

**Fill in this information to identify the case:**

Debtor 1 Curae Health Inc

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05665

**FILED**  
 OCT 01 2018  
 U.S. BANKRUPTCY COURT  
 MIDDLE DISTRICT OF TN

**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 Claim**

1. Who is the current creditor?  
Hill-Rom Company Inc  
 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 creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)	
Name <u>Hill-Rom Company Inc</u>		Name <u>Hill-Rom Company Inc</u>	
Number Street <u>1069 State Route 46 E</u>		Number Street <u>PO Box 643592</u>	
City <u>Batesville</u>	State <u>IN</u>	City <u>Pittsburgh</u>	State <u>PA</u>
	ZIP Code <u>47006</u>		ZIP Code <u>15264</u>
Contact phone <u>800-445-2114</u>		Contact phone <u>800-445-2114</u>	
Contact email <u>hillromcreditdept@hill-rom.com</u>		Contact email <u>arachpnc@hill-rom.com</u>	

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?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 9 7 9

7. How much is the claim? \$ 44,608.81. Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
Goods and Services

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**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.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

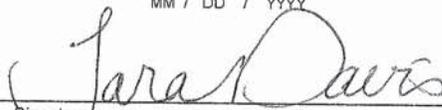
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/26/2018  
MM / DD / YYYY

  
Signature

Print the name of the person who is completing and signing this claim:

Name Tara Davis  
First name Middle name Last name

Title Cash Application Supervisor

Company Hill-Rom Company, Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1069 State Route 46 E  
Number Street

Batesville IN 47006  
City State ZIP Code

Contact phone 812-934-1409 Email tara.davis@hill-rom.com

Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

9/26/18

STATEMENT

MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DRIVE  
 BATESVILLE, MS 38606

RE: Account 3553362

Dear Accounts Payable,

Invoice	Date	Due Date	Purchase Order	Currency Code	Amt Open
1323946	12/31/17	1/30/18	USAGE		1359.59
1362624	1/31/18	3/2/18	USAGE		1320.59
1397293	2/28/18	3/30/18	USAGE		1446.89
1422289	3/31/18	4/30/18			303.85
1432118	3/31/18	4/30/18	USAGE		1446.89
1467423	4/30/18	5/30/18	USAGE		1438.64
1500280	5/31/18	6/30/18	USAGE		472.99
1500329	5/31/18	6/30/18	USAGE		63.15
1500340	5/31/18	6/30/18	USAGE		63.15
1500341	5/31/18	6/30/18	USAGE		63.15

Currency Code	Amount
USD	7978.89

Please mail your check today for the overdue amount. If there are any problems with the open items, please call. Thank you for your prompt attention. **\*\*Hill-Rom is going Green!\*\*** We can now e-mail or fax most invoices at the time of billing.

To be included in this initiative, please contact your Collection Specialist.

Sincerely,  
 RACHEL GALLAGHER  
 +1 812 931 2387  
 rachel.gallagher@hill-rom.com

Remit To:  
 Hill-Rom  
 PO Box 643592  
 Pittsburgh, PA 15264-3592



# Original Invoice by PO - Detail

Invoice Number: 1323946	Purchase Order: USAGE	Invoice Date: 12/31/2017
Billing Period: 12/01/2017 to 12/31/2017	Payment Terms: NET 30 DAYS	Due Date: 1/30/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description / Serial # / Barcode	Ordered By / Dept. Name / Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty / Rate / Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6793 15566330 4.203	DRAGER EVITA II VENTILATOR 05434956 DRSA-0014	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	46.82	702.30	88.94	791.24
P6962 13166495 1.371	ABBT PLUM A+ INFUSION PUMP 04739256 13990923	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 27.005	ABBT PLUM A+ INFUSION PUMP 05383955 13851356	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.423	ABBT PLUM A+ INFUSION PUMP 05384003 13884373	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 24.104	ABBT PLUM A+ INFUSION PUMP 05384151 13904389	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.370	ABBT PLUM A+ INFUSION PUMP 05384201 13884340	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15



# Original Invoice by PO - Detail

Invoice Number: 1323946	Purchase Order: USAGE	Invoice Date: 12/31/2017
Billing Period: 12/01/2017 to 12/31/2017	Payment Terms: NET 30 DAYS	Due Date: 1/30/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 13166495 1.446	ABBT PLUM A+ INFUSION PUMP 05384243 13884391	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 21.105	ABBT PLUM A+ INFUSION PUMP 05384375 13884312	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 22.105	ABBT PLUM A+ INFUSION PUMP 05458763 14130682	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 1.447	ABBT PLUM A+ INFUSION PUMP 05470984 14128644	NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15	
3553362 - MERIT HEALTH BATESVILLE							Subtotal	1270.65	88.94	1359.59



Sold To: 3553362  
 Invoice Number: 1323946

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6793	DRAGER EVITA II VENTILATOR	1.0000	702.30
P6962	ABBT PLUM A+ INFUSION PUMP	9.0000	568.35
<b>SUBTOTAL:</b>			1270.65
<b>SALES TAX:</b>			88.94
<b>TOTALS FOR PO # USAGE for Period 12/01/2017 to 12/31/2017</b>			<b>TOTAL AMOUNT: 1359.59</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b> Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ADA Routing Number: 041000124 Send remittance to ar_achpnc@hill-rom.com	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC <b>ATTN: RACHEL GALLAGHER</b> 1069 ST RTE 46 BATESVILLE, IN 47006  <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>
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Safe Harbor: Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Invoice by PO - Detail

Invoice Number: 1362624	Purchase Order: USAGE	Invoice Date: 01/31/2018
Billing Period: 01/01/2018 to 01/31/2018	Payment Terms: NET 30 DAYS	Due Date: 3/2/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P5693 15566330 4.401	DRAGER EVITA XL VENT 05495038 ARMM0168	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	44.39	665.85	86.39	752.24
P6962 13166495 1.373	ABBT PLUM A+ INFUSION PUMP 04739256 13990923	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 27.006	ABBT PLUM A+ INFUSION PUMP 05383955 13851356	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.424	ABBT PLUM A+ INFUSION PUMP 05384003 13884373	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 24.105	ABBT PLUM A+ INFUSION PUMP 05384151 13904389	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.372	ABBT PLUM A+ INFUSION PUMP 05384201 13884340	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15



Original Invoice by PO - Detail

Invoice Number: 1362624	Purchase Order: USAGE	Invoice Date: 01/31/2018
Billing Period: 01/01/2018 to 01/31/2018	Payment Terms: NET 30 DAYS	Due Date: 3/2/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007	Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 13166495 1.448	ABBT PLUM A+ INFUSION PUMP 05384243 13884391	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 21.106	ABBT PLUM A+ INFUSION PUMP 05384375 13884312	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 22.106	ABBT PLUM A+ INFUSION PUMP 05458783 14130682	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.449	ABBT PLUM A+ INFUSION PUMP 05470984 14128644	DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63.15	0.00	63.15
3553362 - MERIT HEALTH BATESVILLE						Subtotal	1234.20	86.39	1320.59



Sold To: 3553362  
 Invoice Number: 1362624

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P5693	DRAGER EVITA XL VENT	1.0000	665.85
P6962	ABBT PLUM A+ INFUSION PUMP	9.0000	568.35
<b>SUBTOTAL:</b>			1234.20
<b>SALES TAX:</b>			86.39
<b>TOTALS FOR PO # USAGE for Period 01/01/2018 to 01/31/2018</b>			<b>TOTAL AMOUNT: 1320.59</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643582 Pittsburgh, PA 15264-3582  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b> Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041009124 Send remittance to <a href="mailto:achpnc@hill-rom.com">achpnc@hill-rom.com</a>	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006  Phone: 812/831-2387 Fax: 812/934-8848
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Safe Harbor: Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Invoice by PO - Detail

Invoice Number: 1397293	Purchase Order: USAGE	Invoice Date: 02/28/2018
Billing Period: 02/01/2018 to 02/28/2018	Payment Terms: NET 30 DAYS	Due Date: 3/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007	Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P5693 15566330 4.402	DRAGER EVITA XL VENT 05495036 ARMM0168	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	44.39	665.85	86.39	752.24
P6962 20800012 1.001	ABBT PLUM A+ INFUSION PUMP 04625703 13868001	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.375	ABBT PLUM A+ INFUSION PUMP 04739256 13980823	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 27.007	ABBT PLUM A+ INFUSION PUMP 05383955 13851356	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.425	ABBT PLUM A+ INFUSION PUMP 05384003 13884373	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 24.106	ABBT PLUM A+ INFUSION PUMP 05384151 13904389	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15



# Original Invoice by PO - Detail

Invoice Number: 1397293	Purchase Order: USAGE	Invoice Date: 02/28/2018
Billing Period: 02/01/2018 to 02/28/2018	Payment Terms: NET 30 DAYS	Due Date: 3/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007	Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description / Serial # / Barcode	Ordered By / Dept. Name / Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 13166495 1.374	ABBT PLUM A+ INFUSION PUMP 05384201 13884340	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 20800011 1.001	ABBT PLUM A+ INFUSION PUMP 05384219 17444982	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 1.450	ABBT PLUM A+ INFUSION PUMP 05384243 13884381	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 1.107	ABBT PLUM A+ INFUSION PUMP 05384375 13884312	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 22.107	ABBT PLUM A+ INFUSION PUMP 05459763 14130682	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 1.451	ABBT PLUM A+ INFUSION PUMP 05470984 14128644	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15	
3553362 - MERIT HEALTH BATESVILLE							Subtotal	1380.50	86.39	1466.89



Sold To: 3553362  
 Invoice Number: 1397293

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P5693	DRAGER EVITA XL VENT	1.0000	665.85
P6962	ABBT PLUM A+ INFUSION PUMP	11.0000	694.65
<b>SUBTOTAL:</b>			1360.50
<b>SALES TAX:</b>			86.39
<b>TOTALS FOR PO # USAGE for Period 02/01/2018 to 02/28/2018</b>			<b>TOTAL AMOUNT: 1446.89</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b> Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to <a href="mailto:ar.achpnc@hill-rom.com">ar.achpnc@hill-rom.com</a>	<b>LEGEND/KEY:</b>  <b>DY</b> = Day(s) <b>WK</b> = Week(s) <b>MO</b> = Month(s) <b>MC</b> = Minimum <b>CH</b> = Charge <b>UG</b> = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC <b>ATTN: RACHEL GALLAGHER</b> 1069 ST RTE 46 BATESVILLE, IN 47006  <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8348</b>
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Safe Harbor: Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.:</b> 1422289	Your P.O.:	Invoice Date:	03/31/2018
Hill-Rom Order No.: 21570597 UR	Payment Terms: Net 30 Days	Due Date:	04/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606  Sold To Customer: 3553362 GLN: 1100003990007	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606  Ship To Customer: 3553362 GLN: 1100003990007
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
03/12/2018	03/16/2018	5 DY Tier: 1	P6877A 05427489	BURKE TRIFLEX II 39/48 W SC	39.87	199.35
03/12/2018	03/16/2018	5 DY Tier: 1	P6885 05591326	MATTRESS, SAE, 48" (RENTAL)	20.90	104.50
Ordered By Department Phone #						
Sub Total						303.85
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 303.85

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Invoice by PO - Detail

Invoice Number: 1432118	Purchase Order: USAGE	Invoice Date: 03/31/2018
Billing Period: 03/01/2018 to 03/31/2018	Payment Terms: NET 30 DAYS	Due Date: 4/30/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6963 15566330 4.403	DRAGER EVITA XL VENT 05495036 ARMM0168	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	44.39	665.85	0.00	665.85
P6962 20800012 1.002	ABBT PLUM A+ INFUSION PUMP 04625703 13868001	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.377	ABBT PLUM A+ INFUSION PUMP 04739256 13980923	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 27.008	ABBT PLUM A+ INFUSION PUMP 05383955 13851356	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.426	ABBT PLUM A+ INFUSION PUMP 05384003 13884373	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 24.107	ABBT PLUM A+ INFUSION PUMP 05384151 13904389	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15



# Original Invoice by PO - Detail

Invoice Number: 1432118	Purchase Order: USAGE	Invoice Date: 03/31/2018
Billing Period: 03/01/2018 to 03/31/2018	Payment Terms: NET 30 DAYS	Due Date: 4/30/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 13166495 1.376	ABBT PLUM A+ INFUSION PUMP 05384201 13884340	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	86.39	149.54	
P6962 20800011 1.002	ABBT PLUM A+ INFUSION PUMP 05384219 17444982	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 1.452	ABBT PLUM A+ INFUSION PUMP 05384243 13884391	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 21.108	ABBT PLUM A+ INFUSION PUMP 05384375 13884312	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 22.108	ABBT PLUM A+ INFUSION PUMP 05459763 14130682	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15	
P6962 13166495 1.453	ABBT PLUM A+ INFUSION PUMP 05470984 14128644	FEB 2018 USAGE	02/01/2018 thru 02/28/2018		15.0000 UG	4.21	63.15	0.00	63.15	
3553362 - MERIT HEALTH BATESVILLE							Subtotal	1380.50	86.39	1466.89



Sold To: 3553362  
 Invoice Number: 1432118

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P5693	DRAGER EVITA XL VENT	1.0000	665.85
P6962	ABST PLUM A+ INFUSION PUMP	11.0000	694.65
<b>SUBTOTAL:</b>			1360.50
<b>SALES TAX:</b>			86.39
<b>TOTALS FOR PO # USAGE for Period 03/01/2018 to 03/31/2018</b>			<b>TOTAL AMOUNT: 1446.89</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>	<b>INSTRUCTIONS:</b>	<b>LEGEND/KEY:</b>	<b>Please Send Correspondence To:</b>
Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to arschpnc@hill-rom.com	<b>DY</b> = Day(s) <b>WK</b> = Week(s) <b>MO</b> = Month(s) <b>MC</b> = Minimum <b>CH</b> = Charge <b>UG</b> = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	HILL-ROM COMPANY, INC <b>ATTN: RACHEL GALLAGHER</b> 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>

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# Original Invoice by PO - Detail

Invoice Number: 1467423	Purchase Order: USAGE	Invoice Date: 04/30/2018
Billing Period: 04/01/2018 to 04/30/2018	Payment Terms: NET 30 DAYS	Due Date: 5/30/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P5693 15566330 4.404	DRAGER EVITA XL VENT 05495038 ARMM0168	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	44.39	665.85	0.00	665.85
P6962 20800012 1.003	ABBT PLUM A+ INFUSION PUMP 04625703 13868001	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		13.0000 UG	4.21	54.73	0.00	54.73
P6962 13166495 27.009	ABBT PLUM A+ INFUSION PUMP 05383955 13851356	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.427	ABBT PLUM A+ INFUSION PUMP 05384003 13884373	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 24.108	ABBT PLUM A+ INFUSION PUMP 05384151 13804389	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.378	ABBT PLUM A+ INFUSION PUMP 05384201 13884340	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15

Invoice Number: 1467423	Purchase Order: USAGE	Invoice Date: 04/30/2018
Billing Period: 04/01/2018 to 04/30/2018	Payment Terms: NET 30 DAYS	Due Date: 5/30/2018
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007		Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 20800011 1.003	ABBT PLUM A+ INFUSION PUMP 05384219 17444982	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 1.454	ABBT PLUM A+ INFUSION PUMP 05384243 13884391	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 21.109	ABBT PLUM A+ INFUSION PUMP 05384375 13884312	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	78.14	141.29
P6962 21542220 1.001	ABBT PLUM A+ INFUSION PUMP 05459649 13888948	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 22.109	ABBT PLUM A+ INFUSION PUMP 05459763 14130682	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		2.0000 UG	4.21	8.42	0.00	8.42
P6962 21542221 1.001	ABBT PLUM A+ INFUSION PUMP 05460373 17431879	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	63.15	0.00	63.15



# Original Invoice by PO - Detail

Invoice Number: 1467423	Purchase Order: USAGE	Invoice Date: 04/30/2018
Billing Period: 04/01/2018 to 04/30/2018	Payment Terms: NET 30 DAYS	Due Date: 5/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606
Sold To: 3553362 GLN: 1100003990007	Ship To: 3553362 GLN: 1100003990007

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 13166495 1.455	ABBT PLUM A+ INFUSION PUMP 05470984 14128644	MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15 0000 UG	4.21	63.15	0.00	63.15
3553362 - MERIT HEALTH BATESVILLE						Subtotal	1380.50	78.14	1438.64



Sold To: 3553362  
 Invoice Number: 1467423

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P5693	DRAGER EVITA XL VENT	1.0000	665.85
P6962	ABBT PLUM A+ INFUSION PUMP	12.0000	694.65
<b>SUBTOTAL:</b>			1360.50
<b>SALES TAX:</b>			78.14
<b>TOTALS FOR PO # USAGE for Period 04/01/2018 to 04/30/2018</b>			<b>TOTAL AMOUNT: 1438.64</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b> Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041009124 Send remittance to ar_achpnc@hill-rom.com	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006  <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>
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# Original Individual Invoice

<b>Invoice No.: 1500280</b>	Your P.O: USAGE	Invoice Date: 05/31/2018
Hill-Rom Order No.: 13166495 UR	Payment Terms: Net 30 Days	Due Date: 06/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Sold To Customer: 3553362 GLN: 1100003990007	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362 GLN: 1100003990007
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384201	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE, PURCHASING PURCH	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384003	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE, PURCHASING PURCH	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384243	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE, PURCHASING PURCH	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05470984	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE, PURCHASING PURCH	4.21	63.15

**SEE NEXT PAGE**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1500280</b>	Your P.O: USAGE	Invoice Date: 05/31/2018
Hill-Rom Order No.: 13166495 UR	Payment Terms: Net 30 Days	Due Date: 06/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Sold To Customer: 3553362 GLN: 1100003990007	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362 GLN: 1100003990007
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384375	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE,	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384151	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE,	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05383955	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE, PURCH	4.21	63.15
Sub Total						442.05
Sales Tax						30.94

Ordered By  
Department  
Phone #

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 472.99

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1500329</b>	Your P.O.: USAGE	Invoice Date: 05/31/2018
Hill-Rom Order No.: 20800011 UR	Payment Terms: Net 30 Days	Due Date: 06/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Sold To Customer: 3553362 GLN: 1100003990007	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362 GLN: 1100003990007
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384219	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE,	4.21	63.15
Ordered By Phone #						
Sub Total						63.15
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 63.15

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1500340</b>	Your P.O: USAGE	Invoice Date: 05/31/2018
Hill-Rom Order No.: 21542220 UR	Payment Terms: Net 30 Days	Due Date: 06/30/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Sold To Customer: 3553362 GLN: 1100003990007	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362 GLN: 1100003990007
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05459649	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE,	4.21	63.15
Ordered By  Phone #						
Sub Total						63.15
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 63.15

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1500341</b>		Your P.O.: USAGE		Invoice Date: 05/31/2018		
Hill-Rom Order No.: 21542221 UR		Payment Terms: Net 30 Days		Due Date: 06/30/2018		
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606  Sold To Customer: 3553362 GLN: 1100003990007			MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606  Ship To Customer: 3553362 GLN: 1100003990007			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05460373	ABBT PLUM A+ INFUSION PUMP APRIL 2018 USAGE,	4.21	63.15
Ordered By  Phone #						
Sub Total						63.15
Sales Tax						0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	63.15
<u>Please Remit Payment To:</u> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<u>Wire Payment Instructions:</u> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<u>Instructions:</u> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<u>Please send Correspondence To:</u> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

9/21/18

STATEMENT

NORTHWEST MEDICAL CENTER  
 1530 US HWY 43  
 WINFIELD, AL 35594

RE: Account 610979

Dear Accounts Payable,

Invoice	Date	Due Date	Purchase Order	Currency Code	Amt Open
1570483	8/29/18	8/29/18			-14.84
1545177	7/31/18	8/30/18			343.44
1550228	7/31/18	8/30/18			686.88
1550737	7/31/18	8/30/18			171.72
1550760	7/31/18	8/30/18			1087.56
1560642	7/31/18	8/30/18			171.72
1564608	8/2/18	9/1/18			57.24
709836	8/23/18	9/22/18	NW611610		153.13
1579475	8/31/18	9/30/18			42.40
1580434	8/31/18	9/30/18			593.60
1584325	8/31/18	9/30/18			890.40
1586786	8/31/18	9/30/18			424.00
1593509	8/31/18	9/30/18			42.40
1596522	9/4/18	10/4/18			212.00
1596523	9/4/18	10/4/18			424.00

Currency Code	Amount
USD	5285.65

Please mail your check today for the overdue amount. If there are any problems with the open items, please call. Thank you for your prompt attention. **\*\*Hill-Rom is going Green!\*\*** We can now e-mail or fax most invoices at the time of billing.

To be included in this initiative, please contact your Collection Specialist.

Sincerely,  
 RONI CRAFT  
 +1 812 931 2983  
 roni.craft@hill-rom.com

Remit To:  
 Hill-Rom  
 PO Box 643592  
 Pittsburgh, PA 15264-3592



# Individual Credit Memo

<b>Invoice No.: 1570483</b>	Your P.O.:	Invoice Date: 08/29/2018
Hill-Rom Order No.: 23091575 UR	Payment Terms: Net 30 Days	Due Date: 09/28/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty / Rate Schedule	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/31/2018	07/31/2018	(1) CH	P6880 05618566	MATTRESS, SAE, 36" (RENTAL)	(14.00)	(14.00)
Re: Original Invoice 1564608						
Sub Total						(14.00)
Sales Tax						(0.84)

Interest Note: All past due invoices are subject to 1.5% per month late charge.	Total USD	(14.84)
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<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1545177</b>	Your P.O:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22664478 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/01/2018	07/06/2018	6 DY Tier: 1	P004651 05522151	MATTRESS SAE 36"X84" (RENTAL)	54.00	324.00
Ordered By Department Phone #						
Sub Total						324.00
Sales Tax						19.44

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 343.44

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1550228</b>	Your P.O:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22814902 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/06/2018	07/17/2018	12 DY Tier: 1	P004651 05609291	MATTRESS SAE 36"X84" (RENTAL)	54.00	648.00
Ordered By Department Phone #						
Sub Total						648.00
Sales Tax						38.88

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 686.88

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1550737</b>	Your P.O.:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22820330 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/08/2018	07/10/2018	3 DY Tier: 1	P6880 05621053	MATTRESS, SAE, 36" (RENTAL)	54.00	162.00
Ordered By Department Phone #						
Sub Total						162.00
Sales Tax						9.72

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 171.72

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1550760</b>	Your P.O.:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22820395 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/08/2018	07/26/2018	19 DY Tier: 1	P6880 05522151	MATTRESS, SAE, 36" (RENTAL)	54.00	1026.00
Ordered By Department Phone #						
Sub Total						1,026.00
Sales Tax						61.56

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 1,087.56

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1560642</b>		Your P.O.:		Invoice Date: 07/31/2018		
Hill-Rom Order No.: 23054797 UR		Payment Terms: Net 30 Days		Due Date: 08/30/2018		
NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324			NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/29/2018	07/31/2018	3 DY Tier: 1	P6880 05522151	MATTRESS, SAE, 36" (RENTAL)	54.00	162.00
				Ordered By Department Phone #		
				Sub Total		162.00
				Sales Tax		9.72
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	171.72
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1564608</b>	Your P.O.:	Invoice Date: 08/02/2018
Hill-Rom Order No.: 23091575 UR	Payment Terms: Net 30 Days	Due Date: 09/01/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/31/2018	07/31/2018	1 DY Tier: 1	P6880 05618566	MATTRESS, SAE, 36" (RENTAL)	54.00	54.00
Ordered By Department Phone #						
Sub Total						54.00
Sales Tax						3.24

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 57.24

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Invoice

<b>Invoice No: 709836</b>	Your P.O.: NW611610	Invoice Date: 08/23/2018
<b>Hill-Rom Order No.: SO 23338945</b>	Payment Terms: NET 30 DAYS	Due Date: 09/22/2018

NORTHWEST MEDICAL CENTER Attn: Accounts Payable 1530 US HWY 43 WINFIELD AL 35594  Sold To Customer: 810979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER  1530 US HWY 43 WINFIELD AL 35594  Ship To Customer: 810979 GLN: 1100004160324
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	10.00	36250	COUPLING ASSY	\$13.33	\$133.30
2.000	1.00	SHIPPING AND	SHIPPING AND HANDLING CHARGE	6.50	6.50
			Tracking Number: 447704601555, NO MODE SELECTED		
				Sub Total:	\$139.80
				Total Taxes:	13.33

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$153.13**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the payees have agreed and noted in the terms of the contract. You may receive subsequent documentation under state programs indicating adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitter for reimbursement by you to Medicare, Medicaid, or health care program requesting such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1801.852(f)</small>
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# Original Individual Invoice

<b>Invoice No.: 1579475</b>	Your P.O.:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 23091575 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/01/2018	08/01/2018	1 DY Tier: 1	P6880 05618566	MATTRESS, SAE, 36" (RENTAL)	40.00	40.00
Ordered By Department Phone #						
Sub Total						40.00
Sales Tax						2.40

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 42.40

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1580434</b>	Your P.O:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 23120198 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594  Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594  Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/02/2018	08/15/2018	14 DY Tier: 1	P004651 05609291	MATTRESS SAE 36"X84" (RENTAL)	40.00	560.00
Ordered By Department Phone #						
Sub Total						560.00
Sales Tax						33.60

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 593.60

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1584325</b>		Your P.O:		Invoice Date: 08/31/2018		
Hill-Rom Order No.: 23207978 UR		Payment Terms: Net 30 Days		Due Date: 09/30/2018		
NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324			NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/11/2018	08/31/2018	21 DY Tier: 1	P008772	36" SAE MATTRESS KIT W/BLOWER	40.00	840.00
Ordered By Department Phone #						
Sub Total						840.00
Sales Tax						50.40
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	890.40
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1586786</b>	Your P.O:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 23268245 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/16/2018	08/25/2018	10 DY Tier: 1	P004651 05609291	MATTRESS SAE 36"X84" (RENTAL)	40.00	400.00
Ordered By Department Phone #						
Sub Total						400.00
Sales Tax						24.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 424.00

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1593509</b>	Your P.O:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 23432211 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/31/2018	08/31/2018	1 DY Tier: 1	P6880 05621053	MATTRESS, SAE, 36" (RENTAL)	40.00	40.00
				Ordered By Department Phone #		
				Sub Total		40.00
				Sales Tax		2.40

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 42.40

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Original Individual Invoice

<b>Invoice No.: 1596522</b>		Your P.O:		Invoice Date: 09/04/2018		
Hill-Rom Order No.: 23460517 UR		Payment Terms: Net 30 Days		Due Date: 10/04/2018		
NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594  Sold To Customer: 610979 GLN: 1100004160324			NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594  Ship To Customer: 610979 GLN: 1100004160324			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/26/2018	08/30/2018	5 DY Tier: 1	P004651 05621053	MATTRESS SAE 36"X84" (RENTAL)	40.00	200.00
				Ordered By Department Phone #		
				Sub Total		200.00
				Sales Tax		12.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	212.00
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1596523</b>	Your P.O:	Invoice Date: 09/04/2018
Hill-Rom Order No.: 23460556 UR	Payment Terms: Net 30 Days	Due Date: 10/04/2018

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/22/2018	08/31/2018	10 DY Tier: 1	P004651 04905311	MATTRESS SAE 36"X84" (RENTAL)	40.00	400.00
Ordered By Department Phone #						
Sub Total						400.00
Sales Tax						24.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 424.00

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

9/25/18

STATEMENT

LAKELAND COMMUNITY HOSPITAL  
 PO BOX 780  
 HALEYVILLE, AL 35565

RE: Account 7010899

Dear Accounts Payable,

Invoice	Date	Due Date		Purchase Order	Currency Code	Amt Open
685437	7/12/18	8/11/18		11183		45.77
1501009	6/2/18	7/2/18				21.74
669970	6/14/18	7/14/18		11153		277.90
672083	6/19/18	7/19/18		11153		282.26
1516278	6/30/18	7/30/18				21.74
1521732	6/30/18	7/30/18				86.94
681858	7/5/18	8/4/18		11153		4.36
698477	8/4/18	9/3/18		11209		737.10
1587158	8/31/18	9/30/18				108.68
1587531	8/31/18	9/30/18				130.41
1588578	8/31/18	9/30/18				156.10

Currency Code	Amount
USD	1873.00

Please mail your check today for the overdue amount. If there are any problems with the open items, please call. Thank you for your prompt attention. **\*\*Hill-Rom is going Green!\*\*** We can now e-mail or fax most invoices at the time of billing.

To be included in this initiative, please contact your Collection Specialist.

Sincerely,  
 RONI CRAFT  
 +1 812 931 2983  
 roni.craft@hill-rom.com

Remit To:  
 Hill-Rom  
 PO Box 643592  
 Pittsburgh, PA 15264-3592



# Original Invoice

<b>Invoice No: 685437</b>	Your P.O.: 11183	Invoice Date: 07/12/2018
<b>Hill-Rom Order No.: SO 22862061</b>	Payment Terms: NET 30 DAYS	Due Date: 08/11/2018

LAKELAND COMMUNITY HOSPITAL Attn: Accounts Payable 42024 HWY 195 East HALEYVILLE AL 35565  Sold To Customer: 625824 GLN: 1100004650719	LAKELAND COMMUNITY HOSPITAL  42024 HWY 195 East HALEYVILLE AL 35565  Ship To Customer: 625824 GLN: 1100004650719
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	9.00	S30531K	<b>MAIN BEARING</b> B.O.L. #: 15319138 dated: 07/11/2018	\$4.04	\$36.36
2.000	1.00	SHIPPING AND	<b>SHIPPING AND HANDLING CHARGE</b> B.O.L. #: 15319138 dated: 07/11/2018  Tracking Number: 733795421536, NO MODE SELECTED	6.50	6.50
Sub Total:					\$42.86
Total Taxes:					2.91

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$45.77**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)</small>
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# Original Individual Invoice

<b>Invoice No.: 1501009</b>	Your P.O:	Invoice Date: 06/02/2018
Hill-Rom Order No.: 22411102 UR	Payment Terms: Net 30 Days	Due Date: 07/02/2018

LAKELAND COMMUNITY HOSPITAL PO BOX 780 HALEYVILLE, AL 35565 Sold To Customer: 7010899 GLN: 1100004650719	LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
05/31/2018	05/31/2018	1 DY Tier: 1	P004651 05621071	MATTRESS SAE 36"X84" (RENTAL)	20.90	20.90
				Ordered By Department Phone #		
				Sub Total		20.90
				Sales Tax		0.84

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 21.74

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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# Hill-Rom

# Original Invoice

<b>Invoice No: 669970</b>	Your P.O.: 11153	Invoice Date: 06/14/2018
<b>Hill-Rom Order No.: SO 22550133</b>	Payment Terms: NET 30 DAYS	Due Date: 07/14/2018
LAKELAND COMMUNITY HOSPITAL Attn: Accounts Payable PO BOX 780 HALEYVILLE AL 35565	LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE AL 35565	
Sold To Customer: 7010899 GLN: 1100004850719	Ship To Customer: 625824 GLN: 1100004850719	

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
3.000	1.00	167986	<b>KNEE ACTUATOR ASSEMBLY</b> B.O.L. #: 15173913 dated: 06/13/2018	\$251.30	\$251.30
4.000	1.00	SHIPPING AND	<b>SHIPPING AND HANDLING CHARGE</b> B.O.L. #: 15173913 dated: 06/13/2018  PO#11153 ITEM#S30531K IS ON BACKORDER FOR A MAXIMUM OF 21 DAYS ITEM#18264S IS ON BACKORDER FOR A MAXIMUM OF 35 DAYS Tracking Number: 436759715726, NO MODE SELECTED	6.50	6.50
				Sub Total:	\$257.80
				Total Taxes:	20.10

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$277.90**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114, Option 3 Fax: 812-934-8848
<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(d) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any items listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1601.952(f)</small>

# Hill-Rom

# Original Invoice

Invoice No: 672083	Your P.O.: 11153	Invoice Date: 06/19/2018
Hill-Rom Order No.: SO 22550133	Payment Terms: NET 30 DAYS	Due Date: 07/19/2018

LAKELAND COMMUNITY HOSPITAL  
Attn: Accounts Payable  
PO BOX 780  
HALEYVILLE AL 35565

LAKELAND COMMUNITY HOSPITAL  
42024 HWY 195 East  
HALEYVILLE AL 35565

Sold To Customer: 7010899  
GLN: 1100004850719

Ship To Customer: 625824  
GLN: 1100004850719

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
2.000	1.00	184264S	WELDMENT, FOOT & THIGH B.O.L. #: 15202918 dated: 06/19/2018  PO#11153 ITEM#S30531K IS ON BACKORDER FOR A MAXIMUM OF 21 DAYS ITEM#18264S IS ON BACKORDER FOR A MAXIMUM OF 35 DAYS Tracking Number: 447704573919, NO MODE SELECTED	\$261.35	\$261.35
				Sub Total:	\$261.35
				4.00% State:	10.46
				4.00% City:	10.45
				Total Taxes:	20.91

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$282.26**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under such programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1601.852(f)(1)</small>
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# Original Individual Invoice

<b>Invoice No.:</b> 1516278	Your P.O.:	Invoice Date:	06/30/2018
Hill-Rom Order No.: 22411102 UR	Payment Terms: Net 30 Days	Due Date:	07/30/2018

LAKELAND COMMUNITY HOSPITAL PO BOX 780 HALEYVILLE, AL 35565 Sold To Customer: 7010899 GLN: 1100004650719	LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
06/01/2018	06/01/2018	1 DY Tier: 1	P004651 05621071	MATTRESS SAE 36"X84" (RENTAL)	20.90	20.90
Ordered By Department Phone #						
Sub Total						20.90
Sales Tax						0.84

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 21.74

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848
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Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.:</b> 1521732	Your P.O.:	Invoice Date:	06/30/2018
Hill-Rom Order No.: 22533428 UR	Payment Terms: Net 30 Days	Due Date:	07/30/2018

LAKELAND COMMUNITY HOSPITAL PO BOX 780 HALEYVILLE, AL 35565 Sold To Customer: 7010899 GLN: 1100004650719	LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
06/12/2018	06/15/2018	4 DY Tier: 1	P6880 05609380	MATTRESS, SAE, 36" (RENTAL)	20.90	83.60
Ordered By Department Phone #						
Sub Total						83.60
Sales Tax						3.34

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 86.94

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848
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# Hill-Rom

# Original Invoice

Invoice No: 681858	Your P.O.: 11153	Invoice Date: 07/05/2018
Hill-Rom Order No.: SO 22550133	Payment Terms: NET 30 DAYS	Due Date: 08/04/2018
LAKELAND COMMUNITY HOSPITAL Attn: Accounts Payable PO BOX 780 HALEYVILLE AL 35585	LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE AL 35565	
Sold To Customer: 7010899 GLN: 1100004650719	Ship To Customer: 625824 GLN: 1100004650719	

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	S30531K	<b>MAIN BEARING</b> B.O.L. #: 15284196 dated: 07/05/2018  PO#11153 ITEM#S30531K IS ON BACKORDER FOR A MAXIMUM OF 21 DAYS ITEM#18264S IS ON BACKORDER FOR A MAXIMUM OF 35 DAYS Tracking Number: 733796418805, NO MODE SELECTED	\$4.04	\$4.04
				Sub Total:	\$4.04
				4.00% State:	.16
				4.00% City:	.16
				Total Taxes:	.32

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$4.36**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Invoice

<b>Invoice No: 698477</b>	Your P.O.: 11209	Invoice Date: 08/04/2018
<b>Hill-Rom Order No.: SO 23065846</b>	Payment Terms: NET 30 DAYS	Due Date: 09/03/2018

LAKELAND COMMUNITY HOSPITAL Attn: Accounts Payable PO BOX 780 HALEYVILLE AL 35585  Sold To Customer: 7010899 GLN: 1100004850719	LAKELAND COMMUNITY HOSPITAL  42024 HWY 195 East HALEYVILLE AL 35585  Ship To Customer: 825824 GLN: 1100004850719
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	ACCUMAX	<b>ACCUMAX SURFACE</b> Included Options: Surface Part #: PAC001010184-1 AccuMax VPC (Flatdeck) Topper - Dual IFD Foam Box Top Cover - Dartex Bottom Cover - Dresden Blue Fire Code Option - Flame Tex Label - Standard Silkscreen Finish - Handles Dimensions - 35" x 84" No Airport ***** <b>Itemized Options:</b> PAC001010184-1 Surface *****	\$682.50	\$682.50
1.001	1.00	PAC001010184-1	<b>ACCUMAX QUANTUM VPC 35X84X7</b>  PO#11209 Tracking Number: 7596913831, NO MODE SELECTED		
Sub Total:					\$682.50
Total Taxes:					54.60

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$737.10**

<b>Please Remit Payment To:</b>  Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b>  Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b>  PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b>  <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submittal for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Individual Invoice

<b>Invoice No.: 1587158</b>		Your P.O:		Invoice Date: 08/31/2018		
Hill-Rom Order No.: 23279730 UR		Payment Terms: Net 30 Days		Due Date: 09/30/2018		
LAKELAND COMMUNITY HOSPITAL PO BOX 780 HALEYVILLE, AL 35565 Sold To Customer: 7010899 GLN: 1100004650719			LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/17/2018	08/21/2018	5 DY Tier: 1	P008772	36" SAE MATTRESS KIT W/BLOWER	20.90	104.50
				Ordered By Department Phone #		
					Sub Total	104.50
					Sales Tax	4.18
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	108.68
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1587531</b>	Your P.O:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 23284733 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

LAKELAND COMMUNITY HOSPITAL PO BOX 780 HALEYVILLE, AL 35565 Sold To Customer: 7010899 GLN: 1100004650719	LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/18/2018	<del>08/31/2018</del> 08/23/18	<del>14</del> 6 DY Tier: 1	P6880 05621071	MATTRESS, SAE, 36" (RENTAL)	20.90	<del>292.60</del> 125.40
Ordered By Department Phone #						
Sub Total						125.40
Sales Tax						<del>292.60</del> 5.01-44.70

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD .304.30

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	130.41
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<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1588578</b>		Your P.O:		Invoice Date: 08/31/2018		
Hill-Rom Order No.: 23307419 UR		Payment Terms: Net 30 Days		Due Date: 09/30/2018		
LAKELAND COMMUNITY HOSPITAL PO BOX 780 HALEYVILLE, AL 35565 Sold To Customer: 7010899 GLN: 1100004650719			LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/21/2018	08/22/2018	2 DY Tier: 1	P1840RE300 P337AM9624	TC BARIATRIC PLUS W/AIR & PULM	75.05	150.10
				Ordered By Department Phone #		
					Sub Total	150.10
					Sales Tax	6.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	156.10
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 Fax : 812/934-8848			

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Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

9/14/18

STATEMENT

NORTHWEST MISSISSIPPI MEDICAL CENTER  
 1970 HOSPITAL DR

CLARKSDALE, MS 38614

RE: Account 622737

Dear ..

Invoice	Date	Due Date	Purchase Order	Currency Code	Amt Open
1282328	11/30/17	12/30/17			367.76
1404035	3/27/18	4/26/18	749-6678321		303.35
1409557	3/31/18	4/30/18			383.95
1418289	3/31/18	4/30/18			213.30
1418566	3/31/18	4/30/18			520.19
1420163	3/31/18	4/30/18			204.75
1439544	4/24/18	5/24/18	749-6678321		173.06
1439545	4/24/18	5/24/18	749-6678321		326.89
1439546	4/24/18	5/24/18	749-6678321		549.95
1439547	4/24/18	5/24/18	749-6689312		486.75
1439548	4/24/18	5/24/18	749-6689312		217.11
1439549	4/24/18	5/24/18	749-6689312		217.11
1439550	4/24/18	5/24/18	749-6689312		217.11
1439551	4/24/18	5/24/18	749-6689312		217.11
1439552	4/24/18	5/24/18	749-6689312		217.11
1439553	4/24/18	5/24/18	749-6689312		217.11
1439554	4/24/18	5/24/18	749-6689312		217.11
1519842	6/30/18	7/30/18			663.24

Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

Invoice	Date	Due Date	Purchase Order	Currency Code	Amt Open
1529758	6/30/18	7/30/18			86.61
1546805	7/31/18	8/30/18			894.97
1574867	8/31/18	9/30/18			664.01
630600	4/5/18	5/5/18	749-6704608		1067.88

Currency Code	Amount
USD	8426.43

Please mail your check today for the overdue amount. If there are any problems with the open items, please call. Thank you for your prompt attention. **\*\*Hill-Rom is going Green!\*\*** We can now e-mail or fax most invoices at the time of billing. To be included in this initiative, please contact your Collection Specialist.

Sincerely,  
 RACHEL GALLAGHER  
 +1 812 931 2387  
 rachel.gallagher@hill-rom.com

Remit To:  
 Hill-Rom  
 PO Box 643592  
 Pittsburgh, PA 15264-3592



# Original Individual Invoice

<b>Invoice No.:</b> 1282328	Your P.O.:	Invoice Date:	11/30/2017
Hill-Rom Order No.: 20287596 UR	Payment Terms: Net 30 Days	Due Date:	12/30/2017

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	MERIT HEALTH NORTHWEST MISSISSIPPI 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
11/24/2017	11/28/2017	5 DY Tier: 1	P6877A 05442876	BURKE TRIFLEX II 39/48 W SC	39.87	199.35
11/24/2017	11/28/2017	5 DY Tier: 1	P6885 04905782	MATTRESS, SAE, 48" (RENTAL)	20.90	104.50
11/24/2017	11/28/2017	5 DY Tier: 1	P680ARENT 1B12G4000333	BARIATRIC COMMODE 3	7.97	39.85
Sub Total						343.70
Sales Tax						24.06

Ordered By  
Department  
Phone #

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 367.76

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Invoice

Invoice No: 1404035	Your P.O.: 749-8678321	Invoice Date: 03/27/2018
Hill-Rom Order No.: S6 21831833	Payment Terms: NET 30 DAYS	Due Date: 04/26/2018

NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614
Sold To Customer: 822737 GLN: 1100002171704	Ship To Customer: 822737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	2.00	TRAVEL	SERVICE TRAVEL	\$126.00	\$252.00
2.000	.25	LABOR	SERVICE LABOR	126.00	31.50
			SWO 68213042 Serial number D287AM5686		
			Sub Total:		\$283.50
			7.00% State:		19.85
			Total Taxes:		19.85

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$303.35**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Individual Invoice

<b>Invoice No.: 1409557</b>	Your P.O.:	Invoice Date: 03/31/2018
Hill-Rom Order No.: 21164149 UR	Payment Terms: Net 30 Days	Due Date: 04/30/2018

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
03/01/2018	03/09/2018	9 DY Tier: 1	P6877A 05427588	BURKE TRIFLEX II 39/48 W SC	39.87	358.83
Ordered By Department Phone #						
Sub Total						358.83
Sales Tax						25.12

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 383.95

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1418289</b>		Your P.O:		Invoice Date: 03/31/2018		
Hill-Rom Order No.: 21486064 UR		Payment Terms: Net 30 Days		Due Date: 04/30/2018		
NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704			NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
03/09/2018	03/13/2018	5 DY Tier: 1	P6877B 05427588	BURKE TRIFLEX II 39/48 W SC,TZ	39.87	199.35
				Ordered By Department Phone #		
				Sub Total		199.35
				Sales Tax		13.95
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	213.30
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1418566</b>	Your P.O.:	Invoice Date: 03/31/2018
Hill-Rom Order No.: 21488813 UR	Payment Terms: Net 30 Days	Due Date: 04/30/2018

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
03/10/2018	03/17/2018	8 DY Tier: 1	P6877A 05442876	BURKE TRIFLEX II 39/48 W SC	39.87	318.96
03/10/2018	03/17/2018	8 DY Tier: 1	P6885 04905782	MATTRESS, SAE, 48" (RENTAL)	20.90	167.20
Ordered By Department Phone #						
Sub Total						486.16
Sales Tax						34.03

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 520.19

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1420163</b>		Your P.O.:		Invoice Date: 03/31/2018		
Hill-Rom Order No.: 21526430 UR		Payment Terms: Net 30 Days		Due Date: 04/30/2018		
NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704			NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
03/14/2018	03/17/2018	4 DY Tier: 1	P6877B 05427588	BURKE TRIFLEX II 39/48 W SC,TZ	39.87	159.48
03/14/2018	03/17/2018	4 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE	7.97	31.88
Ordered By Department Phone #				Sub Total		191.36
				Sales Tax		13.39
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	204.75
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Invoice

<b>Invoice No: 1439544</b>	Your P.O.: 749-6678321	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981876</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018

NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614
Sold To Customer: 622737 GLN: 1100002171704	Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	1.00	4714301S	PERM. INFUSION SUPPORT MODULE  SWO 68633913 Serial number D284AM5635	130.23	130.23
				Sub Total:	\$161.73
				7.00% State:	11.33
				Total Taxes:	11.33

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$173.06**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Hill-Rom

# Original Invoice

<b>Invoice No: 1439545</b>	Your P.O.: 749-6678321	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981677</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018
NW MISS REGIONAL MED CENTER Attr: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614		NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614
Sold To Customer: 622737 GLN: 1100002171704		Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.50	LABOR	SERVICE LABOR	\$126.00	\$63.00
2.000	2.00	6390601	CASTER 5" BRAKE  SWO 68633922 Serial number D287AM5685	121.25	242.50
				Sub Total:	\$305.50
				7.00% State:	21.39
				Total Taxes:	21.39

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$326.89**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attr: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent discountation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submittal/Reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>

# Hill-Rom

# Original Invoice

<b>Invoice No: 1439546</b>	Your P.O.: 749-8678321	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981678</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018

NW MISS REGIONAL MED CENTER  
Attr: Accounts Payable  
PO BOX 1218  
CLARKSDALE MS 38614

NORTHWEST MISSISSIPPI MEDICAL CENTER  
1970 HOSPITAL DR  
CLARKSDALE MS 38614

Sold To Customer: 622737  
GLN: 1100002171704

Ship To Customer: 622737  
GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.50	LABOR	SERVICE LABOR	\$126.00	\$63.00
2.000	1.00	66085	TREATMENT CUSHION  SWO 68633944 Serial number D284AM5635	450.97	450.97
				Sub Total:	\$513.97
				7.00% State:	35.98
				Total Taxes:	35.98

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$549.95**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attr: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>



# Original Invoice

<b>Invoice No: 1439547</b>	Your P.O.: 749-8689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981679</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018

NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	2.00	TRAVEL	SERVICE TRAVEL	\$126.00	\$252.00
2.000	.25	LABOR	SERVICE LABOR	126.00	31.50
3.000	2.00	139105	BATTERY, 12 VOLT, 12AHR	85.70	171.40
			SWO 68633961 Serial number N032AM8600		
				Sub Total:	\$454.90
				7.00% State:	31.85
				Total Taxes:	31.85

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$486.75**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under such programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Invoice

<b>Invoice No: 1439548</b>	Your P.O.: 749-8689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981680</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018
NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704		NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68634056 Serial number N027AM8545	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order \$217.11**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>



# Original Invoice

<b>Invoice No:</b> 1439549	Your P.O.: 749-8689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.:</b> S6 21981881	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018
NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704		NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68634176 Serial number N027AM8541	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$217.11**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848  Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulations issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under state programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Invoice

<b>Invoice No: 1439550</b>	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981682</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018

NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68635228 Serial number N027AM8540	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$217.11**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Invoice

<b>Invoice No: 1439551</b>	Your P.O.: 749-8689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981683</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018
NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704		NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68635380 Serial number N032AM8601	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$217.11**

<p><b>Please Remit Payment To:</b></p> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<p><b>Please send Correspondence To</b></p> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848  Federal Tax ID # 35-1538921
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<p><b>Wire Payment Instructions:</b></p> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<p><b>Safe Harbor:</b></p> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Invoice

<b>Invoice No: 1439552</b>	Your P.O.: 749-8689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981684</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018
NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704		NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68635461 Serial number N027AM8539	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$217.11**

<b>Please Remit Payment To:</b>  Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b>  Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8648  Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b>  PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b>  <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7g(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discount, rebate, provision of no-charge product or other price reductions in cost reports or Claims Submission for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 101.952(f)(1)</small>
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# Original Invoice

<b>Invoice No: 1439553</b>	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981685</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018

NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68635631 Serial number N032AM8602	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$217.11**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848  Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(b)(1) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Invoice

<b>Invoice No: 1439554</b>	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
<b>Hill-Rom Order No.: S6 21981686</b>	Payment Terms: NET 30 DAYS	Due Date: 05/24/2018

NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614
Sold To Customer: 622737 GLN: 1100002171704	Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR	\$126.00	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR  SWO 68635713 Serial number N027AM8549	85.70	171.40
				Sub Total:	\$202.90
				7.00% State:	14.21
				Total Taxes:	14.21

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$217.11**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848  Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Individual Invoice

<b>Invoice No.: 1519842</b>	Your P.O.:	Invoice Date: 06/30/2018
Hill-Rom Order No.: 22496982 UR	Payment Terms: Net 30 Days	Due Date: 07/30/2018

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
06/07/2018	06/17/2018	11 DY Tier: 1	P6885 04905782	MATTRESS, SAE, 48" (RENTAL)	26.90	229.90
06/07/2018	06/17/2018	11 DY Tier: 1	P6877A 05427471	BURKE TRIFLEX II 39/48 W SC	38.67	425.37
06/07/2018	06/07/2018	1 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE	7.97	7.97
Ordered By Department Phone #						
Sub Total						663.24
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 663.24

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.: 1529758</b>	Your P.O.:	Invoice Date: 06/30/2018
Hill-Rom Order No.: 22732992 UR	Payment Terms: Net 30 Days	Due Date: 07/30/2018

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
06/28/2018	06/30/2018	3 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE	7.97	23.91
06/28/2018	06/30/2018	3 DY Tier: 1	P6880 04905782	MATTRESS, SAE, 36" (RENTAL)	20.90	62.70
Sub Total						86.61
Sales Tax						0.00

Ordered By  
Department  
Phone #

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 86.61

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1546805</b>	Your P.O.:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22732992 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/01/2018	07/31/2018	31 DY Tier: 1	P68QARENT 1B1204000333	BARIATRIC COMMODE	7.97	247.07
07/01/2018	07/31/2018	31 DY Tier: 1	P6880 04905782	MATTRESS, SAE, 36" (RENTAL)	20.90	647.90
Sub Total						894.97
Sales Tax						0.00

Ordered By  
Department  
Phone #

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 894.97

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1574867</b>	Your P.O.:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 22732992 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

NW MISS REGIONAL MED CENTER PO BOX 1218 CLARKSDALE, MS 38614 Sold To Customer: 622737 GLN: 1100002171704	NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737 GLN: 1100002171704
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/01/2018	08/31/2018	31 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE	7.97	247.07 183.31
08/01/2018	08/31/2018	31 DY Tier: 1	P6880 04905782	MATTRESS, SAE, 36" (RENTAL)	20.90	647.90 480.70
Ordered By Department Phone #						
Sub Total						664.01
Sales Tax						894.97 0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 894.97

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Invoice

<b>Invoice No: 630600</b>	Your P.O.: 749-6704808	Invoice Date: 04/05/2018
<b>Hill-Rom Order No.: SO 21769783</b>	Payment Terms: NET 30 DAYS	Due Date: 05/05/2018
NW MISS REGIONAL MED CENTER Attn: Accounts Payable PO BOX 1218 CLARKSDALE MS 38614  Sold To Customer: 622738		NORTHWEST MISSISSIPPI MEDICAL CENTER  1970 HOSPITAL DR CLARKSDALE MS 38614  Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	146683S	CALF SUPP. PAD & ARM ASSY- L.H B.O.L. #: 14848727 dated: 04/04/2018	\$530.69	\$530.69
2.000	1.00	146628S	CALF SUPP. PAD & ARM ASSY- R.H B.O.L. #: 14848727 dated: 04/04/2018	530.69	530.69
3.000	1.00	SHIPPING AND	SHIPPING AND HANDLING CHARGE B.O.L. #: 14848727 dated: 04/04/2018  Tracking Number: 425109994654, NO MODE SELECTED	6.50	6.50
<b>Sub Total:</b>					<b>\$1,067.88</b>

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$1,067.88**

<p><b>Please Remit Payment To:</b></p> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<p><b>Please send Correspondence To</b></p> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<p><b>Wire Payment Instructions:</b></p> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<p><b>Safe Harbor:</b></p> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7a(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitter reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.932(f)(1)</small>
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Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

9/26/18

STATEMENT

GILMORE MEMORIAL HOSPITAL  
 1105 EARL FRYE BLVD  
 AMORY, MS 38821

RE: Account 622749

Dear Accounts Payable,

Invoice	Date	Due Date	Purchase Order	Current Code	Amt Open
1303310	12/31/17	1/30/18			159.48
1303312	12/31/17	1/30/18			83.60
1306173	12/31/17	1/30/18			119.61
1306175	12/31/17	1/30/18			1580.02
1306180	12/31/17	1/30/18			62.70
1308738	12/31/17	1/30/18			877.14
1308741	12/31/17	1/30/18			459.80
1323718	12/31/17	1/30/18			1955.10
1328213	1/16/18	2/15/18	754-6626341		773.65
1328214	1/16/18	2/15/18	754-6626341		140.00
1329400	1/20/18	2/19/18	754-6626341		323.26
1331196	1/27/18	2/26/18	754-6626341		522.13
1331287	1/27/18	2/26/18	754-6626341		218.76
1343127	1/31/18	3/2/18			125.40
1343129	1/31/18	3/2/18			239.22
1362385	1/31/18	3/2/18			1955.10
1333803	2/13/18	3/15/18	754-6655432		459.24
602743	2/17/18	3/19/18	754-6666253		276.00

Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

Invoice	Date	Due Date	Purchase Order	Currency Code	Amt Open
1397053	2/28/18	3/30/18			151.56
1397054	2/28/18	3/30/18			1531.57
1431892	3/31/18	4/30/18	754-6412347		522.04
1431893	3/31/18	4/30/18			1117.20
1459234	4/30/18	5/30/18			116.01
1459238	4/30/18	5/30/18			62.70
1467195	4/30/18	5/30/18	754-6412347		505.20
1467196	4/30/18	5/30/18			1805.24
647686	5/7/18	6/6/18	00685		276.00
649619	5/10/18	6/9/18	00702		276.00
650550	5/12/18	6/11/18	00722		276.00
653361	5/17/18	6/16/18	00770		276.00
1488867	5/31/18	6/30/18			560.31
1496830	5/31/18	6/30/18			178.71
1525184	6/30/18	7/30/18	01210		297.85
702992	8/11/18	8/11/18	01639		-234.60
702993	8/11/18	8/11/18	01658		-234.60
1549903	7/31/18	8/30/18			560.31
1549905	7/31/18	8/30/18			353.88
1560881	7/31/18	8/30/18			119.14
697709	8/2/18	9/1/18	01639		276.00
697746	8/2/18	9/1/18	01658		276.00
702625	8/11/18	9/10/18	01774		276.00

Hill-Rom  
 1069 State Route 46 E  
 Batesville, IN 47006  
 Fax Number: 812-934-8848

Invoice	Date	Due Date	Purchase Order	Currency Code	Amt Open
1578338	8/31/18	9/30/18			1370.11

Currency Code	Amount
USD	21044.84

Please mail your check today for the overdue amount. If there are any problems with the open items, please call. Thank you for your prompt attention. **\*\*Hill-Rom is going Green!\*\*** We can now e-mail or fax most invoices at the time of billing.

To be included in this initiative, please contact your Collection Specialist.

Sincerely,  
 RACHEL GALLAGHER  
 +1 812 931 2387  
 rachel.gallagher@hill-rom.com

Remit To:  
 Hill-Rom  
 PO Box 643592  
 Pittsburgh, PA 15264-3592



# Original Individual Invoice

<b>Invoice No.: 1303310</b>		Your P.O:		Invoice Date: 12/31/2017		
Hill-Rom Order No.: 20328687 UR		Payment Terms: Net 30 Days		Due Date: 01/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/01/2017	12/04/2017	4 DY Tier: 1	P6877B 05427372	BURKE TRIFLEX II 39/48 W SC.TZ	39.87	159.48
				Ordered By Department Phone #		
				Sub Total		159.48
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	159.48
<u>Please Remit Payment To:</u> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<u>Wire Payment Instructions:</u> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<u>Instructions:</u> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<u>Please send Correspondence To:</u> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.:</b> 1303312	Your P.O.:	Invoice Date:	12/31/2017
Hill-Rom Order No.: 20328698 UR	Payment Terms: Net 30 Days	Due Date:	01/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/01/2017	12/04/2017	4 DY Tier: 1	P6885 05611322	MATTRESS, SAE, 48" (RENTAL)	20.90	83.60
Ordered By Department Phone #						
Sub Total						83.60
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 83.60

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1306173</b>	Your P.O:	Invoice Date: 12/31/2017
Hill-Rom Order No.: 20383590 UR	Payment Terms: Net 30 Days	Due Date: 01/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/04/2017	12/06/2017	3 DY Tier: 1	P6877B 05427372	BURKE TRIFLEX II 39/48 W SC,TZ	39.87	119.61
Ordered By Department Phone #						
Sub Total						119.61
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 119.61

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.:</b> 1306175	Your P.O.:	Invoice Date:	12/31/2017
Hill-Rom Order No.: 20383612 UR	Payment Terms: Net 30 Days	Due Date:	01/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/04/2017	12/29/2017	26 DY Tier: 1	P6877B 05442231	BURKE TRIFLEX II 39/48 W SC,TZ	39.87	1036.62
12/04/2017	12/29/2017	26 DY Tier: 1	P6885 04283826	MATTRESS, SAE, 48" (RENTAL)	20.90	543.40
Ordered By Department Phone #						
Sub Total						1,580.02
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 1,580.02

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1306180</b>		Your P.O:		Invoice Date: 12/31/2017		
Hill-Rom Order No.: 20383768 UR		Payment Terms: Net 30 Days		Due Date: 01/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/04/2017	12/06/2017	3 DY Tier: 1	P6885 05611322	MATTRESS, SAE, 48" (RENTAL)	20.90	62.70
				Ordered By Department Phone #		
				Sub Total		62.70
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	62.70
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1308738</b>		Your P.O.:		Invoice Date: 12/31/2017		
Hill-Rom Order No.: 20445329 UR		Payment Terms: Net 30 Days		Due Date: 01/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/08/2017	12/29/2017	22 DY Tier: 1	P6877B 05427372	BURKE TRIFLEX II 39/48 W SC,TZ	39.87	877.14
Ordered By Department Phone #						
Sub Total						877.14
Sales Tax						0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	877.14
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1308741</b>		Your P.O:		Invoice Date: 12/31/2017		
Hill-Rom Order No.: 20445335 UR		Payment Terms: Net 30 Days		Due Date: 01/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
12/08/2017	12/29/2017	22 DY Tier: 1	P6885 05611322	MATTRESS, SAE, 48" (RENTAL)	20.90	459.80
				Ordered By Department Phone #		
				Sub Total		459.80
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	459.80
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Invoice by PO - Detail

Invoice Number: 1323718	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 12/31/2017
Billing Period: 12/01/2017 to 12/31/2017	Payment Terms: NET 30 DAYS	Due Date: 1/30/2018
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219		Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18715466 1.008	ABBT PLUM A+ INFUSION PUMP 04739862 14136010		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503186 1.008	ABBT PLUM A+ INFUSION PUMP 05459375 13863695		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567206 1.008	ABBT PLUM A+ INFUSION PUMP 05459383 13863722		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503183 1.008	ABBT PLUM A+ INFUSION PUMP 05459391 13863793		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	127.96	258.47
P6962 18879048 4.007	ABBT PLUM A+ INFUSION PUMP 05459409 13891273		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503187 1.008	ABBT PLUM A+ INFUSION PUMP 05459474 13863509		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51



# Original Invoice by PO - Detail

Invoice Number: 1323718	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 12/31/2017
Billing Period: 12/01/2017 to 12/31/2017	Payment Terms: NET 30 DAYS	Due Date: 1/30/2018
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219		Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18503188 1.008	ABBT PLUM A+ INFUSION PUMP 05459540 13895134		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567207 1.008	ABBT PLUM A+ INFUSION PUMP 05459623 13863454		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18879046 1.007	ABBT PLUM A+ INFUSION PUMP 05459748 14138580		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18879048 2.007	ABBT PLUM A+ INFUSION PUMP 05459771 13863458		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567208 1.008	ABBT PLUM A+ INFUSION PUMP 05459789 13863754		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503184 1.008	ABBT PLUM A+ INFUSION PUMP 05460134 13884377		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51



# Original Invoice by PO - Detail

Invoice Number: 1323718		Purchase Order: DEBBIE CAMPBELL			Invoice Date: 12/31/2017					
Billing Period: 12/01/2017 to 12/31/2017		Payment Terms: NET 30 DAYS			Due Date: 1/30/2018					
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821				GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821						
Sold To: 622749 GLN: 1100002691219				Ship To: 622749 GLN: 1100002691219						
Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 18879046 5.007	ABBT PLUM A+ INFUSION PUMP 05460167 13884370		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51	
P6962 18567209 1.008	ABBT PLUM A+ INFUSION PUMP 05460241 13881131		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51	
622749 - GILMORE MEMORIAL HOSPITAL							Subtotal	1827.14	127.96	1955.10



Sold To: 622749  
 Invoice Number: 1323718

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P696Z	ABBT PLUM A+ INFUSION PUMP	14.0000	1827.14
<b>SUBTOTAL:</b>			1827.14
<b>SALES TAX:</b>			127.96
<b>TOTALS FOR PO # DEBBIE CAMPBELL for Period 12/01/2017 to 12/31/2017</b>			<b>TOTAL AMOUNT: 1955.10</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>	<b>INSTRUCTIONS:</b>	<b>LEGEND/KEY:</b>	<b>Please Send Correspondence To:</b>
Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	Please pay the Total Amount Due each month If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to <a href="mailto:ar_achpnc@hill-rom.com">ar_achpnc@hill-rom.com</a>	<b>DY</b> = Day(s) <b>WK</b> = Week(s) <b>MO</b> = Month(s) <b>MC</b> = Minimum <b>CH</b> = Charge <b>UG</b> = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>

Safe Harbor. Safe Harbor. The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)

# Hill-Rom

# Original Invoice

<b>Invoice No: 1328213</b>	Your P.O.: 754-8626341	Invoice Date: 01/16/2018
<b>Hill-Rom Order No.: S6 20839731</b>	Payment Terms: NET 30 DAYS	Due Date: 02/15/2018
GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To Customer: 622749 GLN: 1100002891219		Ship To Customer: 622749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	4.00	TRAVEL	SERVICE TRAVEL	\$140.00	\$560.00
2.000	1.50	LABOR	SERVICE LABOR	140.00	210.00
3.000	1.00	69456	CABLE, IR, OB DETECT,HD LEFT	3.65	3.65
			SWO 66880486 Serial number Q050AD6468		
			Sub Total:		\$773.65

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$773.65**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent discountation under some programs including adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Hill-Rom

# Original Invoice

Invoice No: 1328214	Your P.O.: 754-6626341	Invoice Date: 01/16/2018
Hill-Rom Order No.: S6 20839732	Payment Terms: NET 30 DAYS	Due Date: 02/15/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To Customer: 622749 GLN: 1100002891219	Ship To Customer: 622749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	LABOR	SERVICE LABOR	\$140.00	\$140.00
			SWO 66880500 Serial number HRP000422247		
			Sub Total:		\$140.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$140.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 12010a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent discountation under many programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.652(f)(1)</small>
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# Original Invoice

<b>Invoice No:</b> 1329400	Your P.O.: 754-8626341	Invoice Date: 01/20/2018
<b>Hill-Rom Order No.:</b> S6 20904103	Payment Terms: NET 30 DAYS	Due Date: 02/19/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219	GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002891219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.50	LABOR	SERVICE LABOR	\$140.00	\$70.00
2.000	1.00	71761	CABLE ASSY, PENDANT INTERCONNE	45.38	45.38
3.000	1.00	16646201	PPA,S&I W/O COMMUNICATION	207.88	207.88
			SWO 67304721 Serial number HRP000434611		
			Sub Total:		\$323.26

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$323.26**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848  Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-10(b) and regulations issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 401.852(f)</small>
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# Original Invoice

<b>Invoice No: 1331196</b>	Your P.O.: 754-8628341	Invoice Date: 01/27/2018
<b>Hill-Rom Order No.: S6 20988196</b>	Payment Terms: NET 30 DAYS	Due Date: 02/26/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219	GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002891219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	132628	PCB, MOTOR CONTROL, CAREASSIST	\$515.75	\$515.75
2.000	2.00	133251	FUSE,5A,250V,TD,3AG	3.19	6.38
			Beginning March 1, 2018 there will be a \$5.00 processing fee applied to your invoice for phoned in Parts orders. You can avoid this processing fee by using our new online portal, direct.hill-rom.com. SWO 67407904		
Sub Total:					\$522.13

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$522.13**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848  Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Hill-Rom

# Original Invoice

<b>Invoice No: 1331287</b>	Your P.O.: 754-8626341	Invoice Date: 01/27/2018
<b>Hill-Rom Order No.: S6 20986320</b>	Payment Terms: NET 30 DAYS	Due Date: 02/26/2018
GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821	
Sold To Customer: 622749 GLN: 1100002891219	Ship To Customer: 622749 GLN: 1100002891219	

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.50	LABOR	SERVICE LABOR	\$140.00	\$70.00
2.000	2.00	S30527K	MAIN BEARING	1.45	2.90
3.000	4.00	S30528K	SUPPORT	3.88	15.52
4.000	1.00	16213201	CASTER,BRAKE,145MM,SINGLE	130.34	130.34
			SWO 67414395 Serial number HRP000434611		
			Sub Total:		\$218.76

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$218.76**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under state programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 400.352(f)</small>



# Original Individual Invoice

<b>Invoice No.: 1343127</b>		Your P.O.:		Invoice Date: 01/31/2018		
Hill-Rom Order No.: 20724240 UR		Payment Terms: Net 30 Days		Due Date: 03/02/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
01/02/2018	01/07/2018	6 DY Tier: 1	P6885 05611322	MATTRESS, SAE, 48" (RENTAL)	20.90	125.40
Ordered By Department Phone #						
Sub Total						125.40
Sales Tax						0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	125.40
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.: 1343129</b>		Your P.O:		Invoice Date: 01/31/2018		
Hill-Rom Order No.: 20724245 UR		Payment Terms: Net 30 Days		Due Date: 03/02/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
01/02/2018	01/07/2018	6 DY Tier: 1	P6877B 05427372	BURKE TRIFLEX II 39/48 W SC,TZ	39.87	239.22
				Ordered By Department Phone #		
					Sub Total	239.22
					Sales Tax	0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	239.22
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Invoice by PO - Detail

Invoice Number: 1362385	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 01/31/2018
Billing Period: 01/01/2018 to 01/31/2018	Payment Terms: NET 30 DAYS	Due Date: 3/2/2018
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219		Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18715486 1.009	ABBT PLUM A+ INFUSION PUMP 04738852 14136010		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503186 1.009	ABBT PLUM A+ INFUSION PUMP 05459375 13863695		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567206 1.009	ABBT PLUM A+ INFUSION PUMP 05459383 13863722		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503183 1.009	ABBT PLUM A+ INFUSION PUMP 05459391 13863793		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18879046 4.008	ABBT PLUM A+ INFUSION PUMP 05459409 13891273		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503187 1.009	ABBT PLUM A+ INFUSION PUMP 05459474 13863509		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51

Invoice Number: 1362385	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 01/31/2018
Billing Period: 01/01/2018 to 01/31/2018	Payment Terms: NET 30 DAYS	Due Date: 3/2/2018
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219		Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description / Serial # / Barcode	Ordered By / Dept. Name / Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18503188 1.009	ABBT PLUM A+ INFUSION PUMP 05459540 13895134		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567207 1.009	ABBT PLUM A+ INFUSION PUMP 05459623 13863454		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18879046 1.008	ABBT PLUM A+ INFUSION PUMP 05458748 14136580		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	127.96	258.47
P6962 18879048 2.008	ABBT PLUM A+ INFUSION PUMP 05459771 13863458		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567208 1.009	ABBT PLUM A+ INFUSION PUMP 05459789 13863754		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503184 1.009	ABBT PLUM A+ INFUSION PUMP 05460134 13884377		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51



# Original Invoice by PO - Detail

Invoice Number: 1362385		Purchase Order: DEBBIE CAMPBELL			Invoice Date: 01/31/2018					
Billing Period: 01/01/2018 to 01/31/2018		Payment Terms: NET 30 DAYS			Due Date: 3/2/2018					
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821				GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821						
Sold To: 622749 GLN: 1100002691219				Ship To: 622749 GLN: 1100002691219						
Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 18879046 5.008	ABBT PLUM A+ INFUSION PUMP 05460167 13884370		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
P6962 18567209 1.009	ABBT PLUM A+ INFUSION PUMP 05460241 13881131		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
622749 - GILMORE MEMORIAL HOSPITAL							Subtotal	1827.14	127.96	1955.10



Sold To: 622749  
 Invoice Number: 1362365

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	14.0000	1827.14
<b>SUBTOTAL:</b>			1827.14
<b>SALES TAX:</b>			127.96
<b>TOTALS FOR PO # DEBBIE CAMPBELL for Period 01/01/2018 to 01/31/2018</b>			<b>TOTAL AMOUNT: 1955.10</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>	<b>INSTRUCTIONS:</b>	<b>LEGEND/KEY:</b>	<b>Please Send Correspondence To:</b>
Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	Please pay the Total Amount Due each month If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ADA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	<b>DY</b> = Day(s) <b>WK</b> = Week(s) <b>MO</b> = Month(s) <b>MC</b> = Minimum <b>CH</b> = Charge <b>UG</b> = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	HILL-ROM COMPANY, INC <b>ATTN: RACHEL GALLAGHER</b> 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>

Safe Harbor: Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Invoice

<b>Invoice No: 1333803</b>	Your P.O.: 754-6655432	Invoice Date: 01/31/2018
<b>Hill-Rom Order No.: S6 21036904</b>	Payment Terms: NET 30 DAYS	Due Date: 03/02/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD AMORY MS 38821  Ship To Customer: 822749 GLN: 1100002691219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	.50	LABOR	SERVICE LABOR	\$140.00	\$70.00
3.000	1.00	144934	FOOT CONTROL ASSY, RIGHT, SVC	389.24	389.24
			SWO 67480912 Serial number Q050AD6448		
			Sub Total:		\$459.24

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$459.24**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848 Federal Tax ID # 35-1538921
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discount, rebate, provision of no-charge product or other price reduction in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1601.852(f)(1)</small>
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# Hill-Rom

# Original Invoice

Invoice No: 602743	Your P.O.: 754-8668253	Invoice Date: 02/17/2018
Hill-Rom Order No.: SO 21192735	Payment Terms: NET 30 DAYS	Due Date: 03/19/2018
GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD ATTN: RECEIVING AMORY MS 38821
Sold To Customer: 622749 GLN: 1100002891219		Ship To Customer: 622749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	VEST GARMENT B.O.L. #: 14617237 dated: 02/13/2018 ***** Itemized Options: P300631005 Slotted Vest Wrap SPU(5pk) - M *****	\$276.00	\$276.00
1.001	1.00	P300631005	VEST, SPU MED WRAP - SLOTTED  Tracking Number: 423031545846, NO MODE SELECTED		
Sub Total:					\$276.00

Interest Note: All past due invoices are subject to 1.5% per month late charge.

**Total Order**

**\$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Statements for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>



# Original Invoice by PO - Detail

Invoice Number: 1397063		Purchase Order: 754-6412347			Invoice Date: 02/28/2018					
Billing Period: 02/01/2018 to 02/28/2018		Payment Terms: NET 30 DAYS			Due Date: 3/30/2018					
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821				GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821						
Sold To: 622749 GLN: 1100002691219				Ship To: 622749 GLN: 1100002691219						
Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 21274942 2.001	ABBT PLUM A+ INFUSION PUMP 05384128 13882385		02/20/2018 thru 02/28/2018		9.0000 DY	4.21	37.89	0.00	37.89	
P6962 21274942 4.001	ABBT PLUM A+ INFUSION PUMP 05459631 138843737		02/20/2018 thru 02/28/2018		9.0000 DY	4.21	37.89	0.00	37.89	
P6962 21274942 3.001	ABBT PLUM A+ INFUSION PUMP 05460068 13884381		02/20/2018 thru 02/28/2018		9.0000 DY	4.21	37.89	0.00	37.89	
P6962 21274942 1.001	ABBT PLUM A+ INFUSION PUMP 05460456 13884392		02/20/2018 thru 02/28/2018		9.0000 DY	4.21	37.89	0.00	37.89	
622749 - GILMORE MEMORIAL HOSPITAL							Subtotal	151.56	0.00	151.56



Sold To: 622749  
 Invoice Number: 1397053

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P696Z	ABBT PLUM A+ INFUSION PUMP	4.0000	151.56
<b>SUBTOTAL:</b>			151.56
<b>SALES TAX:</b>			0.00
<b>TOTALS FOR PO # 754-6412347 for Period 02/01/2018 to 02/28/2018</b>			<b>TOTAL AMOUNT: 151.56</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b> Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar_achpnc@hill-rom.com	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006  Phone: 812/931-2387 Fax: 812/934-8848
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# Original Invoice by PO - Detail

Invoice Number: 1397064		Purchase Order: DEBBIE CAMPBELL			Invoice Date: 02/28/2018				
Billing Period: 02/01/2018 to 02/28/2018		Payment Terms: NET 30 DAYS			Due Date: 3/30/2018				
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821				GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821					
Sold To: 622749 GLN: 1100002691219				Ship To: 622749 GLN: 1100002691219					
Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18715486 1.010	ABBT PLUM A+ INFUSION PUMP 04738852 14136010		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 18503186 1.010	ABBT PLUM A+ INFUSION PUMP 05459375 13863695		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 18567206 1.010	ABBT PLUM A+ INFUSION PUMP 05459383 13863722		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 18503183 1.010	ABBT PLUM A+ INFUSION PUMP 05459391 13863793		02/01/2018 thru 02/16/2018		16.0000 DY	4.21	67.38	100.17	167.53
P6962 18878046 4.009	ABBT PLUM A+ INFUSION PUMP 05459409 13861273		02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20
P6962 18503187 1.010	ABBT PLUM A+ INFUSION PUMP 05459474 13863509		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88



# Original Invoice by PO - Detail

Invoice Number: 1397064	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 02/28/2018
Billing Period: 02/01/2018 to 02/28/2018	Payment Terms: NET 30 DAYS	Due Date: 3/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219	Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18503188 1.010	ABBT PLUM A+ INFUSION PUMP 05459640 13895134		02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20
P6962 18567207 1.010	ABBT PLUM A+ INFUSION PUMP 05459623 13863454		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 18879046 1.009	ABBT PLUM A+ INFUSION PUMP 05459748 14138680		02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20
P6962 18879048 2.009	ABBT PLUM A+ INFUSION PUMP 05459771 13863458		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 18567208 1.010	ABBT PLUM A+ INFUSION PUMP 05459789 13863754		02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20
P6962 18503184 1.010	ABBT PLUM A+ INFUSION PUMP 05460134 13884377		02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20



# Original Invoice by PO - Detail

Invoice Number: 1397054	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 02/28/2018
Billing Period: 02/01/2018 to 02/28/2018	Payment Terms: NET 30 DAYS	Due Date: 3/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219	Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18879046 5.009	ABBT PLUM A+ INFUSION PUMP 05460167 13884370		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 18567209 1.010	ABBT PLUM A+ INFUSION PUMP 05460241 13881131		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
622749 - GILMORE MEMORIAL HOSPITAL						Subtotal	1431.40	100.17	1531.57



Sold To: 622749  
 Invoice Number: 1397054

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	14.0000	1431.40
<b>SUBTOTAL:</b>			1431.40
<b>SALES TAX:</b>			100.17
<b>TOTALS FOR PO # DEBBIE CAMPBELL for Period 02/01/2018 to 02/28/2018</b>			<b>TOTAL AMOUNT: 1531.57</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b>  Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041009124 Send remittance to ar_achpnc@hill-rom.com	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/934-2387</b> <b>Fax: 812/934-8848</b>
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# Original Invoice by PO - Detail

Invoice Number: 1431892		Purchase Order: 754-6412347		Invoice Date: 03/31/2018						
Billing Period: 03/01/2018 to 03/31/2018		Payment Terms: NET 30 DAYS		Due Date: 4/30/2018						
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821				GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821						
Sold To: 622749 GLN: 1100002691219				Ship To: 622749 GLN: 1100002691219						
Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 21274942 2.002	ABBT PLUM A+ INFUSION PUMP 05384128 13882385		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
P6962 21274942 4.002	ABBT PLUM A+ INFUSION PUMP 05459631 13843737		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
P6962 21274942 3.002	ABBT PLUM A+ INFUSION PUMP 05460088 13884381		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
P6962 21274942 1.002	ABBT PLUM A+ INFUSION PUMP 05460456 13884392		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
622749 - GILMORE MEMORIAL HOSPITAL							Subtotal	522.04	0.00	522.04



Sold To: 622749  
 Invoice Number: 1431892

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	4.0000	522.04
<b>SUBTOTAL:</b>			522.04
<b>SALES TAX:</b>			0.00
<b>TOTALS FOR PO # 754-6412347 for Period 03/01/2018 to 03/31/2018</b>			<b>TOTAL AMOUNT: 522.04</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b> Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar_achpnc@hill-rom.com	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>
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Invoice Number: 1431893	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 03/31/2018
Billing Period: 03/01/2018 to 03/31/2018	Payment Terms: NET 30 DAYS	Due Date: 4/30/2018
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219		Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18715486 1.011	ABBT PLUM A+ INFUSION PUMP 04738852 14136010		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503186 1.011	ABBT PLUM A+ INFUSION PUMP 05459375 13863695		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567206 1.011	ABBT PLUM A+ INFUSION PUMP 05459383 13863722		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503187 1.011	ABBT PLUM A+ INFUSION PUMP 05459474 13863509		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18567207 1.011	ABBT PLUM A+ INFUSION PUMP 05459523 13863454		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18879046 2.010	ABBT PLUM A+ INFUSION PUMP 05459771 13863458		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51



# Original Invoice by PO - Detail

Invoice Number: 1431893	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 03/31/2018
Billing Period: 03/01/2018 to 03/31/2018	Payment Terms: NET 30 DAYS	Due Date: 4/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219	Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18879046 5.010	ABBT PLUM A+ INFUSION PUMP 05460167 13884370		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	73.12	203.63
P6962 18567209 1.011	ABBT PLUM A+ INFUSION PUMP 05460241 13881131		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
622749 - GILMORE MEMORIAL HOSPITAL						Subtotal	1044.08	73.12	1117.20



Sold To: 622749  
 Invoice Number: 1431893

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	8.0000	1044.08
<b>SUBTOTAL:</b>			1044.08
<b>SALES TAX:</b>			73.12
<b>TOTALS FOR PO # DEBBIE CAMPBELL for Period 03/01/2018 to 03/31/2018</b>			<b>TOTAL AMOUNT: 1117.20</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b>  Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041009124 Send remittance to <a href="mailto:achpnc@hill-rom.com">achpnc@hill-rom.com</a>	<b>LEGEND/KEY:</b>  <b>DY</b> = Day(s) <b>WK</b> = Week(s) <b>MO</b> = Month(s) <b>MC</b> = Minimum <b>CH</b> = Charge <b>UG</b> = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>
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Safe Harbor: Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.: 1459234</b>		Your P.O:		Invoice Date: 04/30/2018		
Hill-Rom Order No.: 21941891 UR		Payment Terms: Net 30 Days		Due Date: 05/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/19/2018	04/21/2018	3 DY Tier: 1	P6877B 05427372	BURKE TRIFLEX II 39/48 W SC.TZ	38.67	116.01
				Ordered By Department Phone #		
				Sub Total		116.01
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	116.01
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Individual Invoice

<b>Invoice No.: 1459238</b>		Your P.O:		Invoice Date: 04/30/2018		
Hill-Rom Order No.: 21941907 UR		Payment Terms: Net 30 Days		Due Date: 05/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
04/19/2018	04/21/2018	3 DY Tier: 1	P6885 05611322	MATTRESS, SAE, 48" (RENTAL)	20.90	62.70
				Ordered By Department Phone #		
				Sub Total		62.70
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	62.70
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Invoice by PO - Detail

Invoice Number: 1467195	Purchase Order: 754-6412347	Invoice Date: 04/30/2018
Billing Period: 04/01/2018 to 04/30/2018	Payment Terms: NET 30 DAYS	Due Date: 5/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219	Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 21274942 2.003	ABBT PLUM A+ INFUSION PUMP 05384128 13882385		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30	
P6962 21274942 4.003	ABBT PLUM A+ INFUSION PUMP 05459831 13843737		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30	
P6962 21274942 3.003	ABBT PLUM A+ INFUSION PUMP 05460088 13884381		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30	
P6962 21274942 1.003	ABBT PLUM A+ INFUSION PUMP 05460456 13884392		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30	
622749 - GILMORE MEMORIAL HOSPITAL							Subtotal	505.20	0.00	505.20



Sold To: 622749  
 Invoice Number: 1467195

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	4.0000	505.20
<b>SUBTOTAL:</b>			505.20
<b>SALES TAX:</b>			0.00
<b>TOTALS FOR PO # 754-6412347 for Period 04/01/2018 to 04/30/2018</b>			<b>TOTAL AMOUNT: 505.20</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b>  Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to <a href="mailto:achpnc@hill-rom.com">achpnc@hill-rom.com</a>	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>
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Original Invoice by PO - Detail

Invoice Number: 1467196	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 04/30/2018
Billing Period: 04/01/2018 to 04/30/2018	Payment Terms: NET 30 DAYS	Due Date: 5/30/2018

GILMORE MEMORIAL HOSPITAL  
 1105 EARL FRYE BLVD  
 AMORY MS 38821

Sold To: 622749  
 GLN: 1100002691219

GILMORE MEMORIAL HOSPITAL  
 1105 EARL FRYE BLVD  
 AMORY MS 38821

Ship To: 622749  
 GLN: 1100002691219

Part # / Order # / Line No.	Item Description / Serial # / Barcode	Ordered By / Dept. Name / Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty / Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 18715486 1.012	ABBT PLUM A+ INFUSION PUMP 04738852 14136010		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
P6962 21830739 1.004	ABBT PLUM A+ INFUSION PUMP 05383864 13884272		02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88
P6962 21830739 1.001	ABBT PLUM A+ INFUSION PUMP 05383864 13884272		11/10/2017 thru 11/30/2017		21.0000 DY	4.21	88.41	0.00	88.41
P6962 21830739 1.002	ABBT PLUM A+ INFUSION PUMP 05383864 13884272		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 21830739 1.006	ABBT PLUM A+ INFUSION PUMP 05383864 13884272		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
P6962 21830739 1.005	ABBT PLUM A+ INFUSION PUMP 05383864 13884272		03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51

Invoice Number: 1467196	Purchase Order: DEBBIE CAMPBELL	Invoice Date: 04/30/2018
Billing Period: 04/01/2018 to 04/30/2018	Payment Terms: NET 30 DAYS	Due Date: 5/30/2018
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To: 622749 GLN: 1100002691219		Ship To: 622749 GLN: 1100002691219

Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge
P6962 21830739 1.003	ABBT PLUM A+ INFUSION PUMP 05383864 13884272		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18503186 1.012	ABBT PLUM A+ INFUSION PUMP 05459375 13863695		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
P6962 18567206 1.012	ABBT PLUM A+ INFUSION PUMP 05458383 13863722		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
P6962 18503187 1.012	ABBT PLUM A+ INFUSION PUMP 05459474 13863509		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
P6962 18567207 1.012	ABBT PLUM A+ INFUSION PUMP 05459623 13863454		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
P6962 18879046 2.011	ABBT PLUM A+ INFUSION PUMP 05459771 13863458		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	70.72	197.02



Original Invoice by PO - Detail

Invoice Number: 1467196		Purchase Order: DEBBIE CAMPBELL			Invoice Date: 04/30/2018					
Billing Period: 04/01/2018 to 04/30/2018		Payment Terms: NET 30 DAYS			Due Date: 5/30/2018					
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821				GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821						
Sold To: 622749 GLN: 1100002691219				Ship To: 622749 GLN: 1100002691219						
Part # / Order # / Line No.	Item Description/ Serial # / Barcode	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice by PO	Qty/ Rate Sched.	Unit Price	Invoice Amount	Sales Tax	Total Charge	
P6962 18879046 5.011	ABBT PLUM A+ INFUSION PUMP 05460167 13884370		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30	
P6962 18567209 1.012	ABBT PLUM A+ INFUSION PUMP 05460241 13881131		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30	
622749 - GILMORE MEMORIAL HOSPITAL							Subtotal	1734.52	70.72	1805.24



Sold To: 622749  
 Invoice Number: 1467196

# Original Invoice by PO - Summary

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	9.0000	1734.52
<b>SUBTOTAL:</b>			1734.52
<b>SALES TAX:</b>			70.72
<b>TOTALS FOR PO # DEBBIE CAMPBELL for Period 04/01/2018 to 04/30/2018</b>			<b>TOTAL AMOUNT: 1805.24</b>

Interest Note : Interest Note: All past due invoices are subject to 1.5% per month late charge.

<b>Please Remit Payment To:</b>  Hill Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>INSTRUCTIONS:</b>  Please pay the Total Amount Due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made; usually a month after the original invoice.  <b>Wire Payment Instructions:</b> PNC Bank Account Number: 4606901617 ABA Routing Number: 041000124 Send remittance to ar_achpnc@hill-rom.com	<b>LEGEND/KEY:</b>  DY = Day(s) WK = Week(s) MO = Month(s) MC = Minimum CH = Charge US = Usage ** Monthly amounts may be prorated on the Detail pages based on days used	<b>Please Send Correspondence To:</b>  HILL-ROM COMPANY, INC <b>ATTN: RACHEL GALLAGHER</b> 1069 ST RTE 46 BATESVILLE, IN 47006  <b>Phone: 812/931-2387</b> <b>Fax: 812/934-8848</b>
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# Original Invoice

<b>Invoice No: 647686</b>	Your P.O.: 00685	Invoice Date: 05/07/2018
<b>Hill-Rom Order No.: SO 22099439</b>	Payment Terms: NET 30 DAYS	Due Date: 06/06/2018
GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219		GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD ATTN: RECEIVING AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	<b>VEST GARMENT</b> B.O.L. #: 14977927 dated: 05/03/2018 ***** <b>Itemized Options:</b> P300632005 Slotted Vest Wrap SPU(5pk) - L *****	\$276.00	\$276.00
1.001	1.00	P300632005	<b>VEST, SPU LARGE WRAP - SLOTTED</b>  Tracking Number: 423031766600, NO MODE SELECTED		
<b>Sub Total:</b>					<b>\$276.00</b>

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1395n-7a(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submittal for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Invoice

Invoice No: 649619	Your P.O.: 00702	Invoice Date: 05/10/2018
Hill-Rom Order No.: SO 22117254	Payment Terms: NET 30 DAYS	Due Date: 06/09/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219	GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD ATTN: RECEIVING AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002891219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	<b>VEST GARMENT</b> B.O.L. #: 14984823 dated: 05/07/2018 ***** <b>Itemized Options:</b> P300632005 Slotted Vest Wrap SPU(5pk) - L *****	\$276.00	\$276.00
1.001	1.00	P300632005	<b>VEST, SPU LARGE WRAP - SLOTTED</b>  Tracking Number: 423031771378, NO MODE SELECTED		
<b>Sub Total:</b>					<b>\$276.00</b>

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1370a-7(b)(2) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submissions for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Invoice

Invoice No: 650550	Your P.O.: 00722	Invoice Date: 05/12/2018
Hill-Rom Order No.: SO 22147197	Payment Terms: NET 30 DAYS	Due Date: 06/11/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219	GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD RECEIVING / PO 00722 AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002891219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	<b>VEST GARMENT</b> B.O.L. #: 14896374 dated: 05/08/2018 ***** <b>Itemized Options:</b> P300632005 Slotted Vest Wrap SPU(5pk) - L *****	\$276.00	\$276.00
1.001	1.00	P300632005	<b>VEST, SPU LARGE WRAP - SLOTTED</b>  Tracking Number: 423031777387, NO MODE SELECTED		
<b>Sub Total:</b>					<b>\$276.00</b>

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under various programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Hill-Rom

# Original Invoice

Invoice No: 653361	Your P.O.: 00770	Invoice Date: 05/17/2018
Hill-Rom Order No.: SO 22203714	Payment Terms: NET 30 DAYS	Due Date: 06/16/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD RECEIVING AMORY MS 38821
Sold To Customer: 622749 GLN: 1100002891219	Ship To Customer: 622749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	VEST GARMENT B.O.L. #: 15018883 dated: 05/14/2018 ***** Itemized Options: P300629005 Slotted Vest Wrap SPU(5pk)- XS *****	\$276.00	\$276.00
1.001	1.00	P300629005	VEST, SPU XSM WRAP-SLOTTED 5PK  Tracking Number: 423031790888, NO MODE SELECTED		
Sub Total:					\$276.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Please send Correspondence To:</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Individual Invoice

<b>Invoice No.: 1488867</b>	Your P.O:	Invoice Date: 05/31/2018
Hill-Rom Order No.: 22177373 UR	Payment Terms: Net 30 Days	Due Date: 06/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
05/10/2018	05/28/2018	19 DY Tier: 1	P1190ASAE	ADVANTA2 RENTAL KIT W/SAE SURF L	29.49	560.31
Ordered By Department Phone #						
Sub Total						560.31
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 560.31

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.:</b> 1496830	Your P.O.:	Invoice Date:	05/31/2018
Hill-Rom Order No.: 22363244 UR	Payment Terms: Net 30 Days	Due Date:	06/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
05/29/2018	05/31/2018	3 DY Tier: 1	P6877A 05442231	BURKE TRIFLEX II 39/48 W SC	38.67	116.01
05/29/2018	05/31/2018	3 DY Tier: 1	P6885 04283826	MATTRESS, SAE, 48" (RENTAL)	20.90	62.70
Ordered By Department Phone #						
Sub Total						178.71
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 178.71

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1525184</b>	Your P.O.: 01210	Invoice Date: 06/30/2018
Hill-Rom Order No.: 22615881 UR	Payment Terms: Net 30 Days	Due Date: 07/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821  Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
06/15/2018	06/19/2018	5 DY Tier: 1	P6877A 05442231	BURKE TRIFLEX II 39/48 W SC	38.67	193.35
06/15/2018	06/19/2018	5 DY Tier: 1	P6885 04283828	MATTRESS, SAE, 48" (RENTAL)	20.90	104.50
Sub Total						297.85
Sales Tax						0.00

Ordered By  
Department  
Phone #

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 297.85

**Please Remit Payment To:**  
 Hill-Rom Company, Inc.  
 PO Box 643592  
 Pittsburgh, PA 15264-3592  
  
 Federal Tax ID# 35-1538921

**Wire Payment Instructions:**  
 PNC Bank  
 Account Number: 4006901817  
 ABA Routing Number: 041000124  
 Send remittance to ar.achpnc@hill-rom.com  
 Please reference your invoice number

**Instructions:**  
 Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!

**Please send Correspondence To:**  
 Hill-Rom Company, Inc.  
 Attn: RACHEL GALLAGHER  
 1069 State Rte. 46 East  
 Batesville, IN 47006  
 Phone : 812/931-2387  
 Fax : 812/934-8848

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# Credit

<b>Credit No.: 702992</b>	Your P.O.: 01639
Credit Memo Date: 08/11/2018	Original Invoice No.:
	Original Hill-Rom Order No.:

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL Attn: RECEIVING DEPARTMENT 1105 EARL FRYE BLVD AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002691219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00-	LVESTGARMENT	VEST GARMENT	\$234.60	\$234.60-
1.001	1.00-	P300631005	VEST, SPU MED WRAP - SLOTTED		
Sub Total:					\$234.60-

**Total Order** **\$234.60-**

This is a Credit Memo	For Questions / Correspondence Please Contact:  Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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# Credit

**Credit No.: 702993**

Credit Memo Date: 08/11/2018

Your P.O.: 01658

Original Invoice No.:

Original Hill-Rom Order No.:

GILMORE MEMORIAL HOSPITAL  
Attn: Accounts Payable  
1105 EARL FRYE BLVD  
AMORY MS 38821

GILMORE MEMORIAL HOSPITAL  
Attn: RECEIVING DEPARTMENT  
1105 EARL FRYE BLVD  
AMORY MS 38821

Sold To Customer: 622749  
GLN: 1100002691219

Ship To Customer: 622749  
GLN: 1100002691219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00-	LVESTGARMENT	VEST GARMENT	\$234.60	\$234.60-
1.001	1.00-	P300831005	VEST, SPU MED WRAP - SLOTTED		
Sub Total:					\$234.60-

**Total Order**

**\$234.60-**

This is a Credit Memo

For Questions / Correspondence Please Contact:

Hill-Rom  
1069 State Route 46 East - Mail Code - J36  
Batesville, IN 47006  
Attn: Credit Inquiry Specialist  
Phone: 800-445-2114 Option 3  
Fax: 812-934-8548



# Original Individual Invoice

<b>Invoice No.: 1549903</b>	Your P.O:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22809121 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/01/2018	07/19/2018	19 DY Tier: 1	P1190ASAE	ADVANTA2 RENTAL KIT W/SAE SURF	29.49	560.31
Sub Total						560.31
Sales Tax						0.00

Ordered By  
Department  
Phone #

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 560.31

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)



# Original Individual Invoice

<b>Invoice No.: 1549905</b>	Your P.O:	Invoice Date: 07/31/2018
Hill-Rom Order No.: 22809130 UR	Payment Terms: Net 30 Days	Due Date: 08/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/06/2018	07/17/2018	12 DY Tier: 1	P1190AP500	ADVANTA2 RENTAL KIT W/P500 SUR	29.49	353.88
Ordered By Department Phone #						
Sub Total						353.88
Sales Tax						0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD 353.88

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number
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<b>Instructions:</b> Special Instructions: Please pay the invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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# Original Individual Invoice

<b>Invoice No.: 1560881</b>		Your P.O:		Invoice Date: 07/31/2018		
Hill-Rom Order No.: 23061107 UR		Payment Terms: Net 30 Days		Due Date: 08/30/2018		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219			GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219			
From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
07/30/2018	07/31/2018	2 DY Tier: 1	P6877A 05442231	BURKE TRIFLEX II 39/48 W SC	38.67	77.34
07/30/2018	07/31/2018	2 DY Tier: 1	P6886 04283828	MATTRESS, SAE, 39" (RENTAL)	20.90	41.80
Ordered By Department Phone #						
Sub Total						119.14
Sales Tax						0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	119.14
<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901817 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number			
<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!			<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848			

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# Original Invoice

<b>Invoice No: 697709</b>	Your P.O.: 01639	Invoice Date: 08/02/2018
<b>Hill-Rom Order No.: SO 23062363</b>	Payment Terms: NET 30 DAYS	Due Date: 09/01/2018
GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219		GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD RECEIVING / PO 01639 AMORY MS 38821  Ship To Customer: 822749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	<b>VEST GARMENT</b> B.O.L. #: 15427286 dated: 07/30/2018 ***** <b>Itemized Options:</b> P300631005 Slotted Vest Wrap SPU(5pk) - M *****	\$276.00	\$276.00
1.001	1.00	P300631005	<b>VEST, SPU MED WRAP - SLOTTED</b>  Tracking Number: 443026854142, NO MODE SELECTED		
<b>Sub Total:</b>					<b>\$276.00</b>

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submittal or reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Invoice

<b>Invoice No: 697746</b>	Your P.O.: 01658	Invoice Date: 08/02/2018
<b>Hill-Rom Order No.: SO 23067106</b>	Payment Terms: NET 30 DAYS	Due Date: 09/01/2018
GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821		GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821
Sold To Customer: 622749 GLN: 1100002891219		Ship To Customer: 622749 GLN: 1100002891219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	<b>VEST GARMENT</b> B.O.L. #: 15429565 dated: 07/30/2018 ***** <b>Itemized Options:</b> P300631005 Slotted Vest Wrap SPU(5pk) - M *****	\$276.00	\$276.00
1.001	1.00	P300631005	<b>VEST, SPU MED WRAP - SLOTTED</b>  Tracking Number: 443026856947, NO MODE SELECTED		
<b>Sub Total:</b>					<b>\$276.00</b>

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4008901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1395a-7(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under state programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to file and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requesting such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(f)(1)</small>
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# Original Invoice

Invoice No: 702625	Your P.O.: 01774	Invoice Date: 08/11/2018
Hill-Rom Order No.: SO 23157836	Payment Terms: NET 30 DAYS	Due Date: 09/10/2018

GILMORE MEMORIAL HOSPITAL Attn: Accounts Payable 1105 EARL FRYE BLVD AMORY MS 38821  Sold To Customer: 622749 GLN: 1100002891219	GILMORE MEMORIAL HOSPITAL  1105 EARL FRYE BLVD RECEIVING / PO 01774 AMORY MS 38821  Ship To Customer: 622749 GLN: 1100002891219
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Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	VEST GARMENT ***** <b>Itemized Options:</b> P300629005 Slotted Vest Wrap SPU(5pk)- XS *****	\$276.00	\$276.00
1.001	1.00	P300629005	VEST, SPU XSM WRAP-SLOTTED 5PK  Tracking Number: 443026879113, NO MODE SELECTED		
Sub Total:					\$276.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order \$276.00**

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592  Federal Tax ID# 35-1538921	<b>Please send Correspondence To</b> Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Fax: 812-934-8848
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<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	<b>Safe Harbor:</b> <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as 80.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.852(f)(1)</small>
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# Original Individual Invoice

<b>Invoice No.: 1578338</b>	Your P.O.:	Invoice Date: 08/31/2018
Hill-Rom Order No.: 23061107 UR	Payment Terms: Net 30 Days	Due Date: 09/30/2018

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Sold To Customer: 622749 GLN: 1100002691219	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219
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From Date	To Date	Qty/Rate Schedule /Tier Pricing	Product No./ Serial No. or Barcode No.	Product Description Patient Name Location / Ward	Unit Price	Extended Price
08/01/2018	08/31/2018 8/23/18	31 23 DY Tier: 1	P6877A 05442231	BURKE TRIFLEX II 39/48 W SC	38.67	<del>1188.77</del> 889.41
08/01/2018	08/31/2018 8/23/18	31 23 DY Tier: 1	P6886 04283826	MATTRESS, SAE, 39" (RENTAL)	20.90	<del>647.90</del> 480.70
Ordered By Department Phone #						
Sub Total						1370.11
Sales Tax						<del>1,846.67</del> 0.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. Total USD ~~1,846.67~~

<b>Please Remit Payment To:</b> Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	<b>Wire Payment Instructions:</b> PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number	1,370.11
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<b>Instructions:</b> Special Instructions: Please pay the Invoice Amount due each month. If there are adjustments to be made to this invoice, you will see all adjustments in the month they are made, usually a month after the original invoice. Thank you for your business. Please think of Hill-Rom for your Rental needs!	<b>Please send Correspondence To:</b> Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2387 Fax : 812/934-8848
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Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)

# MIDDLE DISTRICT OF TENNESSEE Claims Register

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

<b>Judge:</b> Charles M Walker	<b>Chapter:</b> 11
<b>Office:</b> Nashville	<b>Last Date to file claims:</b>
<b>Trustee:</b>	<b>Last Date to file (Govt):</b>
<i>Creditor:</i> (6718220)	<b>Claim No:</b> 65
HILL ROM COMPANY INC	<i>Original Filed</i>
1069 STATE RTE 46 EAST	<i>Date:</i> 10/01/2018
BATESVILLE, IN 47006	<i>Original Entered</i>
	<i>Date:</i> 10/02/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> Intake1
	<i>Modified:</i>

Amount claimed: \$44608.81

*History:*

[Details](#) [65-1](#) 10/01/2018 Claim #65 filed by HILL ROM COMPANY INC, Amount claimed: \$44608.81 (Intake1)

*Description:* (65-1) Goods and Services

*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

<b>Total Amount Claimed*</b>	\$44608.81
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		