.788	10.788	00.1	NΩ	I 4WK PAK	101 O75 TEST IQN	3/3°2 BC/		00026407584	1002
noisnetx∃	eoir9 tinU	Quantity				Description	.с	Material No	ltem
						148489598329	,00000000	g Number	Tracking
						8	31299129	y Number	Delivery
	Sarriage Paid To	Inco CPT C		p1810	.oN .(	D.9	pp88906	Order No.	Sales C

# GILMORE MEMORIAL HOSPITAL

Purchase Order Number:

01874

WERFEN USA LLC PO BOX 347934

**VENDOR:** 

PITTSBURGH, PA

FAX: 17818616135 PHN: ID: 210032 (800) 955-9525

W010

Vendor No.

Ordered By GMHMWR IGH

Order Date 8/15/18

Expected Delivery Date Terms/Freight

8/15/18

B₩ 30

NET 30 DAYS BEST WAY

15251-0000

 $\mathbb{N}$ 

AMORY

PHN:

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

FAX: (662) 256-6218 (662) 256-6149

1105 EARL FRYE BLVD

AMORY, MS

PHN: (662)256-6226 FAX: (662)256-1693

Line

Item Number No./

Qty Order

Unit EA

Catalog# / Mfg ID-Number

Expense To Dept/

587.01

Unit Price

Price 587.01

Extended

754425

REQUEST FROM DEPT LOCATION 754

00026407584 00026407584 CARTR GEM 3500 BG/HCT 75 Order

Description/

467016

SUBTOTAL: TAX:

.00

587.01

TOTAL AMOUNT:

587.01

Filed 09/21/18 of 36

Desc Attachment 1

Page 31

GILMORE MEMORIAL HOSPITAL

TO:

PO BOX 459

	USD	153.14 USD					** Account 56242	** Acc
	USD	153.14 USD						*
0008061282/854-6322982	USD	623.24- USD 776.38 USD	W W	10/30/2017	1400038679 DZ 10/30/2017 9110424449 DI 09/05/2017	14 91	9110424449 9110424449	
pag dog Pext	tourr clu	And in loc our licurr Cling doc. Bext	NA P	DocumentNo Typ Doc. Date S DD	Cument No TY	8	St Assignment	St.

Customer Company Code

Name City

GILMORE MEMORIAL REGIONAL MEDICAL C

### :01 בושוט Case 3:18-bk-05665 Claim 49-1 Part 2

Filed 99/21/18 Desc Attachment Page 33 of 36

A Werfen Company

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Terms Payable within 30 days due net

986081191

7102/20/60

9110424449

Pittsburgh A9 1525

Invoice Number Billing Date

ΝIT

Ship To: 56243
GILMORE MEMORIAL REGIONAL MEDICAL C
AMORY HMA INC
TOMMY GANN
T

Bill To: 56242 GILMORE MEMORIAL REGIONAL MEDICAL C AMORY HMA INC ACCOUNTS PAYABLE 1105 EARL FRYE BLYD AMORY MS 38821-5500

Extension	Unit Price	Quantity			tion	Descub	Material No.	tem
						6209911	d Number 5	(nevileC
pZ:229		:lstotdu&						
				09/30/2019	ער # Z0ES960N #	LOT/SERIA		
₽ <del>₽</del> -28	84.82	00.8	NU		T-Fibrinogen	Hemosil P	01499460000	6009
				12/31/2018	'F # N1266885	LOT/SERIA		
37.62	87.62	00.1	ΝΩ		q2-TTq	A JisomeH	00020002000	0109
				11/30/2018	17. # N1166227	AIR∃8\TOJ		
08.822	09.71	00.61	NΠ		outine Control Level 3	HemoslL R	00020002800	£108
				12/31/2019	r # N1266764	AIR38/TOJ		
38.86	09.85	00.1	ΝП		alibration plasma	HemosIL C	00020003700	1109
				11/30/5019	יר # N1199211	AIR38/TOJ		
20.202	15.31	00.81	NΠ		outine Control Level 1	HemosIL R	00020002000	2109
				11/30/2018	יר # N1199161	LOT/SERIA		
38.85	09.85	00.1	ΝΩ		ontrol Control	HemosIL Lo	00020004200	90001
noisnetx3	Unit Price	Quantity			tion	Descrip	Material No.	metl
						7324911	Number 5	Delivery
₽6.541		:lstotdu&						
				6102/16/70	9696ZZON # T	LOT/SERIA		
p6.541	66.62	00.9	NΩ		A-dss	W LleomoslL W	00020002400	8008
noianetx∃	Unit Price	Quantity			tion	Descrip	Material No.	tem
						1164556	Number 5	nevileC
	оТ bis9 эрвіта	Inco CPT C		864-6322982	.oN .O.9	061282	8 rder No. 8	O səlsə

יסו באווא: Case 3:18-bk-05665 Claim 49-1 Part 2

Billing Date

Filed 99/31/18 Desc Attachment Languages of 36

A Werfen Company

Werfen USA LLC P O Box 347934 Pittsburgh PA 15251-4934

Invoice Number 9110424449

986081197

7102/20/90

Terms Payable within 30 days due net

Ship To: 56243

GILMORE MEMORIAL REGIONAL MEDICAL C
AMORY HAMA INC
TOMMY GANU
TOMMY GANU
1105 EARL FRYE BLVD
1105 EARL FRYE BLVD

GILMORE MEMORIAL REGIONAL MEDICAL C AMORY HMA INC ACCOUNTS PAYABLE 1105 EARL FRYE BLVD 1105 EARL FRYE BLVD AMORY MS 38821-5500

26242

Tracking Number

Item Material No. Description

10008 00009757600 HemosIL Factor Diluent

LOT/SERIAL # N0870410

Quantity

:listotdu2

Subtotal:

00.1

Invoice Total

NΠ

02/29/2020

- And 6233

85.3**T**T

85.977

9.20

9.20

**Extension** 

hres1 : omo 1948

asn

9.20

Unit Price

GMRMC Laboratory Coagulation Order

Customer Number         56243         Total Qty         Total Qty         Price/           Vendor Number         PMM#         Description         Ordered Yry         Unit         pkg           9756710         115110         PT-FIBRINOGEN KIT         45         bx         28.48           20005300         164485         APTT-SP IL TEST         18         bx         29.78           20005500         264063         ACESS CAL PLASMA         8         bx         29.78           20005600         256849         ACESS NORM. CONTROL         160         bx         15.54           20005800         256870         ACESS HIGH ABN CONTROL         160         bx         15.54           20002400         219276         ACL REF. EMULSION SOL.         80         bx         15.09           975600         115212         FACTOR DIL. 1X100mL repl         6         ea         9.20           9831700         115212         FACTOR DIL. 1X100mL repl         6         ea         9.20           20004200         93843         Fibrinogen Low Control         10         bx         18.92           Conf.#         ACL ROTORS (100/pk)         12         pk         170.28
PMM#   Description   115110   PT-FIBRINOGEN KIT   164485   APTT-SP IL TEST   264063   ACESS CAL PLASMA   255849   ACESS NORM. CONTROL   255850   ACESS HIGH ABN CONTROL   219276   ACL REF. EMULSION SOL.   96013   SAMPLE DIL. 1X100mL repl   115212   FACTOR DIL 1X100mL repl   104926   CLEANING AGENT A   93843   Fibrinogen Low Control   94051   ACL ROTORS (100/pk)   Conf.#
115110       PT-FIBRINOGEN KIT       45       bx         164485       APTT-SP IL TEST       18       bx         264063       ACESS CAL PLASMA       8       bx         255849       ACESS NORM. CONTROL       160       bx         255850       ACESS HIGH ABN CONTROL       160       bx         219276       ACL REF. EMULSION SOL.       80       bx         96013       SAMPLE DIL. 1X100mL repl       2       ea         115212       FACTOR DIL 1X100mL repl       6       ea         104926       CLEANING AGENT A       16       bx         93843       Fibrinogen Low Control       10       bx         94051       ACL ROTORS (100/pk)       12       pk         Conf.#       Conf.#
164485       APTT-SP IL TEST       18       bx         264063       ACESS CAL PLASMA       8       bx         255849       ACESS NORM. CONTROL       160       bx         255850       ACESS HIGH ABN CONTROL       160       bx         219276       ACL REF. EMULSION SOL.       80       bx         96013       SAMPLE DIL. 1X100mL repi       6       ea         115212       FACTOR DIL 1X100mL repi       6       ea         104926       CLEANING AGENT A       16       bx         93843       Fibrinogen Low Control       10       bx         94051       ACL ROTORS (100/pk)       12       pk         Conf.#       Conf.#
264063       ACESS CAL PLASMA       8       bx         255849       ACESS NORM. CONTROL       160       bx         255850       ACESS HIGH ABN CONTROL       160       bx         219276       ACL REF. EMULSION SOL.       80       bx         96013       SAMPLE DIL. 1X100mL repi       2       ea         115212       FACTOR DIL 1X100mL repi       6       ea         104926       CLEANING AGENT A       16       bx         93843       Fibrinogen Low Control       10       bx         94051       ACL ROTORS (100/pk)       12       pk         Conf.#       Conf.#       PK       PK
255849       ACESS NORM, CONTROL       160       bx         255850       ACESS HIGH ABN CONTROL       160       bx         219276       ACL REF. EMULSION SOL.       80       bx         96013       SAMPLE DIL. 1X100mL repl       2       ea         115212       FACTOR DIL 1X100mL repl       6       ea         104926       CLEANING AGENT A       16       bx         93843       Fibrinogen Low Control       10       bx         94051       ACL ROTORS (100/pk)       12       pk         Conf.#       Conf.#
255850       ACESS HIGH ABN CONTROL       160       bx         219276       ACL REF. EMULSION SOL.       80       bx         96013       SAMPLE DIL. 1X100mL repl       2       ea         115212       FACTOR DIL 1X100mL repl       6       ea         104926       CLEANING AGENT A       16       bx         93843       Fibrinogen Low Control       10       bx         94051       ACL ROTORS (100/pk)       12       pk         Conf.#       Conf.#
219276 ACL REF. EMULSION SOL. 80 bx 96013 SAMPLE DIL. 1X100mL repi 2 ea 115212 FACTOR DIL 1X100mL repi 6 ea 104926 CLEANING AGENT A 16 bx 93843 Fibrinogen Low Control 10 bx 94051 ACL ROTORS (100/pk) 12 pk Conf.#
96013 SAMPLE DIL. 1X100mL repi 2 ea 115212 FACTOR DIL 1X100mL repi 6 ea 104926 CLEANING AGENT A 16 bx 93843 Fibrinogen Low Control 10 bx 94051 ACL ROTORS (100/pk) 12 pk Conf.#
115212       FACTOR DIL 1X100mL repl       6       ea         104926       CLEANING AGENT A       16       bx         93843       Fibrinogen Low Control       10       bx         94051       ACL ROTORS (100/pk)       12       pk         Conf.#       Conf.#
104926 CLEANING AGENT A 16 bx 93843 Fibrinogen Low Control 10 bx 94051 ACL ROTORS (100/pk) 12 pk Conf.#
93843 Fibrinogen Low Control 10 bx 94051 ACL ROTORS (100/pk) 12 pk Conf.#
ACL ROTORS (100/pk) 12 pk
Conf.#

1105 earl Frye Blvd

Amory, MS 38821 662-256-6013

Desc Attachment 1 Page 35 of 36

### 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: (6745052) Claim No: 49 Status:
Instrumentation Laboratory Original Filed Filed by: CR
180 Hartwell Rd Date: 09/21/2018 Entered by: admin
Bedford, MA 01730 Original Entered Modified:

Date: 09/21/2018

Amount claimed: \$7759.05

History:

<u>Details</u> 49-1 09/21/2018 Claim #49 filed by Instrumentation Laboratory, Amount claimed: \$7759.05 (admin)

Description:

Remarks: (49-1) Account Number (last 4 digits):7097

### **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

<b>Total Amount Claimed*</b>	\$7759.05
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		