

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
 Case number: 18-05665

FILED

U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE

10/3/2018

MATTHEW T. LOUGHNEY, Clerk

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Hill-Rom Company, Inc</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Hill-Rom Company, Inc</u> Name 1069 State Route 46 E Batesville, IN 47006 Contact phone <u>800-445-2114</u> Contact email <u>hillromcreditdept@hill-rom.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>PO Box 643592</u> Name Pittsburgh, PA 15264 Contact phone <u>800-445-2114</u> Contact email <u>arachpnc@hill-rom.com</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">2749</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ 44608.81</div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>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 healthcare information.</p> <p style="text-align: center; border-bottom: 1px solid black;">Goods and Services</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div><div style="font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">%</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* 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 10/3/2018
MM / DD / YYYY

/s/ Tara Davis

Signature

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

Name	<u>Tara Davis</u>		
	First name	Middle name	Last name
Title	<u>Cash Application Supervisor</u>		
Company	<u>Hill–Rom Company, Inc</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>1069 State Route 46 E</u>		
	Number Street		
	<u>Batesville, IN 47006</u>		
Contact phone	City State ZIP Code		Email
	<u>812–934–1409</u>		<u>tara.davis@hill–rom.com</u>

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

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 05459763 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

<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
			SUBTOTAL: 1270.65
			SALES TAX: 88.94
TOTALS FOR PO # USAGE for Period 12/01/2017 to 12/31/2017			TOTAL AMOUNT: 1359.59

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

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

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 05459763 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

<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

SUBTOTAL: 1234.20

SALES TAX: 86.39

TOTALS FOR PO # USAGE for Period 01/01/2018 to 01/31/2018

TOTAL AMOUNT: 1320.59

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

Please Remit Payment To:

Hill-Rom Company, Inc.
PO Box 643592
Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

INSTRUCTIONS:

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.

Wire Payment Instructions:

PNC Bank
Account Number: 4006901617
ABA Routing Number: 041000124
Send remittance to ar.achpnc@hill-rom.com

LEGEND/KEY:

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

Please Send Correspondence To:

HILL-ROM COMPANY, INC
ATTN: RACHEL GALLAGHER
1069 ST RTE 46
BATESVILLE, IN 47006
Phone: 812/931-2387
Fax: 812/934-8848

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)

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 05495038 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 13990923	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

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 13884391	JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15
P6962 13166495 21.107	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	1360.50	86.39	1446.89

<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

SUBTOTAL: 1360.50

SALES TAX: 86.39

TOTALS FOR PO # USAGE for Period 02/01/2018 to 02/28/2018

TOTAL AMOUNT: 1446.89

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

Please Remit Payment To:

Hill-Rom Company, Inc.
PO Box 643592
Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

INSTRUCTIONS:

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.

Wire Payment Instructions:

PNC Bank
Account Number: 4006901617
ABA Routing Number: 041000124
Send remittance to ar.achpnc@hill-rom.com

LEGEND/KEY:

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

Please Send Correspondence To:

HILL-ROM COMPANY, INC
ATTN: RACHEL GALLAGHER
1069 ST RTE 46
BATESVILLE, IN 47006
Phone: 812/931-2387
Fax: 812/934-8848

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)

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
P5693 15566330 4.403	DRAGER EVITA XL VENT 05495038 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 13990923	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

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	1360.50	86.39	1446.89

<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
			SUBTOTAL: 1360.50
			SALES TAX: 86.39
TOTALS FOR PO # USAGE for Period 03/01/2018 to 03/31/2018			TOTAL AMOUNT: 1446.89

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

Invoice No.: 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

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

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: 4006901617
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

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).

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 13904389	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 13898948	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

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	1360.50	78.14	1438.64

<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
			SUBTOTAL: 1360.50
			SALES TAX: 78.14
TOTALS FOR PO # USAGE for Period 04/01/2018 to 04/30/2018			TOTAL AMOUNT: 1438.64

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

Invoice No.: 1500280	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

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

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: 4006901617
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

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).

Invoice No.: 1500280	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

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
Ordered By Department Phone #						
Sub Total						442.05
Sales Tax						30.94
Interest Note: All past due invoices are subject to 1.5% per month late charge.						Total USD 472.99

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: 4006901617
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

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).

Invoice No.: 1500329	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

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

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: 4006901617
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

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).

Invoice No.: 1500340	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

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

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: 4006901617
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

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).

Invoice No.: 1500341		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
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: 4006901617 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			

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).

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

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 18715486 1.008	ABBT PLUM A+ INFUSION PUMP 04738852 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 18879046 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

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 14136580		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.51
P6962 18879046 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

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

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	14.0000	1827.14

SUBTOTAL: 1827.14

SALES TAX: 127.96

TOTALS FOR PO # DEBBIE CAMPBELL for Period 12/01/2017 to 12/31/2017

TOTAL AMOUNT: 1955.10

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

Please Remit Payment To:

Hill-Rom Company, Inc.
PO Box 643592
Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

INSTRUCTIONS:

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.

Wire Payment Instructions:

PNC Bank
Account Number: 4006901617
ABA Routing Number: 041000124
Send remittance to ar.achpnc@hill-rom.com

LEGEND/KEY:

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

Please Send Correspondence To:

HILL-ROM COMPANY, INC
ATTN: RACHEL GALLAGHER
1069 ST RTE 46
BATESVILLE, IN 47006
Phone: 812/931-2387
Fax: 812/934-8848

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)

Invoice No.: 1303310		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
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: 4006901617 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			

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))

Invoice No.: 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			
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
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: 4006901617 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			

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))

Invoice No.: 1306173		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			
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
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: 4006901617 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			

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. § 4001.952(a))

Invoice No.: 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			
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
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: 4006901617 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			

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))

Invoice No.: 1306180		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
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: 4006901617 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			

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))



Original Individual Invoice

Invoice No.: 1308738		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
12/08/2017	12/29/2017	22 DY Tier: 1	P6877B 05427372	BURKE TRIFLEX II 39/48 W SC,TZ	39.87
				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
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: 4006901617 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		

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).

Invoice No.: 1308741		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
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: 4006901617 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			

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).

Invoice No: 1328213	Your P.O.: 754-6626341	Invoice Date: 01/16/2018
Hill-Rom Order No.: S6 20839731	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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

Invoice No: 1329400	Your P.O.: 754-6626341	Invoice Date: 01/20/2018
Hill-Rom Order No.: 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

GILMORE MEMORIAL HOSPITAL
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	.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

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

Invoice No: 1331196	Your P.O.: 754-6626341	Invoice Date: 01/27/2018
Hill-Rom Order No.: S6 20986196	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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

Invoice No: 1331287	Your P.O.: 754-6626341	Invoice Date: 01/27/2018
Hill-Rom Order No.: S6 20986320	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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

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

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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

Invoice No.: 1343127		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
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: 4006901617 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			

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).

Invoice No.: 1343129		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
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: 4006901617 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			

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).

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 05459748 14136580		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	127.96	258.47
P6962 18879046 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

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

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

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

Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921	INSTRUCTIONS: 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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	LEGEND/KEY: 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	Please Send Correspondence To: HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848
---	---	--	---

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)

Invoice No: 602743	Your P.O.: 754-6666253	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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

Invoice Number: 1397053			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 13843737		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

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	4.0000	151.56
			SUBTOTAL: 151.56
			SALES TAX: 0.00
TOTALS FOR PO # 754-6412347 for Period 02/01/2018 to 02/28/2018			TOTAL AMOUNT: 151.56

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

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 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	67.36	100.17	167.53
P6962 18879046 4.009	ABBT PLUM A+ INFUSION PUMP 05459409 13891273		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

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 18503188 1.010	ABBT PLUM A+ INFUSION PUMP 05459540 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 14136580		02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20
P6962 18879046 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

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

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

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

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 05459623 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

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

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

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

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 05460068 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

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

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

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 05459631 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 05460068 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

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

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

Please Remit Payment To:	INSTRUCTIONS:	LEGEND/KEY:	Please Send Correspondence To:
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. Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com	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	HILL-ROM COMPANY, INC ATTN: RACHEL GALLAGHER 1069 ST RTE 46 BATESVILLE, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848

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)

Invoice No.: 1459234		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
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: 4006901617 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			

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).

Invoice No.: 1459238		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
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: 4006901617 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			

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).

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 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 05459383 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

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

<u>Equipment</u>	<u>Description</u>	<u># of Units</u>	<u>Total Charges</u>
P6962	ABBT PLUM A+ INFUSION PUMP	9.0000	1734.52

SUBTOTAL: 1734.52

SALES TAX: 70.72

TOTALS FOR PO # DEBBIE CAMPBELL for Period 04/01/2018 to 04/30/2018

TOTAL AMOUNT: 1805.24

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

Please Remit Payment To:

Hill-Rom Company, Inc.
PO Box 643592
Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

INSTRUCTIONS:

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.

Wire Payment Instructions:

PNC Bank
Account Number: 4006901617
ABA Routing Number: 041000124
Send remittance to ar.achpnc@hill-rom.com

LEGEND/KEY:

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

Please Send Correspondence To:

HILL-ROM COMPANY, INC
ATTN: RACHEL GALLAGHER
1069 ST RTE 46
BATESVILLE, IN 47006
Phone: 812/931-2387
Fax: 812/934-8848

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)

Invoice No: 647686	Your P.O.: 00685	Invoice Date: 05/07/2018
Hill-Rom Order No.: SO 22099439	Payment Terms: NET 30 DAYS	Due Date: 06/06/2018

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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

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

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
ATTN: RECEIVING
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	VESTGARMENT	VEST GARMENT B.O.L. #: 14984823 dated: 05/07/2018 ***** Itemized Options: P300632005 Slotted Vest Wrap SPU(5pk) - L *****	\$276.00	\$276.00
1.001	1.00	P300632005	VEST, SPU LARGE WRAP - SLOTTED Tracking Number: 423031771378, 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

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

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

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
RECEIVING / PO 00722
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	VESTGARMENT	VEST GARMENT B.O.L. #: 14996374 dated: 05/08/2018 ***** Itemized Options: P300632005 Slotted Vest Wrap SPU(5pk) - L *****	\$276.00	\$276.00
1.001	1.00	P300632005	VEST, SPU LARGE WRAP - SLOTTED Tracking Number: 423031777387, 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

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

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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

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

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

Invoice No.: 1488867		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			
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
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: 4006901617 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			

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).

Invoice No.: 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			
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
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: 4006901617 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			

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).

Invoice No.: 1525184	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

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 04283826	MATTRESS, SAE, 48" (RENTAL)	20.90	104.50
Ordered By Department Phone #				Sub Total		297.85
				Sales Tax		0.00
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: 4006901617
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

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).

Invoice No.: 1560881		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 04283826	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
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: 4006901617 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			

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).

Invoice No.: 1549903		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			
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
				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
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: 4006901617 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			

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).

Invoice No.: 1549905	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
---	---

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
---	-----------	--------

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: 4006901617 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
--	--

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).

Invoice No: 697709	Your P.O.: 01639	Invoice Date: 08/02/2018
Hill-Rom Order No.: SO 23062363	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
RECEIVING / PO 01639
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	VESTGARMENT	VEST GARMENT B.O.L. #: 15427286 dated: 07/30/2018 ***** 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: 443026854142, 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

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

Invoice No: 697746	Your P.O.: 01658	Invoice Date: 08/02/2018
Hill-Rom Order No.: SO 23067106	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: 1100002691219

Ship To Customer: 622749
GLN: 1100002691219

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	VEST GARMENT B.O.L. #: 15429565 dated: 07/30/2018 ***** 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: 443026856947, 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

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

Credit No.: 702992

Credit Memo Date: 08/11/2018

Your P.O.: 01639

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-	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

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-	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

Invoice No: 702625	Your P.O.: 01774	Invoice Date: 08/11/2018
Hill-Rom Order No.: SO 23157636	Payment Terms: NET 30 DAYS	Due Date: 09/10/2018

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

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
RECEIVING / PO 01774
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	VESTGARMENT	VEST GARMENT ***** 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: 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

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

Invoice No.: 1578338		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			
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	P6877A 05442231	BURKE TRIFLEX II 39/48 W SC	38.67	1198.77
08/01/2018	08/31/2018	31 DY Tier: 1	P6886 04283826	MATTRESS, SAE, 39" (RENTAL)	20.90	647.90
Ordered By Department Phone #						
					Sub Total	1,846.67
					Sales Tax	0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	1,846.67
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: 4006901617 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			

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).

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	Currency 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		754-6412347		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

Invoice No.: 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

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 1B1204000333	BARIATRIC COMMODE 3	7.97	39.85
<p>Ordered By Department Phone #</p>						
Sub Total						343.70
Sales Tax						24.06
Interest Note: All past due invoices are subject to 1.5% per month late charge.						
Total USD						367.76

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: 4006901617
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

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. § 4001.952(a))

Invoice No: 1404035	Your P.O.: 749-6678321	Invoice Date: 03/27/2018
Hill-Rom Order No.: S6 21631833	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: 622737
GLN: 1100002171704

Ship To Customer: 622737
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

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

Invoice No.: 1418566	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

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

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: 4006901617
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

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))

Invoice No.: 1420163	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 COMMODORE	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

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: 4006901617
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

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(a)(1))

Invoice No.: 1409557	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

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

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: 4006901617
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

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))

Invoice No.: 1418289	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

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: 4006901617
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

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))

Invoice No: 1439554	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981686	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	85.70	171.40
			SWO 68635713 Serial number N027AM8549		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No: 1439544	Your P.O.: 749-6678321	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981676	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	130.23	130.23
			SWO 68633913 Serial number D284AM5635		
			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

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

Invoice No: 1439545	Your P.O.: 749-6678321	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981677	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	.50	LABOR	SERVICE LABOR	\$126.00	\$63.00
2.000	2.00	6390601	CASTER 5" BRAKE	121.25	242.50
			SWO 68633922 Serial number D287AM5686		
			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

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

Invoice No: 1439546	Your P.O.: 749-6678321	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981678	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	.50	LABOR	SERVICE LABOR	\$126.00	\$63.00
2.000	1.00	66085	TREATMENT CUSHION	450.97	450.97
			SWO 68633944 Serial number D284AM5635		
			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

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

Invoice No: 1439547	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981679	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	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

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

Invoice No: 1439548	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981680	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	85.70	171.40
			SWO 68634056 Serial number N027AM8545		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No: 1439549	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981681	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	85.70	171.40
			SWO 68634176 Serial number N027AM8541		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No: 1439550	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981682	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	85.70	171.40
			SWO 68635228 Serial number N027AM8540		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No: 1439551	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981683	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	85.70	171.40
			SWO 68635380 Serial number N032AM8601		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No: 1439552	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981684	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	85.70	171.40
			SWO 68635461 Serial number N027AM8539		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No: 1439553	Your P.O.: 749-6689312	Invoice Date: 04/24/2018
Hill-Rom Order No.: S6 21981685	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	85.70	171.40
			SWO 68635631 Serial number N032AM8602		
			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>Please Remit Payment To:</p> <p>Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921</p>	<p>Please send Correspondence To</p> <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</p>
<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>

Invoice No.: 1529758	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

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
Ordered By Department Phone #				Sub Total		86.61
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	86.61

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: 4006901617
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

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).

Invoice No.: 1519842	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

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)	20.90	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 1 €	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

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: 4006901617
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

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).

Invoice No.: 1546805	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

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	P680ARENT 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
Ordered By Department Phone #				Sub Total		894.97
				Sales Tax		0.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	894.97

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: 4006901617
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

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).

Invoice No.: 1574867	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

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	84 23 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE	7.97	247.07 183.31
08/01/2018	08/31/2018	84 23 DY Tier: 1	P6880 04905782	MATTRESS, SAE, 36" (RENTAL)	20.90	647.00 480.70
Ordered By Department Phone #				Sub Total		664.01 894.07
				Sales Tax		0.00

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

Total USD 664.01 ~~894.07~~

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: 4006901617
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

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).

Invoice No: 630600	Your P.O.: 749-6704608	Invoice Date: 04/05/2018
Hill-Rom Order No.: SO 21769783	Payment Terms: NET 30 DAYS	Due Date: 05/05/2018

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: 622738

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	6.50	6.50
			Tracking Number: 425109994654, NO MODE SELECTED		
			Sub Total:		\$1,067.88

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

Total Order

\$1,067.88

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

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

9/14/18

STATEMENT
 Fax: 6626243508
 toby.butler@curaehealth.org

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DR
 CLARKSDALE, MS 38614

RE: Account 622737

Dear Toby,

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

Invoice No.: 1501009	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
---	--

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
---	-----------	-------

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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(a)(1))

Invoice No: 669970	Your P.O.: 11153	Invoice Date: 06/14/2018
Hill-Rom Order No.: SO 22550133	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: 1100004650719

Ship To Customer: 625824
GLN: 1100004650719

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
3.000	1.00	167986	KNEE ACTUATOR ASSEMBLY B.O.L. #: 15173913 dated: 06/13/2018	\$251.30	\$251.30
4.000	1.00	SHIPPING AND	SHIPPING AND HANDLING CHARGE 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

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

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: 1100004650719

Ship To Customer: 625824
GLN: 1100004650719

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 <div style="text-align: right;"> Sub Total: \$261.35 4.00% State: 10.46 4.00% City: 10.45 Total Taxes: 20.91 </div>	\$261.35	\$261.35

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

Total Order

\$282.26

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

Invoice No.: 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
---	--

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
---	-----------	-------

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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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. § 4001.952(a))

Invoice No.: 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
---	--

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
---	-----------	-------

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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1))

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 35565

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	MAIN BEARING 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: 733795418805, NO MODE SELECTED <div style="text-align: right;"> Sub Total: \$4.04 4.00% State: .16 4.00% City: .16 Total Taxes: .32 </div>	\$4.04	\$4.04

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

Total Order

\$4.36

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



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: 1100004650719	Ship To Customer: 625824 GLN: 1100004650719

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

<p>Wire Payment Instructions:</p> <p>PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number</p>	<p>Safe Harbor:</p> <p>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)</p>
--	---

Invoice No.: 1587158		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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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. § 4001.952(a))

Invoice No.: 1587531		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			
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	08/31/2018	14 DY Tier: 1	P6880 05621071	MATTRESS, SAE, 36" (RENTAL)	20.90	292.60
				Ordered By Department Phone #		
				Sub Total		292.60
				Sales Tax		11.70
Interest Note: All past due invoices are subject to 1.5% per month late charge.					Total USD	304.30
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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. § 4001.952(a))

Invoice No.: 1588578		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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1).

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

LAKELAND COMMUNITY HOSPITAL
Attn: Accounts Payable
42024 HWY 195 East
HALEYVILLE AL 35565

LAKELAND COMMUNITY HOSPITAL
42024 HWY 195 East
HALEYVILLE AL 35565

Sold To Customer: 625824
GLN: 1100004650719

Ship To Customer: 625824
GLN: 1100004650719

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	9.00	S30531K	MAIN BEARING B.O.L. #: 15319138 dated: 07/11/2018	\$4.04	\$36.36
2.000	1.00	SHIPPING AND	SHIPPING AND HANDLING CHARGE B.O.L. #: 15319138 dated: 07/11/2018 KRISTEN WEEMS YORK 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

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

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

Invoice No.: 1560642	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

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: 4006901617
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: RONI CRAFT
1069 State Rte. 46 East
Batesville, IN 47006
Phone : 812/931-2983
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. § 4001.952(a))

Invoice No.: 1550228	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

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

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: 4006901617
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: RONI CRAFT
1069 State Rte. 46 East
Batesville, IN 47006
Phone : 812/931-2983
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(f)(1))

Invoice No.: 1550737	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

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

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: 4006901617
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: RONI CRAFT
1069 State Rte. 46 East
Batesville, IN 47006
Phone : 812/931-2983
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. § 4001.952(a))

Invoice No.: 1550760		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1))

Invoice No.: 1545177		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1))

Invoice No.: 1564608		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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. § 4001.952(a))

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

NORTHWEST MEDICAL CENTER
Attn: Accounts Payable
1530 US HWY 43
WINFIELD AL 35594

NORTHWEST MEDICAL CENTER
1530 US HWY 43
WINFIELD AL 35594

Sold To Customer: 610979
GLN: 1100004160324

Ship To Customer: 610979
GLN: 1100004160324

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

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

Invoice No.: 1570483		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			
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)
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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. § 4001.952(a))

Invoice No.: 1593509		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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. § 4001.952(a))

Invoice No.: 1586786		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1).

Invoice No.: 1580434		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1).

Invoice No.: 1584325		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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1).

Invoice No.: 1579475	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

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

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: 4006901617
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: RONI CRAFT
1069 State Rte. 46 East
Batesville, IN 47006
Phone : 812/931-2983
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(f)(1).

Invoice No.: 1596522	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

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: 4006901617
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: RONI CRAFT
1069 State Rte. 46 East
Batesville, IN 47006
Phone : 812/931-2983
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(f)(1).

Invoice No.: 1596523		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			
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
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: 4006901617 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: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone : 812/931-2983 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(f)(1).

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

MIDDLE DISTRICT OF TENNESSEE

Claims Register

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

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6755085)

Claim No: 69

Status:

Hill-Rom Company, Inc

Original Filed

Filed by: CR

1069 State Route 46 E

Date: 10/03/2018

Entered by: admin

Batesville, IN 47006

Original Entered

Modified:

Date: 10/03/2018

Amount claimed: \$44608.81

History:

[Details](#) [69-1](#) 10/03/2018 Claim #69 filed by Hill-Rom Company, Inc, Amount claimed: \$44608.81 (admin)

Description:

Remarks: (69-1) Account Number (last 4 digits):2749

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$44608.81
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		