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 Clair	n								
1.Who is the current creditor?	Hill-Rom Company, Inc								
0100111	Name of the current creditor (the person or entity to be paid	d for this claim)							
	Other names the creditor used with the debtor								
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?								
3. Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)							
creditor be sent?	Hill-Rom Company, Inc	PO Box 643592							
Federal Rule of	Name	Name							
Bankruptcy Procedure (FRBP) 2002(g)	1069 State Route 46 E Batesville, IN 47006								
		Pittsburgh, PA 15264							
	Contact phone 800-445-2114	Contact phone800-445-2114							
	Contact email hill-rom.com	Contact email <u>arachpnc@hill-rom.com</u>							
	Uniform claim identifier for electronic payments in chapter	r 13 (if you use one):							
4.Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims registry (if known	vn) Filed on							
		MM / DD / YYYY							
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?								

Official Form 410 Proof of Claim page 1

5.Do you have any number you use to identify the debtor?	☑	No Yes. Last 4 digits of the debtor's ad	ccount or any number you use	to identify the debtor:	2749
7.How much is the claim?	\$		oes this amount includ No	e interest or other ch	arges?
		С	Yes. Attach statement other charges required	itemizing interest, fees by Bankruptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	imples: Goods sold, money lo ith, or credit card. Attach reda ikruptcy Rule 3001(c). it disclosing information that is	cted copies of any docum	ents supporting the cla	aim required by
		Goods and Services			
9. Is all or part of the claim secured?		No Yes. The claim is secured by a Nature of property: Real estate. If the claim Proof of C Motor vehicle Other. Describe:	a lien on property. In is secured by the debto Claim Attachment (Official	r's principal residence, Form 410–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		Attach redacted copies of do interest (for example, a mor document that shows the lie	tgage, lien, certificate of t	itle, financing statemer	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that i secured:	\$ \$		
		Amount of the claim that i unsecured:	\$ <u>\$</u>	unsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cure date of the petition:	e any default as of the	\$	
		Annual Interest Rate (whe	n case was filed)	<u></u> %	
		☐ Fixed ☐ Variable			
0.Is this claim based on a lease?		No Yes. Amount necessary to	o cure any default as of	the date of the petitio	on.\$
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under	Y	No Yes. Check all that apply:		Amount entitled to priority			
11 U.S.C. § 507(a)? A claim may be partly		_	ons (including alimony and child support)	· · · · ·			
priority and partly nonpriority. For example	e,	under 11 U.S.C. § 507(a)	(1)(A) or (a)(1)(B).	\$			
in some categories, the law limits the amount entitled to priority.		Up to \$2,850* of deposits property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of ersonal, family, or household use. 11	\$			
		☐ Wages, salaries, or comm 180 days before the bank	nissions (up to \$12,850*) earned within ruptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$			
			to governmental units. 11 U.S.C. §	\$			
		☐ Contributions to an emplo	yee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
		☐ Other. Specify subsection	of 11 U.S.C. § 507(a)(_) that applies	\$			
		* Amounts are subject to adjustmer of adjustment.	nt on 4/01/19 and every 3 years after that for case	es begun on or after the date			
Part 3: Sign Below							
The person completing this proof of claim must	Che	ck the appropriate box:					
sign and date it. FRBP 9011(b).		I am the creditor.					
If you file this claim	¥	I am the creditor's attorney o	· ·				
electronically, FRBP 5005(a)(2) authorizes courts			or, or their authorized agent. Bankruptcy				
to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature is.	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.						
A person who files a fraudulent claim could be	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.						
fined up to \$500,000, imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157 and 3571.	Evo	Executed on date 10/3/2018					
	LXC	10/3/2010					
		MM / DD /	YYYY				
	/s/ 7	Γara Davis					
	Sign	ature					
	Prin	t the name of the person who	is completing and signing this claim:				
	Nan	ne	Tara Davis				
			First name Middle name Last name				
	Title	;	Cash Application Supervisor				
	Con	npany	Hill-Rom Company, Inc				
			Identify the corporate servicer as the company if servicer	the authorized agent is a			
	Add	Iress	1069 State Route 46 E				
			Number Street				
			Batesville, IN 47006				
	Carr	staat nhana	City State ZIP Code				
	Con	ntact phone 812–934–1409	Email tara.davis@hill-	-rom.com			

Official Form 410 Proof of Claim page 3



Page 1 of 3

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

	GLN: 1100003990007 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	F T 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	I I 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	I I 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	I I 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	00.0	63.15



Page 2 of 3

Purchase Order: USAGE Invoice Date: 12/31/2017 Invoice Number: 1323946 Due Date: 1/30/2018 Payment Terms: NET 30 DAYS Billing Period: 12/01/2017 to 12/31/2017

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606

Sold To: 3553362

Ship To: 3553362

GLN: 1100003990007 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
1	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
13166495	ABBT PLUM A+ INFUSION PUMP 05459763 14130682	F NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	6 3.15	0.00	63. 15
	ABBT PLUM A+ INFUSION PUMP 05470984 14128644	I I NOV 2017 USAGE	11/01/2017 thru 11/30/2017		15.0000 UG	4.21	63.15	0.00	63.15
		3553362 - MERIT HEA	3553362 - MERIT HEALTH BATESVILLE Subtotal 1270.65 88.94 1359.59						1359.59



Sold To: 3553362

Invoice Number: 1323946

Original Invoice by PO - Summary

Page 3 of 3

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
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 TOTAL AMOUNT: 1359.59

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

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:
Pittsburgh, PA 15264-3592	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 achono@hill-rom.com	WK = Week(s) MO = Month(s) MC = Minimum CH = Charge	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, Medicard, 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)



Page 1 of 3

Invoice Number: 1362624 Purchase Order: USAGE Invoice Date: 01/31/2018

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

GLN: 110	0003990007		GLN	: 110000	3990007				
Part # / Order # / Line No.	ltem 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	I 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	F 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	F 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	F I DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	6 3.15	0.00	63.15
P6962 13166495 1.372	ABBT PLUM A+ INFUSION PUMP 05384201 13884340	I DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63,15	0.00	63.15



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

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606

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Sold To: 3 GLN: 110	3553362 0003990007		Ship GLN	To: 3553 : 1100003	362 3990007				
Part # / Order # / Line No.	ltem 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
	ABBT PLUM A+ INFUSION PUMP 05384375 13884312	I I DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	6 3.15	0.00	63.15
1	ABBT PLUM A+ INFUSION PUMP 05459763 14130682	F N DEC 2017 USAGE	12/01/2017 thru 12/31/2017		15.0000 UG	4.21	63 .15	0.00	63.15
13166495	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 HE	ALTH BATES	VILLE		Subtotal	1234.20	86.39	1320.59



Sold To: 3553362

Invoice Number: 1362624

Original Invoice by PO - Summary

Page 3 of 3

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
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 TOTAL AMOUNT: 1320.59

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

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)



Page 1 of 3

Purchase Order: USAGE Invoice Date: 02/28/2018 Invoice Number: 1397293

Due Date: 3/30/2018 Payment Terms: NET 30 DAYS Billing Period: 02/01/2018 to 02/28/2018

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606

MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606

Sold To: 3553362

Ship To: 3553362

GLN: 110	3553362 10003990007		GLN: 1100003990007						
Part # / Order # / Line No.	ltem 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	I 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	F 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	F F 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	I I JAN 2018 USAGE	01/01/2018 thru 01/31/2018		15.0000 UG	4.21	63.15	0.00	63.15



Page 2 of 3

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
 Ship To: 3553362

 GLN: 1100003990007
 GLN: 110000399000

GLN: 110	0003990007	GLN	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	I 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	E 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	6 3.15	0.00	63.15
1	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	i 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 1446.8						1446.89		



Sold To: 3553362

Invoice Number: 1397293

Original Invoice by PO - Summary

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<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
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
TOTAL AMOUNT: 1446.89

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

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	WK = Week(s) MO = Month(s) MC = Minimum CH = Charge UG = Usage	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)



Page 1 of 3

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

GLN: 110	0003990007	GLN	: 1100003	3990007					
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	I I 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	F 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	00.0	63.15



Page 2 of 3

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

GLN: 110	0003990007	GLN	LN: 1100003990007						
Part # / Order # / Line No.	ltem 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	6 3.15	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	I I 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							1446.89	



Sold To: 3553362

Invoice Number: 1432118

Original Invoice by PO - Summary

Page 3 of 3

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
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
TOTAL AMOUNT: 1446.89

TOTALS FOR PO # USAGE for Period 03/01/2018 to 03/31/2018

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		289	Your P.O:		Invoice Date	;	03/31/2018			
Hill-Rom C 2157059			Payment Terms:	Net 30 Days	Due Date:		04/30/2018			
303 MEDIC. BATESVILL	ALTH BATES AL CENTER E, MS 3860	DRIVE		MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606						
Sold To Cu GLN: 1100	stomer: 0003990007	3553362	2	Ship To Customer: 3553362 GLN: 1100003990007						
From Date	To Date	Qty/Rat Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	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" (RENT	Γ AL) :	20.90	104.50			
			Ordered By Department Phone #	· · ·						
				Sub Total Sales Tax			303.85 0.00			
Ir	nterest Note:	All nast (tue invoices are subject to		rne	Total LISD	 			
Interest Note: All past due invoices are subject to 1 Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921 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!				Mire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number 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 CFB \$100.195(11) im 69-1 Part 2 Filed 10/03/18 Desc Attachment 1 Page 13



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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

GLN: 110	0003990007	GLN	1100003	3990007					
Part # / Order # / Line No.	ltem 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	5 4.73	0.00	54.73
P6962 13166495 27.009	ABBT PLUM A+ INFUSION PUMP 05383955 13851356	f I MARCH 2018 USAGE	03/01/2018 thru 03/31/2018		15.0000 UG	4.21	6 3.15	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



Page 2 of 4

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

GLN: 110	00003990007	GLN	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	I I 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	6 3.15	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	F N 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



Page 3 of 4

Purchase Order: USAGE Invoice Date: 04/30/2018 Invoice Number: 1467423 Payment Terms: NET 30 DAYS Due Date: 5/30/2018 Billing Period: 04/01/2018 to 04/30/2018 MERIT HEALTH BATESVILLE MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE 303 MEDICAL CENTER DRIVE BATESVILLE MS 38606 BATESVILLE MS 38606 Ship To: 3553362 GLN: 1100003990007 Sold To: 3553362 GLN: 1100003990007 Item Description/ Serial # / Part # / Ordered By/ From Date Original Qty/ Sales Unit Invoice Dept. Name/ Invoice by PO Order#/ Thru **Total Charge** Rate Price Amount Tax Patient's Name To Date Line No. Barcode Sched. P6962 ABBT PLUM A+ INFUSION PUMP 03/01/2018 15.0000 4.21 63.15 0.00 63.15 UG 13166495 thru 05470984 03/31/2018 1.455 14128644 MARCH 2018 USAGE 1438.64 3553362 - MERIT HEALTH BATESVILLE Subtotal 78.14 1360.50



Sold To: 3553362

Invoice Number: 1467423

Original Invoice by PO - Summary

Page 4 of 4

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
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
TOTAL AMOUNT: 1438.64

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

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 achpno@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: US		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		MERIT HEALTH BATE 303 MEDICAL CENTE BATESVILLE, MS 386	R DRIVE	

Sold To Customer: 3553362

GLN: 1100003990007

Ship To Customer: 3553362

GLN: 1100003990007

GLIV. 11000003330007			GEN. 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 PAG	ÈΕ		

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

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Invoice I	No.: 1500	280	Your P.O:	USAGE	Invoice Date) :	05/31/2018
Hill-Rom C 13166495			Payment Terms:	Net 30 Days Due Date: 06/30/2			06/30/2018
303 MEDICA BATESVILL Sold To Cu		DRIVE	2	MERIT HEALTH BATE 303 MEDICAL CENTE BATESVILLE, MS 386 Ship To Customer:	R DRIVE 606 3553362		
GLN: 1100	003990007			GLN: 1100003990007	-		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	e	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384375	ABBT PLUM A+ INFUSION F APRIL 2018 USAGE,	PUMP	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05384151	ABBT PLUM A+ INFUSION F APRIL 2018 USAGE,	PUMP	4.21	63.15
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05383955	ABBT PLUM A+ INFUSION F APRIL 2018 USAGE,	PUMP PURCH	4.21	63.15
			Ordered By Department Phone #				
				Sub Total Sales Tax			442.05 30.94
In	terest Note:	All past	due invoices are subject to	1.5% per month late cha	rge.	Total USD	472.99
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	it Payment T ompany, Inc.	<u>o:</u> 592	•	Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acc Please reference your investments	ons: 01617 11000124 hpnc@hill-rom		
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to b the mont voice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, In Attn: RACHEL GALLA 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 CFB \$100.195(11) im 69-1 Part 2 Filed 10/03/18 Desc Attachment 1 Page 19



No.: 1500	329	Your P.O:	USAGE	Invoice Date	•	05/31/2018	
		Payment Terms:	Net 30 Days	Due Date:		06/30/2018	
AL CENTER E, MS 3860 stomer:	DRIVE 6	2	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362 GLN: 1100003990007				
To Date	Schedu /Tier	le Serial No. or Barcode No.	Patient Name	e	Unit Price	Extended Price	
04/30/2018	15 UG Tier: 1	P6962 05384219 Ordered By Phone #	ABBT PLUM A+ INFUSION P APRIL 2018 USAGE,	UMP	4.21	63.15	
			Sub Total Sales Tax			63.15 0.00	
terest Note:	All past	due invoices are subject to 1	1.5% per month late cha	rge.	Total USD	63.15	
it Payment Tompany, Inc 3592 PA 15264-39 x ID# 35-153 i: uctions: Pleasere are adjustre djustments in the original in	592 8921 se pay the nents to b the mont voice. The	e Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business.	Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your involved Please send Correspond Hill-Rom Company, Inc. Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387	ons: 01617 11000124 hpnc@hill-rom. roice number dence To: c. GHER		300	
	terest Note: it Payment Tompany, Inc 3592 PA 15264-38 ic ID# 35-153 ic uctions: Please are adjust ments in the original invented in the original i	ALTH BATESVILLE AL CENTER DRIVE E, MS 38606 stomer: 3553362 0003990007 To Date Qty/Rat Schedu /Tier Pricing 04/30/2018 15 UG Tier: 1 terest Note: All past of the part of th	Order No.: I UR Payment Terms: Payment To.: Payment To: Payment	Pricer No.: I UR Payment Terms: Net 30 Days MERIT HEALTH BATE 303 MEDICAL CENTER BATESVILLE ALCENTER DRIVE E, MS 38606 Stomer: 3553362 003990007 To Date Oty/Rate Schedule / Tier Pricing Product No./ Serial No. or Barcode No. Product Descrip Patient Name Location / Wa DG Tier: 1 Ordered By Phone # Sub Total Sales Tax Iterest Note: All past due invoices are subject to 1.5% per month late chain it Payment To: Descrip Drawn, Inc. 3592 DA 15264-3592 Including Terms: Net 30 Days MERIT HEALTH BATE 303 MEDICAL CENTER BATESVILLE, MS 386 Ship To Customer: GLN: 1100003990007 Product Descrip Patient Name Location / Wa Phone # Sub Total Sales Tax Iterest Note: All past due invoices are subject to 1.5% per month late chain it Payment To: Descrip Drawn, Inc. 3592 ABATE PLUM A+ INFUSION PAPRIL 2018 USAGE. Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar. additional series reference your invoice. Thank you for your business. of Hill-Rom for your Rental needs! Please send Correspondent Hill-Rom Company, Inc. 3692 Batesville, IN 47006 Phone: 812/931-2337	Due Date: I UR Payment Terms: Net 30 Days Due Date: Net 30 Days Due Date: Due Date: Net 30 Days	Trider No.: I UR Payment Terms: Net 30 Days Due Date: MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362 003990007 To Date Schedule Tier Product No./ Serial No. or Barcode No. Product Description Patient Name Location / Ward Pricing 04/30/2018 15	

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 CFB \$100.195(11) im 69-1 Part 2 Filed 10/03/18 Desc Attachment 1 Page 20



Invoice	No.: 1500	340	Your P.O:	USAGE	Invoice Date) .	05/31/2018		
Hill-Rom C 21542220			Payment Terms:	Net 30 Days	Due Date:		06/30/2018		
303 MEDIC BATESVILL Sold To Cu	ALTH BATES AL CENTER E, MS 3860 Istomer: 0003990007	DRIVE	2	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE BATESVILLE, MS 38606 Ship To Customer: 3553362					
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	GLN: 1100003990007 Product Descrip Patient Name Location / Wa	otion e	Unit Price	Extended Price		
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05459649 Ordered By Phone #	ABBT PLUM A+ INFUSION P APRIL 2018 USAGE,	UMP	4.21	63.15		
				Sub Total Sales Tax			63.15 0.00		
Ir	nterest Note:	All past	due invoices are subject to		rge.	Total USD			
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc. 3592 PA 15264-39 x ID# 35-153			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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in the original in	se pay the nents to b the montl voice. Tha	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 CFB \$100.195(11) im 69-1 Part 2 Filed 10/03/18 Desc Attachment 1 Page 21



Invoice	No.: 1500	341	Your P.O:	USAGE	Invoice Date	: :	05/31/2018
Hill-Rom C 2154222			Payment Terms:	Net 30 Days	Due Date:		06/30/2018
303 MEDIC. BATESVILL Sold To Cu	LTH BATES AL CENTER E, MS 3860 stomer: 0003990007	DRIVE	2	MERIT HEALTH BATE 303 MEDICAL CENTE BATESVILLE, MS 386 Ship To Customer: GLN: 1100003990007	R DRIVE 506 3553362		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	e	Unit Price	Extended Price
04/01/2018	04/30/2018	15 UG Tier: 1	P6962 05460373 Ordered By Phone #	ABBT PLUM A+ INFUSION P APRIL 2018 USAGE,	UMP	4.21	63.15
				Sub Total Sales Tax			63.15 0.00
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment To ompany, Inc.	<u>o:</u> 592	due invoices are subject to	Mire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.account Please reference your investments.	ons: 01617 11000124 hpnc@hill-rom	Total USD	63.15
Instructions Special Instruction Month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the montl roice. Tha	e Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 12 CFB \$100.1952(11) m 69-1 Part 2 Filed 10/03/18 Desc Attachment 1 Page 22

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	Curren cy	Amt Open
				Code	
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



Page 1 of 4

Purchase Order: DEBBIE CAMPBELL Invoice Date: 12/31/2017 Invoice Number: 1323718

Due Date: 1/30/2018 Billing Period: 12/01/2017 to 12/31/2017 Payment Terms: NET 30 DAYS

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749 Ship To: 622749

				2691219				
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
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
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
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
ABBT PLUM A+ INFUSION PUMP 05459391 13863793	ē	12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	127.96	258.47
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
ABBT PLUM A+ INFUSION PUMP 05459474 13863509		12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	00.00	130.51
	Serial # / Barcode ABBT PLUM A+ INFUSION PUMP 04738852 14136010 ABBT PLUM A+ INFUSION PUMP 05459375 13863695 ABBT PLUM A+ INFUSION PUMP 05459383 13863722 ABBT PLUM A+ INFUSION PUMP 05459391 13863793 ABBT PLUM A+ INFUSION PUMP 05459409 13891273 ABBT PLUM A+ INFUSION PUMP 05459474	Serial # / Barcode Dept. Name / Patient's Name ABBT PLUM A+ INFUSION PUMP 04738852 14136010 ABBT PLUM A+ INFUSION PUMP 05459375 13863695 ABBT PLUM A+ INFUSION PUMP 05459383 13863722 ABBT PLUM A+ INFUSION PUMP 05459391 13863793 ABBT PLUM A+ INFUSION PUMP 05459409 13891273 ABBT PLUM A+ INFUSION PUMP 05459474	Dept. Name/Patient's Name Thru To Date	Serial # / Barcode	Serial # / Barcode	Serial # / Barcode Patient's Name Thru To Date Invoice by PO Sched. Price	Dept. Name Patient's Name Thru Invoice Rate Sched. Price Amount	Dept. Name



Page 2 of 4

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

GLN: 110	0002691219		GLN	: 110000	2691219				
Part # / Order # / Line No.	ltem 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	1	12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.5
P6962 18567207 1.008	ABBT PLUM A+ INFUSION PUMP 05459623 13863454	h	12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.5
P6962 18879046 1.007	ABBT PLUM A+ INFUSION PUMP 05459748 14136580	ļ	12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130.51	0.00	130.54
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	130.5
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	THE MARK A REPORT OF JOSEPH WAS THE STATE	12/01/2017 thru 12/31/2017		31.0000 DY	4.21	130,51	00.00	130.5



Subtotal

1955.10

127.96

1827.14

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

622749 - GILMORE MEMORIAL HOSPITAL



Sold To: 622749

Invoice Number: 1323718

Original Invoice by PO - Summary

Page 4 of 4

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

SUBTOTAL: 1827.14

SALES TAX: 127.96 TOTAL AMOUNT: 1955.10

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

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 achono@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.: 1303	310	Your P.O:		Invoice Date	<u>:</u>	12/31/2017
Hill-Rom C 2032868			Payment Terms:	Net 30 Days	Due Date:		01/30/2018
1105 EARL AMORY, M Sold To Cu				GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer: GLN: 1100002691219	D 622749		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	ule Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	otion e	Unit Price	Extended Price
12/01/2017	12/04/2017	4 DY Tier: 1	P6877B 05427372 Ordered By Department Phone #		SC,TZ	39.87	159.48
				Sub Total Sales Tax			159.48 0.00
<u>I</u> r	terest Note:	All past	due invoices are subject to	1.5% per month late cha	rge.	Total USD	159.48
Hill-Rom C PO Box 64 Pittsburgh,	i it Payment T ompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acc Please reference your investments	 01617 11000124 hpnc@hill-rom	.com	-
Instructions Special Instruction Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to l the mont oice. Th	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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Invoice No.: 1303312			Your P.O:		Invoice Date	e:	12/31/2017
Hill-Rom C 20328698			Payment Terms:	Net 30 Days	Due Date:		01/30/2018
1105 EARL AMORY, Mi Sold To Cu	stomer:			GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer:	D 622749		
	0002691219	Qty/Ra	to Draduat No /	GLN: 1100002691219			T
From Date	To Date	Schedu /Tier Pricin	ule Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
12/01/2017	12/04/2017	4 DY Tier: 1	P6885 05611322 Ordered By Department Phone #	MATTRESS, SAE, 48" (RENT	ral)	20.90	83.60
				Sub Total			83.60
	torant NI-t-	All noot	dua invaigna era subject to	Sales Tax		Total USD	0.00
Please Rem Hill-Rom C PO Box 64 Pittsburgh, Federal Ta Instructions	nit Payment T ompany, Inc. 3592 PA 15264-35 x ID# 35-153 s:	<u>o:</u> 592 8921	due invoices are subject to	Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your investments.	ons: 01617 11000124 hpnc@hill-rom oice number		83.60
month. If the will see all a month after	ere are adjustn djustments in	nents to l the mont oice. Th	e Invoice Amount due each be made to this invoice, you th they are made, usually a ank you for your business. ental needs!	Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	GHER st		

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Invoice No.: 1306173 Your P.O:					Invoice Date	<u>;</u>	12/31/2017
Hill-Rom 0 2038359			Payment Terms:	Net 30 Days	Due Date:		01/30/2018
1105 EARL AMORY, M			AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821	D		
Sold To Cu GLN: 1100	stomer:)002691219	622749		Ship To Customer: GLN: 1100002691219	622749		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	е	Unit Price	Extended Price
Departme			i		39.87	119.61	
				Sub Total Sales Tax			119.61 0.00
Ir	nterest Note:	All past	due invoices are subject to		 rge.	Total USD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	ons: 01617 11000124 hpnc@hill-rom	.com	
Instruction: Special Instrumenth. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the monti voice. Tha	Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Inc Attn: RACHEL GALLA 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 (F.P. \$1004.952/41) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 7



Invoice No.: 1306175			Your P.O:		Invoice Date	: :	12/31/2017
Hill-Rom C 20383612			Payment Terms:	Net 30 Days	Due Date:		01/30/2018
1105 EARL AMORY, M			AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821			
Sold To Cu GLN: 1100	stomer: 0002691219	622749		Ship To Customer: GLN: 1100002691219	622749		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	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	14/2017		04283826	MATTRESS, SAE, 48" (RENT	ΓAL)	20.90	543.40
			Ordered By Department Phone #				
				Sub Total Sales Tax			1,580.02 0.00
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592	due invoices are subject to	Mire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acc	ons: 01617 11000124 hpnc@hill-rom	Total USD	1,580.02
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> uctions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 (F.B. \$1004.952/41) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 8



Invoice No.: 1306180 Your P.O:					Invoice Date	2:	12/31/2017
Hill-Rom C 2038376			Payment Terms:	Net 30 Days	Due Date:		01/30/2018
1105 EARL AMORY, Mi Sold To Cu				GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer: GLN: 1100002691219	D 622749		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	ule Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	otion e	Unit Price	Extended Price
12/04/2017	12/06/2017	3 DY Tier: 1	P6885 05611322 Ordered By Department Phone #		ral)	20.90	62.70
				Sub Total Sales Tax			62.70 0.00
Ir	iterest Note:	All past	due invoices are subject to	1.5% per month late cha	rge	Total USD	62.70
Hill-Rom C PO Box 64 Pittsburgh,	i it Payment T ompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	 01617 11000124 hpnc@hill-rom	.com	
Instructions Special Instruction Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to l the mont oice. Th	e Invoice Amount due each be made to this invoice, you th they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 (F.P. \$1004.952/41) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 9



Invoice No.: 1308738 Your P.O:				Invoice Date	? `	12/31/2017	
Hill-Rom C 20445329			Payment Terms:	Net 30 Days	Due Date:		01/30/2018
			AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer:			
GLN: 1100	002691219			GLN: 1100002691219	1		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
12/08/2017	12/29/2017	22 DY Tier: 1	P6877B 05427372 Ordered By Department Phone #	BURKE TRIFLEX II 39/48 W	SC,TZ	39.87	
				Sub Total Sales Tax			877.14 0.00
Ir	terest Note:	All past	due invoices are subject to 1		rge.	Total USD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	i <mark>it Payment T</mark> ompany, Inc.	<u>o:</u> 592	,	Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acl Please reference your invented.	ons: 01617 11000124 hpnc@hill-rom		
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the monti voice. Tha	e Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 12 CFB \$100.1952(11) m 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 10



Original Individual Invoice

Invoice I	No.: 1308	741	Your P.O:		Invoice Date	Date: 12/31/2017			
Hill-Rom C 2044533			Payment Terms:	Net 30 Days	Net 30 Days				
1105 EARL AMORY, MS Sold To Cu			AL	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219					
From Date To Date Qty/Rate Schedule Serial No. or Fricing Product No./			Product Descrip Patient Name Location / Wa	е	Unit Price	Extended Price			
12/08/2017	12/29/2017	22 DY Tier: 1	P6885 05611322 Ordered By Department Phone #	MATTRESS, SAE, 48" (RENT	AL)	20.90	459.80		
				Sub Total Sales Tax			459.80 0.00		
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	<u>it Payment T</u> ompany, Inc.	<u>o:</u> 592	due invoices are subject to	1.5% per month late charge. Total USD 459.80 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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspondence To: Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848					

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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

of 62

Please Remit Payment To:

Hill-Rom Company, Inc. PO Box 643592

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

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:

Safe Harbor:

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

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 reflectebates 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 onany 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-Submittedfor 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)

Please send Correspondence To



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 SWO 66880500 Serial number HRP000422247	\$140.00	\$140.0
			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

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

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

Safe Harbor:

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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

Hill-Rom

of 62

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

Please send Correspondence To

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

Safe Harbor:

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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 uisng 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

of 62

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

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

Safe Harbor:

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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 Ship To Customer: 622749 GLN: 1100002691219 GLN: 1100002691219

GLN:	11000	02691219		GLN: 1100002691219		
Line	Qty	Product No.	Product Descript	tion / 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

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

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

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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 Ship To Customer: 622749 GLN: 1100002691219 GLN: 1100002691219

GEN. 110002301210					
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

Hill-Rom

Batesville, IN 47006

Fax: 812-934-8848

Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3

Federal Tax ID # 35-1538921

1069 State Route 46 East - Mail Code - J36

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

Safe Harbor:

Please send Correspondence To

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Original Individual Invoice

Invoice I	No.: 1343	127	Your P.O:		Invoice Date	e: 01/31/2018			
Hill-Rom C 20724240			Payment Terms:	Net 30 Days	Net 30 Days Due Date: 03/02/201				
1105 EARL AMORY, MS Sold To Cu	stomer:		AL	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749					
GLN: 1100	002691219			GLN: 1100002691219					
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	е	Unit Price	Extended Price		
01/02/2018	01/07/2018	6 DY Tier: 1	P6885 05611322 Ordered By Department Phone #	MATTRESS, SAE, 48" (RENT	AL)	20.90			
				Sub Total Sales Tax			125.40 0.00		
In	terest Note:	All past	due invoices are subject to '		rge.	Total USD			
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	<u>it Payment T</u> ompany, Inc.	<u>o:</u> 592		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				Please send Correspond	dence To:				
Special Instr month. If the will see all a month after	uctions: Pleas re are adjustn djustments in	nents to b the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848					
		*	ices provided hereunder may involve						

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 12 CFB \$1001.952(11) m 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 18



Original Individual Invoice

Invoice I	No.: 1343	129	Your P.O:		Invoice Date	;	01/31/2018		
Hill-Rom C 2072424			Payment Terms:	Net 30 Days	t 30 Days Due Date: 03/02/2018				
1105 EARL AMORY, MS Sold To Cu	stomer:		AL	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749					
GLN: 1100	002691219			GLN: 1100002691219					
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	е	Unit Price	Extended Price		
01/02/2018	01/07/2018	6 DY Tier: 1	P6877B 05427372 Ordered By Department Phone #	BURKE TRIFLEX II 39/48 W	SC,TZ	39.87	239.22		
				Sub Total Sales Tax			0.00		
In	terest Note:	All past	due invoices are subject to 1		rge.	Total USD			
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	<u>it Payment T</u> ompany, Inc.	<u>o:</u> 592		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				Please send Correspond	dence To:				
Special Instr month. If the will see all a month after	uctions: Pleas re are adjustn djustments in	nents to b the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Hill-Rom Company, Inc. Attn: RACHEL GALLAGHER 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848					
		*	ices provided hereunder may involve						

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 12 CFB \$100.195(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 19

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Purchase Order: DEBBIE CAMPBELL Invoice Date: 01/31/2018 Invoice Number: 1362385

Due Date: 3/2/2018 Payment Terms: NET 30 DAYS Billing Period: 01/01/2018 to 01/31/2018

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749 Ship To: 622749

GLN: 110	0002691219		GLN	: 110000	2691219				_
Part # / Order # / Line No.	ltem 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
	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	00.00	130.51



Page 2 of 4

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

GLN: 110	GLN: 1100002691219 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	E E	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



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

Sold To: 622749

Ship To: 622749

AMORY MS 38821

GLN: 110	0002691219			1100000						
Part # / Order # / Line No.	ltem 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	
1	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	
1	ABBT PLUM A+ INFUSION PUMP 05460241 13881131		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51	
	622749 - GILMORE MEMORIAL HOSPITAL Subtotal 1827.14 127.96 1955.10									



Sold To: 622749

Invoice Number: 1362385

Original Invoice by PO - Summary

Page 4 of 4

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

SUBTOTAL: 1827.14

SALES TAX: 127.96 TOTAL AMOUNT: 1955.10

TOTALS FOR PO # DEBBIE CAMPBELL for Period 01/01/2018 to 01/31/2018

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

•		
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 an achinoc@bill-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: 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

OLIV.	11000	02031213	OLN. 1100002031213		
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

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:

Safe Harbor:

Please send Correspondence To

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

Hill-Rom Company, Inc.

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PO Box 643592

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 reflectebates 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 onany 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-Submittedfor 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)



Page 1 of 2

Purchase Order: 754-6412347 Invoice Date: 02/28/2018 Invoice Number: 1397053

Due Date: 3/30/2018 Payment Terms: NET 30 DAYS Billing Period: 02/01/2018 to 02/28/2018

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749 Ship To: 622749

GLN: 1100002691219 Ship To: 622749 GLN: 1100002691219									
Part # / Order # / Line No.	ltem 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	P	02/20/2018 thru 02/28/2018		9.0000 DY	4.21	37.89	0.00	37.89
1 :	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
	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
1	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					Subtotal	151.56		



Sold To: 622749

Invoice Number: 1397053

Original Invoice by PO - Summary

Page 2 of 2

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
P6962	ABBT PLUM A+ INFUSION PUMP	4.0000	151.56

SUBTOTAL: 151.56

SALES TAX: 0.00 TOTAL AMOUNT: 151.56

TOTALS FOR PO # 754-6412347 for Period 02/01/2018 to 02/28/2018

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	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 achono@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, Medicard, 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)



Page 1 of 4

Purchase Order: DEBBIE CAMPBELL Invoice Date: 02/28/2018 Invoice Number: 1397054

Due Date: 3/30/2018 Payment Terms: NET 30 DAYS Billing Period: 02/01/2018 to 02/28/2018

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749

Ship To: 622749

GLN: 1100002691219				110000					
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	11 7.8 8	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	A	02/01/2018 thru 02/28/2018		28.0000 DY	4.21	117.88	0.00	117.88



Page 2 of 4

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

GLN: 1100002691219				1100002					
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	I	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	P E	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	THE STATE OF THE PARTY OF THE THE THE THE THE THE THE THE THE	02/01/2018 thru 02/20/2018		20.0000 DY	4.21	84.20	0.00	84.20



Purchase Order: DEBBIE CAMPBELL Invoice Date: 02/28/2018 Invoice Number: 1397054 Payment Terms: NET 30 DAYS Due Date: 3/30/2018 Billing Period: 02/01/2018 to 02/28/2018 GILMORE MEMORIAL HOSPITAL GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD 1105 EARL FRYE BLVD **AMORY MS 38821 AMORY MS 38821** Sold To: 622749 Ship To: 622749 GLN: 1100002691219 GLN: 1100002691219 Item Description/ Serial # / Part # / Ordered By/ From Date Original Qty/ Sales Unit Invoice Dept. Name/ Invoice by PO Order#/ **Total Charge** Thru Rate Price Amount Tax Patient's Name To Date Line No. Barcode Sched. P6962 ABBT PLUM A+ INFUSION PUMP 02/01/2018 28.0000 4.21 117.88 0.00 117.88 18879046 thru DY 05460167 02/28/2018 5.009 13884370 P6962 ABBT PLUM A+ INFUSION PUMP 02/01/2018 28.0000 117.88 4.21 117.88 0.00 DY 18567209 05460241 thru 02/28/2018 1.010 13881131



Sold To: 622749

Invoice Number: 1397054

Original Invoice by PO - Summary

Page 4 of 4

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
P6962	ABBT PLUM A+ INFUSION PUMP	14.0000	1431.40

SUBTOTAL: 1431.40

SALES TAX: 100.17 TOTAL AMOUNT: 1531.57

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

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	WK = Week(s) MO = Month(s) MC = Minimum CH = Charge	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)



Page 1 of 3

Purchase Order: DEBBIE CAMPBELL Invoice Date: 03/31/2018 Invoice Number: 1431893

Due Date: 4/30/2018 Payment Terms: NET 30 DAYS Billing Period: 03/01/2018 to 03/31/2018

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749

Ship To: 622749

GLN: 1100002691219				1100002					
Part # / Order # / Line No.	ltem 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	Ā	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	00.00	130.51



1117.20

73.12

1044.08

Purchase Order: DEBBIE CAMPBELL Invoice Date: 03/31/2018 Invoice Number: 1431893 Payment Terms: NET 30 DAYS Due Date: 4/30/2018 Billing Period: 03/01/2018 to 03/31/2018 GILMORE MEMORIAL HOSPITAL GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD 1105 EARL FRYE BLVD **AMORY MS 38821 AMORY MS 38821** Sold To: 622749 Ship To: 622749 GLN: 1100002691219 GLN: 1100002691219 Item Description/ Serial # / Part # / Ordered By/ From Date Original Qty/ Sales Unit Invoice Dept. Name/ Invoice by PO Order#/ **Total Charge** Thru Rate Price Amount Tax Patient's Name To Date Line No. Barcode Sched. P6962 ABBT PLUM A+ INFUSION PUMP 03/01/2018 31.0000 4.21 130.51 73.12 203.63 DY 18879046 thru 05460167 03/31/2018 5.010 13884370 P6962 ABBT PLUM A+ INFUSION PUMP 03/01/2018 31.0000 130.51 4.21 130.51 0.00 DY 18567209 05460241 thru 03/31/2018 1.011 13881131

622749 - GILMORE MEMORIAL HOSPITAL

Subtotal



Federal Tax ID# 35-1538921

Sold To: 622749

Invoice Number: 1431893

Original Invoice by PO - Summary

Page 3 of 3

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
P6962	ABBT PLUM A+ INFUSION PUMP	8.0000	1044.08

SUBTOTAL: 1044.08

SALES TAX: 73.12 TOTAL AMOUNT: 1117.20

TOTALS FOR PO # DEBBIE CAMPBELL for Period 03/01/2018 to 03/31/2018

ABA Routing Number: 041000124

Send remittance to ar achpnc@hill-rom.com

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: Please pay the Total Amount Due each month If there are adjustments to be made to this DY = Day(s)HILL-ROM COMPANY, INC Hill-Rom Company, Inc. invoice, you will see all adjustments in the WK = Week(s) ATTN: RACHEL GALLAGHER PO Box 643592 month they are made; usually a month after the = Month(s) = Minimum original invoice. 1069 ST RTE 46 Pittsburgh, PA 15264-3592 BATESVILLE, IN 47006 = Charge Wire Payment Instructions: ug = Usage Phone: 812/931-2387 PNC Bank ** Monthly amounts may be prorated on the Detail pages Account Number: 4006901617 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)

based on days used



Page 1 of 2

 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
 Ship To: 622749

 GLN: 1100002691219
 GLN: 110000269

GLN: 110	1100002691219 GLN: 1100002691			2691219					
Part # / Order # / Line No.	ltem 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	B. B.	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
	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 ME	MORIAL HO	SPITAL		Subtotal	522.04	0.00	522.04



Sold To: 622749

Invoice Number: 1431892

Original Invoice by PO - Summary

Page 2 of 2

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
P6962	ABBT PLUM A+ INFUSION PUMP	4.0000	522.04

SUBTOTAL: 522.04

SALES TAX: 0.00 TOTAL AMOUNT: 522.04

TOTALS FOR PO # 754-6412347 for Period 03/01/2018 to 03/31/2018

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	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 an achono@bill-rom.com	WK = Week(s) MO = Month(s) MC = Minimum	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, Medicard, 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)



Page 1 of 2

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

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749

Ship To: 622749

GLN: 1100002691219				Ship To: 622/49 GLN: 1100002691219					
Part # / Order # / Line No.	ltem 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
	ABBT PLUM A+ INFUSION PUMP 05459631 13843737	3	04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
	ABBT PLUM A+ INFUSION PUMP 05460068 13884381		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	12 6.30	0.00	126.30
P6962 21274942 1.003	ABBT PLUM A+ INFUSION PUMP 05460456 13884392		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
	622749 - GILMORE MEMORIAL HOSPITAL Subtotal 505.20 0.00				505.20				



Sold To: 622749

Invoice Number: 1467195

Original Invoice by PO - Summary

Page 2 of 2

<u>Equipment</u>	<u>Description</u>	# of Units	Total Charges
P6962	ABBT PLUM A+ INFUSION PUMP	4.0000	505.20

SUBTOTAL: 505.20

SALES TAX: 0.00 TOTAL AMOUNT: 505.20

TOTALS FOR PO # 754-6412347 for Period 04/01/2018 to 04/30/2018

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 an achnoc@bill-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)



Original Individual Invoice

Invoice	No.: 1459	234	Your P.O:		Invoice Date	;	04/30/2018
Hill-Rom C 2194189			Payment Terms:	Net 30 Days	Due Date:		05/30/2018
1105 EARL AMORY, M Sold To Cu			AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer: GLN: 1100002691219	D 622749		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	otion e	Unit Price	Extended Price
04/19/2018	04/21/2018	3 DY Tier: 1	P6877B 05427372 Ordered By Department Phone #	BURKE TRIFLEX II 39/48 W	SC,TZ	38.67	116.01
				Sub Total Sales Tax			116.01 0.00
Interest Note: All past due invoices are subject to Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592							
Federal Tax ID# 35-1538921 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 Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 12 CFB \$1001.952(11) m 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 38



Original Individual Invoice

Invoice	No.: 1459	238	Your P.O:		Invoice Date	•	04/30/2018
Hill-Rom 0 2194190			Payment Terms:	Net 30 Days	Due Date:		05/30/2018
1105 EARL AMORY, M Sold To Cu	stomer:		AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer:	D 622749		
GLN: 1100	002691219			GLN: 1100002691219			
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	е	Unit Price	Extended Price
04/19/2018	04/21/2018	3 DY Tier: 1	P6885 05611322 Ordered By Department Phone #	MATTRESS, SAE, 48" (RENT	AL)	20.90	
				Sub Total Sales Tax			62.70 0.00
l r	nterest Note:	All past	due invoices are subject to '		rge.	Total USD	
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 Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st			

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 12 CFB \$100.195(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 39



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Purchase Order: DEBBIE CAMPBELL Invoice Date: 04/30/2018 Invoice Number: 1467196

Due Date: 5/30/2018 Payment Terms: NET 30 DAYS Billing Period: 04/01/2018 to 04/30/2018

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749 Ship To: 622749

GLN: 110	GLN: 1100002691219 GLN: 1100002691219								
Part # / Order # / Line No.	ltem 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	1	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	P.	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	1	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	ľ	03/01/2018 thru 03/31/2018		31.0000 DY	4.21	130.51	0.00	130.51



Page 2 of 4

Purchase Order: DEBBIE CAMPBELL Invoice Date: 04/30/2018 Invoice Number: 1467196

Due Date: 5/30/2018 Payment Terms: NET 30 DAYS Billing Period: 04/01/2018 to 04/30/2018

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY MS 38821

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To: 622749 Ship To: 622749

Item Description/ Serial # / Barcode ABBT PLUM A+ INFUSION PUMP 05383864	Ordered By/ Dept. Name/ Patient's Name	From Date Thru To Date	Original Invoice	Qty/ Rate	Unit	la vala a	0	
05383864			by PO	Sched.	Price	Invoice Amount	Sales Tax	Total Charge
13884272		01/01/2018 thru 01/31/2018		31.0000 DY	4.21	130.51	0.00	130.51
ABBT PLUM A+ INFUSION PUMP 05459375 13863695		04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	12 6 .30
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
ABBT PLUM A+ INFUSION PUMP 05459474 13863509	ē	04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	0.00	126.30
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
ABBT PLUM A+ INFUSION PUMP 05459771 13863458	E	04/01/2018 thru 04/30/2018		30.0000 DY	4.21	126.30	70.72	197.02
	3863695 ABBT PLUM A+ INFUSION PUMP 15459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771	3863695 ABBT PLUM A+ INFUSION PUMP 5459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771	3863695 ABBT PLUM A+ INFUSION PUMP 15459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771 15459771 15459771	3863695 04/30/2018 ABBT PLUM A+ INFUSION PUMP 04/01/2018 thru 04/30/2018	3863695 ABBT PLUM A+ INFUSION PUMP 15459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459621 3863454 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771 ABBT PLUM A+ INFUSION PUMP 15459771 ABBT PLUM A+ INFUSION PUMP 15459771 ABBT PLUM A+ INFUSION PUMP 15459771	3863695 ABBT PLUM A+ INFUSION PUMP 15459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771 ABBT PLUM A+ INFUSION PUMP 15459771	3863695 ABBT PLUM A+ INFUSION PUMP 15459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771 ABBT PLUM A+ INFUSION PUMP 15459771	3863695 ABBT PLUM A+ INFUSION PUMP 15459383 3863722 ABBT PLUM A+ INFUSION PUMP 15459474 3863509 ABBT PLUM A+ INFUSION PUMP 15459623 3863454 ABBT PLUM A+ INFUSION PUMP 15459771 ABBT PLUM A+ INFUSION PUMP 15459771



1805.24

70.72

1734.52

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

622749 - GILMORE MEMORIAL HOSPITAL

Subtotal



Sold To: 622749

Invoice Number: 1467196

Original Invoice by PO - Summary

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

SUBTOTAL: 1734.52

SALES TAX: 70.72 TOTAL AMOUNT: 1805.24

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

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 at achono@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, Medicard, 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

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:

Safe Harbor:

Please send Correspondence To

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

Hill-Rom Company, Inc.

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PO Box 643592

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 reflectebates 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 onany 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-Submittedfor 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)

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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**

Ship To Customer: 622749 GLN: 1100002691219

Sold To Customer: 622749 GLN: 1100002691219

Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price	
1.00	VESTGARMENT	VEST GARMENT B.O.L. #: 14984823 dated: 05/07/2018 ***************** Itemized Options: P300632005 Slotted Vest Wrap SPU(5pk) - L	\$276.00	\$276.0	
1.00	P300632005	VEST, SPU LARGE WRAP - SLOTTED			
		Tracking Number: 423031771378, NO MODE SELECTED			
		Sub Total:		\$276.0	
	1.00	1.00 VESTGARMENT	1.00 VESTGARMENT B.O.L. #: 14984823 dated: 05/07/2018 ************** Itemized Options: P300632005 Slotted Vest Wrap SPU(5pk) - L *********** *********************	1.00 VESTGARMENT B.O.L. #: 14984823 dated: 05/07/2018 **************** Itemized Options: P300632005 Slotted Vest Wrap SPU(5pk) - L ************ VEST, SPU LARGE WRAP - SLOTTED Tracking Number: 423031771378, NO MODE SELECTED	

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

Please Remit Payment To:

Hill-Rom Company, Inc. PO Box 643592

PNC Bank

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

Wire Payment Instructions:

Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number

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

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Safe Harbor:

Safe Harbor The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 45

\$276.00



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**

Ship To Customer: 622749 GLN: 1100002691219

Sold 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	\$276.0
1.001 1	1.00	P300632005	VEST, SPU LARGE WRAP - SLOTTED Tracking Number: 423031777387, NO MODE SELECTED		
			Sub Total:		\$276.0

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:

Safe Harbor:

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

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 reflectebates 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 onany 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-Submittedfor 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)

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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**

Ship To Customer: 622749 GLN: 1100002691219

Sold 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 ************************************	\$276.00	\$276.00
			Itemized Options: P300629005 Slotted Vest Wrap SPU(5pk)- XS ************************************		
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

Hill-Rom

of 62

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:

Safe Harbor:

Please send Correspondence To

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 47

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Invoice I	No.: 1488	867	Your P.O:		Invoice Date	:	05/31/2018	
Hill-Rom C 22177373			Payment Terms:	Net 30 Days	Due Date:		06/30/2018	
1105 EARL AMORY, MS Sold To Cu			AL.	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219				
From Date	To Date	Qty/Ra Schedu /Tier Pricin	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price	
05/10/2018	05/28/2018	19 DY Tier: 1	P1190ASAE Ordered By Department Phone #	ADVANTA2 RENTAL KIT W/s	SAE SURF	29.49	560.31	
				Sales Tax			0.00	
Please Rem	it Payment T	<u>o:</u>	due invoices are subject to 1	Wire Payment Instruction		Total USD	560.31	
PO Box 64 Pittsburgh,	ompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number				
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustm djustments in	e pay the nents to b the mont roice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental 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 CFB \$100.195(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 48



Invoice	No.: 1496	830	Your P.O:		Invoice Date	e:	05/31/2018
Hill-Rom 0 2236324		F	Payment Terms:	Net 30 Days	Due Date:		06/30/2018
1105 EARL AMORY, M Sold To Cu	stomer:		L	GILMORE MEMORIA 1105 EARL FRYE BL AMORY, MS 38821 Ship To Customer:	VD 622749		
GLN: 1100	0002691219			GLN: 11000026912	19		
From Date	To Date	Qty/Rat Schedul /Tier Pricing	e Serial No. or Barcode No.	Product Desci Patient Nai Location / W	nie	Unit Price	Extended Price
05/29/2018	05/31/2018	3 DY Tier: 1	P6877A 05442231	BURKE TRIFLEX II 39/48 V	v sc	38.67	116.01
05/29/2018	05/31/2018	3 DY Tier: 1	P6885 04283826	MATTRESS, SAE, 48" (RE	NTAL)	20.90	62.70
			Ordered By Department Phone #	Sub Total			178.71
				Sales Tax			0.00
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592	lue invoices are subject to	1.5% per month late ch Wire Payment Instruct PNC Bank Account Number: 4006 ABA Routing Number: Send remittance to ar.a Please reference your in	tions: 901617 041000124 achpnc@hill-rom	Total USD	178.71
Instruction: Special Instrumenth. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to be the month roice. Tha	Invoice Amount due each e made to this invoice, you they are made, usually a nk you for your business. ntal needs!	Please send Correspondill-Rom Company, Attn: RACHEL GALL 1069 State Rte. 46 E Batesville, IN 47006 Phone: 812/931-238 Fax: 812/934-884	Inc. AGHER ast		

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 CFB \$100.195(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 49



Invoice I	No.: 1525	184	Your P.O:	01210	Invoice Date	<u>.</u>	06/30/2018
Hill-Rom C 2261588			Payment Terms:	Net 30 Days	Due Date:		07/30/2018
1105 EARL AMORY, MS		•		GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821	D		
Sold To Cu	stomer: 002691219	622749		Ship To Customer: GLN: 1100002691219	622749		
		Otv/Da	to Deadwet No. /			I	
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	e	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" (RENT	ΓAL)	20.90	104.50
			Ordered By Department Phone #				
				Sub Total Sales Tax			297.85 0.00
l e	toract Nata:	All pact	due invoices are subject to	L	rao	Total LICD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	it Payment T ompany, Inc.	<u>o:</u> 592	ado involoco dio subject to	Mire 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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to t the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 CFB \$100.195(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 50



Invoice	No.: 1560	881	Your P.O:		Invoice Date	: :	07/31/2018
Hill-Rom C 2306110			Payment Terms:	Net 30 Days	Due Date:		08/30/2018
	MEMORIAL F FRYE BLVD S 38821		AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821			
Sold To Cu GLN: 1100	stomer: 0002691219	622749		Ship To Customer: GLN: 1100002691219	622749		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	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" (RENT	ΓΑL) .	20.90	41.80
			Ordered By Department Phone #				
				Sub Total Sales Tax			119.14 0.00
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592	due invoices are subject to	Mire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acc	ons: 01617 11000124 hpnc@hill-rom	Total USD	119.14
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> uctions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 12 CFB \$1001.95(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 51



Invoice	No.: 1549	903	Your P.O:		Invoice Date	;	07/31/2018
Hill-Rom C 2280912			Payment Terms:	Net 30 Days	Due Date:		08/30/2018
			AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer:	D 622749		
GLN: 1100	002691219			GLN: 1100002691219			
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
07/01/2018	07/19/2018	19 DY Tier: 1	P1190ASAE Ordered By Department Phone #	ADVANTA2 RENTAL KIT W/s	SAE SURF	29.49	
				Sub Total Sales Tax			560.31 0.00
lr-	taraet Nota	I ∆II naet :	due invoices are subject to 1		me	Total LIGD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	i <mark>it Payment T</mark> ompany, Inc.	<u>o:</u> 592	and mireless are subject to	Mire 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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the monti voice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 12 CFB \$1001.952(11) m 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 52



Invoice I	No.: 1549	905	Your P.O:		Invoice Date	Invoice Date: 07/31/2018		
Hill-Rom C 22809130			Payment Terms:	Net 30 Days	Due Date:		08/30/2018	
1105 EARL AMORY, MS Sold To Cu		HOSPITA 622749	AL	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To Customer: 622749 GLN: 1100002691219				
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	9	Unit Price	Extended Price	
07/06/2018	07/17/2018	12 DY Tier: 1	P1190AP500 Ordered By Department Phone #	ADVANTA2 RENTAL KIT W/	2500 SUR	29.49	353.88	
				Sub Total Sales Tax			353.88 0.00	
In	nterest Note:	All past	due invoices are subject to 1	1.5% per month late cha	rge.	Total USD	353.88	
Hill-Rom Co PO Box 64 Pittsburgh,	nit Payment T ompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		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 Instruction month. If the will see all a month after	<u>s:</u> uctions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental 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 12 CFB \$1001.95(11) im 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 53



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		
			443026634142, 140 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

Hill-Rom

of 62

Please Remit Payment To:

Hill-Rom Company, Inc. PO Box 643592

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

Please send Correspondence To

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 54

Page 1 of 1



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 Ship To Customer: 622749 GLN: 1100002691219 GLN: 1100002691219

<u> </u>		02031213	OEN. 1100002081218		
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:

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 55 of 62



Credit

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

ine	Qty	Product No.	Product Description / Serial No.	l	Unit Price	Extended Pric
.000	1.00-	LVESTGARMENT	VEST GARMENT		\$234.60	\$234.60
.001	1.00-	P300631005	VEST, SPU MED WRAP - SLOTTED			
			Su	ub Total:		\$234.60
				ab rotal.		Ψ204.0

Total Order \$234.60-

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

Case 3:18-bk-05665 Claim 69-1 Part 3 Filled 10/03/18 Desc Attachment 2 Page 56 of 62

This is a Credit Memo



Credit

Credit No.: 702993

Credit Memo Date: 08/11/2018

Your P.O.: 01658 Original Invoice No.:

Original Hill-Rom Order No.:

GILMORE MEMORIAL HOSPITAL

Attn: Accounts Payable 1105 EARL FRYE BLVD **AMORY MS 38821**

GILMORE MEMORIAL HOSPITAL Attn: RECEIVING DEPARTMENT 1105 EARL FRYE BLVD

AMORY MS 38821

Sold To Customer: 622749 GLN: 1100002691219

Ship To Customer: 622749 GLN: 1100002691219

ine	Qty	Product No.	Product Description / Serial No.	l	Unit Price	Extended Pric
.000	1.00-	LVESTGARMENT	VEST GARMENT		\$234.60	\$234.60
.001	1.00-	P300631005	VEST, SPU MED WRAP - SLOTTED			
			Su	ub Total:		\$234.60
				ab rotal.		Ψ204.0

Total Order \$234.60-

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

Case 3:18-bk-05665 Claim 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 57 of 62

This is a Credit Memo

Page 1 of 2



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**

Ship To Customer: 622749 GLN: 1100002691219

Sold To Customer: 622749 GLN: 1100002691219

		02001210	OEI4. 1100002001210		
Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VESTGARMENT	VEST GARMENT	\$276.00	\$276.00

			Itemized Options:		
			P300629005 Slotted Vest Wrap SPU(5pk)- XS ************************************		
1.001	1.00	P300629005	VEST, SPU XSM WRAP-SLOTTED 5PK		
			Tracking Number:		
			443026879113, NO MODE SELECTED		
			0.4.7.4.1		#070 00
			Sub Total:		\$276.00

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

Hill-Rom

of 62

Please Remit Payment To:

Hill-Rom Company, Inc. PO Box 643592

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PNC Bank

Please send Correspondence To

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:

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 58



Invoice	No.: 1578	338	Your P.O:		Invoice Date	Y.	08/31/2018
Hill-Rom 0 2306110			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
		10SPIT <i>I</i> 622749	AL	GILMORE MEMORIAL 1105 EARL FRYE BLV AMORY, MS 38821 Ship To Customer:			
1	stomer. 1002691219	022149		GLN: 1100002691219			
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	otion e	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" (RENT	ΓAL)	20.90	647.90
			Ordered By Department Phone #				
				Sub Total Sales Tax			1,846.67 0.00
I r	terest Note:	All past	due invoices are subject to	1.5% per month late cha	rge.	Total USD	1,846.67
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc. 3592 PA 15264-35 x ID# 35-153	- 592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inventors.	 01617 11000124 hpnc@hill-rom	.com	
Instructions				Please send Correspond	dence To:		
Special Instrumenth. If the will see all a month after	uctions: Pleas re are adjustn djustments in	nents to b the mont roice. Tha	e Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		
			ices provided bereunder may involve	4			

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 12 CFB \$1001.952(11) m 69-1 Part 3 Filed 10/03/18 Desc Attachment 2 Page 59

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,

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

Hill-Rom 1069 State Route 46 E Batesville, IN 47006

Fax Number: 812-934-8848

Invoice	Date	Due Date	Purchase		Amt Open
				cy Code	
1397053	2/28/18	3/30/18	754-6412		151.56
1397054	2/28/18	3/30/18			1531.57
1431892	3/31/18	4/30/18	754-6412	347	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	754-6412	347	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	Curren	Amt Open
				су	
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



11/30/2017 Invoice No.: 1282328 Your P.O. Invoice Date: Hill-Rom Order No.: Payment Terms: Due Date: 12/30/2017 Net 30 Days 20287596 UR MERIT HEALTH NORTHWEST MISSISSIPPI NW MISS REGIONAL MED CENTER 1970 HOSPITAL DR PO BOX 1218 CLARKSDALE, MS 38614 CLARKSDALE, MS 38614 Sold To Customer: Ship To Customer: 622737 622737 GLN: 1100002171704 GLN: 1100002171704 From Date To Date Qty/Rate Product No./ **Product Description** Unit Extended Schedule Serial No. or Patient Name Price Price /Tier Barcode No. Location / Ward Pricing 11/24/2017 11/28/2017 BURKE TRIFLEX II 39/48 W SC 39.87 199.35 5 P6877A DY 05442876 Tier: 1 11/24/2017 11/28/2017 5 MATTRESS, SAE, 48" (RENTAL) 20.90 104.50 P6885 DY 04905782 Tier: 1 11/24/2017 11/28/2017 5 BARIATRIC COMMODE 7.97 39.85 P680ARENT DY 1B1204000333 Tier: 1 Ordered By Department Phone # 343.70 Sub Total 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: Wire Payment Instructions: PNC Bank Hill-Rom Company, Inc. Account Number: 4006901617 PO Box 643592 ABA Routing Number: 041000124 Pittsburgh, PA 15264-3592 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number Federal Tax ID# 35-1538921 Please send Correspondence To: Instructions: Special Instructions: Please pay the Invoice Amount due each Hill-Rom Company, Inc. month. If there are adjustments to be made to this invoice, you Attn: RACHEL GALLAGHER will see all adjustments in the month they are made, usually a 1069 State Rte. 46 East month after the original invoice. Thank you for your business. Batesville, IN 47006 Please think of Hill-Rom for your Rental needs! 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 82 616-05665 95241 aim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3



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

Sold To Customer: 622737

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737 GLN: 1100002171704

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

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

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

Safe Harbor:

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Page 1 of 1



Invoice	No.: 1418	566	Your P.O:		Invoice Date	: :	03/31/2018
Hill-Rom C 2148881			Payment Terms:	Net 30 Days	Due Date: 04/30/201		
PO BOX 12 CLARKSDA Sold To Cu	LE, MS 386		ITER	NORTHWEST MISSIS 1970 HOSPITAL DR CLARKSDALE, MS 38 Ship To Customer: GLN: 1100002171704	8614 622737	CAL CENTER	₹
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	otion e	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" (RENT	ΓAL)	20.90	167.20
			Ordered By Department Phone #				
				Sub Total Sales Tax			486.16 34.03
			due invoices are subject to			Total USD	520.19
Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592				Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.ac Please reference your inv	 01617 11000124 hpnc@hill-rom	.com	
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 Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		

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 (F.P. \$1004.952/41) im 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 3



rder No.: UR		Payment Terms:				
		aymont romo.	Net 30 Days	Net 30 Days		
EGIONAL M 8 LE, MS 386 stomer:		TER	NORTHWEST MISSIS 1970 HOSPITAL DR CLARKSDALE, MS 38 Ship To Customer:		CAL CENTE	R
002171704			GLN: 1100002171704			
To Date	Schedul /Tier	e Serial No. or Barcode No.	Patient Name	e	Unit Price	Extended Price
03/17/2018	4 DY Tier: 1	P6877B 05427588	BURKE TRIFLEX II 39/48 W	SC,TZ	39.87	159.48
03/17/2018	4 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE	:	7.97	31.88
		Ordered By Department Phone #				
			Sub Total Sales Tax			191.36 13.39
erest Note:	All past o	due invoices are subject to	1.5% per month late cha	rge.	Total USD	204.75
t Payment Tompany, Inc. 5592 PA 15264-35	<u>o:</u> 592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.account	ons: 01617 11000124 hpnc@hill-rom		
			Please send Correspond	dence To:		
ictions: Pleas re are adjustm ljustments in t he original inv	nents to b the month roice. Tha	e made to this invoice, you n they are made, usually a nk you for your business.	Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387	c. GHER st		
	erest Note: 03/17/2018 03/17/2018 03/17/2018 03/17/2018 1 Payment Tompany, Inc. 592 PA 15264-35 ID# 35-153 ictions: Please are adjusting justing involved the property of Hill-Rom for Hill-Rom f	To Date Schedul / Tier Pricing 03/17/2018 4 DY Tier: 1 03/17/2018 4 DY Tier: 1 1 03/17/2018 4 DY Tier: 1 1 03/17/2018 5 DY Tier: 1 1 03/17/2018 4 DY Tier: 1 03/17/2018 4 DY Tie	To Date Schedule Schedule / Tier Pricing Serial No. or Barcode No. 03/17/2018	To Date Schedule Schedule / Tier Pricing Serial No. or Barcode No. No.	To Date Schedule Sche	To Date Otly/Rate Schedule Schedule Serial No. or Barcode No. Product Description Patient Name Location / Ward Price 03/17/2018

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 (F.P. \$1004.952/41) im 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 4



Invoice	No.: 1409	557	Your P.O:		Invoice Date	;	03/31/2018
Hill-Rom C 21164149			Payment Terms:	Net 30 Days	Due Date:		04/30/2018
PO BOX 12 CLARKSDA Sold To Cu	LE, MS 386		ITER	NORTHWEST MISSIS 1970 HOSPITAL DR CLARKSDALE, MS 38 Ship To Customer: GLN: 1100002171704	3614 622737	CAL CENTE	R
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Nam Location / Wa	e	Unit Price	Extended Price
03/01/2018	03/09/2018	9 DY Tier: 1	P6877A 05427588 Ordered By Department Phone #	BURKE TRIFLEX II 39/48 W	SC	39.87	358.83
				Sub Total Sales Tax			358.83 25.12
Interest Note: All past due invoices are subject to replease Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592				Mire Payment Instruction PNC Bank Account Number: 40069 ABA Routing Number: 04 Send remittance to ar.account Please reference your investments.	ons: 01617 41000124 hpnc@hill-rom	Total USD	383.95
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 Correspon Hill-Rom Company, In Attn: RACHEL GALLA 1069 State Rte. 46 Ea Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. AGHER st		

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 (F.P. \$1004.952/41) im 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 5



Invoice	No.: 1418	289	Your P.O:		Invoice Date	: :	03/31/2018	
Hill-Rom 0 2148606			Payment Terms:	Net 30 Days	Due Date: 04/30/201			
PO BOX 12 CLARKSDA Sold To Cu	LE, MS 386		ITER	NORTHWEST MISSIS 1970 HOSPITAL DR CLARKSDALE, MS 38 Ship To Customer: GLN: 1100002171704	8614 622737	CAL CENTE	R	
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	otion e	Unit Price	Extended Price	
03/09/2018	03/13/2018	5 DY Tier: 1	P6877B 05427588 Ordered By Department Phone #	BURKE TRIFLEX II 39/48 W	SC,TZ	39.87	199.35	
				Sub Total Sales Tax			199.35 13.95	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc. 3592 PA 15264-35	<u>o:</u> 592	due invoices are subject to 1	Mire Payment Instruction Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	ons: 01617 11000124 hpnc@hill-rom	Total USD	213.30	
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 Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st			

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 (F.B. \$1004.952/41) im 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 6



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**

Ship To Customer: 622737

GLN: 1100002171704

Sold 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: 7.00% State: Total Taxes:		\$202.90 14.21 14.21

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

of 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

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

Federal Tax ID # 35-1538921

Fax: 812-934-8848

Safe Harbor:

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Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 7



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**

Ship To Customer: 622737 GLN: 1100002171704

Sold	Τо	Customer: 622737	
GLN:	11	00002171704	

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: 7.00% State: Total Taxes:		\$161.73 11.33 11.33

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

of 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

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 8



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

Sold To Customer: 622737

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737

Line	Qty	Product No.	Product Descrip	cription / Serial No. Unit Price Extend		
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: Total Taxes:		21.39 21.39
				Total Taxos.		2.1.00

Interest Note: All past due invoices are subject to 1.5% per month late charge. **Total Order** \$326.89

Hill-Rom

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

Please send Correspondence To

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

Safe Harbor:

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Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 9 of 24

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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

Sold To Customer: 622737

GLN: 1100002171704

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737

GLN: 1100002171704

OLN. STOOGLITTICT		02:	V. 7.0000277 170 1			
Line	Qty	Product No.	Product Description /	Product Description / Serial No.		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

Please send Correspondence To Please Remit Payment To:

Hill-Rom Company, Inc. Hill-Rom PO Box 643592 1069 State Route 46 East - Mail Code - J36 Pittsburgh, PA 15264-3592 Batesville, IN 47006

Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3 Federal Tax ID# 35-1538921 Fax: 812-934-8848

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

Federal Tax ID # 35-1538921

Wire Payment Instructions: 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 reflectebates 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 onany 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-Submittedfor 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) PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com

Please reference your invoice number

Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 10 of 24

Total Order

\$549.95



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

Sold To Customer: 622737

GLN: 1100002171704

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737

GLN: 1100002171704

1.000 2.00 TRAVEL SERVICE TRAVEL \$126.00 \$252.00 2.00 .25 LABOR SERVICE LABOR 126.00 31.5 3.000 2.00 139105 BATTERY, 12 VOLT, 12AHR 85.70 171.4 SWO 68633961 Serial number N032AM8600 Sub Total: 7.00% State: 31.6 31.6 31.6 31.6 31.6 31.6 31.6 31.6	OLI	SEN. 1100002111104				
2.000	Line	Qty	Product No.		Unit Price	Extended Price
3.000 2.00 139105 BATTERY, 12 VOLT, 12AHR 85.70 171.4 SWO 68633961 Serial number N032AM8600 Sub Total: \$454.9 7.00% State: 31.8	1.000	2.00	TRAVEL	SERVICE TRAVEL	\$126.00	\$252.00
SWO 68633961 Serial number N032AM8600 Sub Total: \$454.9 7.00% State: 31.8	2.000	.25	LABOR	SERVICE LABOR	126.00	31.50
Serial number N032AM8600 Sub Total: \$454.9 7.00% State: 31.8	3.000	2.00	139105	BATTERY, 12 VOLT, 12AHR	85.70	171.40
				Serial number N032AM8600 Sub Total: 7.00% State:		\$454.90 31.85 31.85

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

Hill-Rom

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

Please send Correspondence To

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 11

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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

Sold To Customer: 622737

GLN: 1100002171704

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR **CLARKSDALE MS 38614**

Ship To Customer: 622737

GLN: 1100002171704

OLIV.	11000	02171704	OEIV. 1100002111104		
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 Tota	1.	\$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

of 24

Please Remit Payment To:

Hill-Rom Company, Inc. PO Box 643592

PNC Bank

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

Wire Payment Instructions:

Account Number: 4006901617 ABA Routing Number: 041000124 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number

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

Safe Harbor:

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Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 12



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

Sold To Customer: 622737

GLN: 1100002171704

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737

GLN: 1100002171704

OLIV.	11000	02171704	OEN. 1100002111/04		
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

Please Remit Payment To:

Hill-Rom Company, Inc.

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PO Box 643592

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:

Safe Harbor:

Please send Correspondence To

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

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Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 13 of 24



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

Ship To Customer: 622737

GLN: 1100002171704

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: 7.00% State: Total Taxes:		\$202.90 14.21 14.21

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

Hill-Rom

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

Please send Correspondence To

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

Safe Harbor:

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of 24



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

Sold To Customer: 622737

GLN: 1100002171704

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737

GIN: 1100002171704

GLIV.	11000	02171704		GLN: 1100002171704		
Line	Qty	Product No.	Product Description			Extended Price
1.000	.25	LABOR	SERVICE LABOR		\$126. 0 0	\$31.50
2.000	2.00	139105	BATTERY, 12 VOLT, 12AHR		85.70	171.40
			SWO 68635380 Serial number N032AM8601			
			Serial Humber NOSZAMIOOUT	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

Please Remit Payment 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:

Safe Harbor:

Please send Correspondence To

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

Hill-Rom Company, Inc.

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PO Box 643592

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Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 15 of 24



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

Sold To Customer: 622737

GLN: 1100002171704

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR

CLARKSDALE MS 38614

Ship To Customer: 622737

GLN: 1100002171704

Line	Qty	Product No.	Product Descript	tion / Serial No.	Unit Price	Extended Price
1.000	.25	LABOR	SERVICE LABOR		\$126. 0 0	\$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
		1	<u> </u>			

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

Please Remit Payment 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:

Safe Harbor:

Please send Correspondence To

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

Hill-Rom Company, Inc.

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PO Box 643592

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Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 16 of 24



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

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
2.000	2.00	158105	SWO 68635631 Serial number N032AM8602 Sub Total: 7.00% State: Total Taxes:	83.70	\$202.90 14.21 14.21

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

Hill-Rom

Batesville, IN 47006

Fax: 812-934-8848

Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3

Federal Tax ID # 35-1538921

1069 State Route 46 East - Mail Code - J36

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

Safe Harbor:

Please send Correspondence To

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 17

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Invoice No.: 1529758 Your P.O:			Your P.O:		Invoice Date	: :	06/30/2018
Hill-Rom Order No.: F 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				NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE, MS 38614 Ship To Customer: 622737			
	0002171704		***************************************	GLN: 1100002171704			
From Date	To Date	Qty/Rat Schedul /Tier Pricing	e Serial No. or Barcode No.	Product Descri Patient Nan Location / W	ne	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" (REN	ITAL)	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 ch	arge.	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 12 CFB \$100.195(11) im 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 18



06/30/2018 Invoice No.: 1519842 Your P.O. Invoice Date: Hill-Rom Order No.: Payment Terms: Due Date: 07/30/2018 Net 30 Days 22496982 UR NORTHWEST MISSISSIPPI MEDICAL CENTER NW MISS REGIONAL MED CENTER 1970 HOSPITAL DR PO BOX 1218 CLARKSDALE, MS 38614 CLARKSDALE, MS 38614 Sold To Customer: Ship To Customer: 622737 622737 GLN: 1100002171704 GLN: 1100002171704 From Date To Date Qty/Rate Product No./ **Product Description** Unit Extended Schedule Serial No. or Patient Name Price Price /Tier Barcode No. Location / Ward Pricing 06/07/2018 06/17/2018 MATTRESS, SAE, 48" (RENTAL) 20.90 229.90 11 P6885 DY 04905782 Tier: 1 06/07/2018 06/17/2018 11 BURKE TRIFLEX II 39/48 W SC 38.67 425.37 P6877A DY 05427471 Tier: 1 06/07/2018 06/07/2018 BARIATRIC COMMODE 7.97 7.97 P680ARENT DY 1B1204000333 Tier: 1 Ordered By Department Phone # 663.24 Sub Total 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: Wire Payment Instructions: PNC Bank Hill-Rom Company, Inc. Account Number: 4006901617 PO Box 643592 ABA Routing Number: 041000124 Pittsburgh, PA 15264-3592 Send remittance to ar.achpnc@hill-rom.com Please reference your invoice number Federal Tax ID# 35-1538921 Please send Correspondence To: Instructions: Special Instructions: Please pay the Invoice Amount due each Hill-Rom Company, Inc. month. If there are adjustments to be made to this invoice, you Attn: RACHEL GALLAGHER will see all adjustments in the month they are made, usually a 1069 State Rte. 46 East month after the original invoice. Thank you for your business. Batesville, IN 47006 Please think of Hill-Rom for your Rental needs! 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 CF05 665 952 (11) state agencies upon request 42 CF05 6



Invoice No.: 1546805 Your P.O:					Invoice Date:		07/31/2018
Hill-Rom Order No.: Payment Terms: 22732992 UR			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	Date To Date Qty/Rat Schedul /Tier Pricing		e 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" (RE	NTAL)	20.90	647.90
			Ordered By Department Phone #				
				Sub Total			894.97
1	toract Nata:	All post d	lua invoigna ara subject to	Sales Tax	2000	Total USD	0.00
Interest Note: All past due invoices are subject to 1 Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921 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!				1.5% per month late charge. Total USD 894.97 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 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 12 CFB \$1001.952(11) m 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 20



Invoice	No.: 1574	867	Your P.O:		Invoice Date	2.	08/31/2018
Hill-Rom C 22732992			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
PO BOX 12	LE, MS 386		NTER	NORTHWEST MISSIS 1970 HOSPITAL DR CLARKSDALE, MS 38 Ship To Customer:		CAL CENTE	R
1	0002171704			GLN: 1100002171704			
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	tion e	Unit Price	Extended Price
08/01/2018	08/31/2018	23 DY Tier: 1	P680ARENT 1B1204000333	BARIATRIC COMMODE		7.97	-217.67 183.31
08/01/2018	08/31/2018	21 23 DY Tier: 1	P6880 04905782	MATTRESS, SAE, 36" (RENT	Γ AL) :	20.90	647.90 480.70
			Ordered By Department Phone#				
				Sub Total Sales Tax			664.01 _{894.07} 0.00
Ir	terest Note:	All past	due invoices are subject to	1.5% per month late cha	rae.	Total USD	664.01 -094.97
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592	•	Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acc Please reference your investments	ons: 01617 11000124 hpnc@hill-rom		
Instruction: Special Instrumenth. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to t the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RACHEL GALLA 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2387 Fax: 812/934-8848	c. GHER st		



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

Sold To Customer: 622738

NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 HOSPITAL DR **CLARKSDALE MS 38614**

Ship To Customer: 622737 GLN: 1100002171704

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
			CALF SUPP. PAD & ARM ASSY- L.H		
1.000	1.00	146683S	B.O.L. #: 14848727 dated: 04/04/2018	\$530.69	\$530.69
			5.0.L. #. 14040727 dated. 04/04/2010		
2.000	1.00	146628S	CALF SUPP. PAD & ARM ASSY- R.H	530.69	530.69
			B.O.L. #: 14848727 dated: 04/04/2018		
3.000	1.00	SHIPPING AND	SHIPPING AND HANDLING CHARGE	6.50	6.5
			B.O.L. #: 14848727 dated: 04/04/2018		
			Tracking Number:		
			425109994654, NO MODE SELECTED		
			Sub Total:		\$1,067.88
					V 1,001,100

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

of 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

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 4 Filed 10/03/18 Desc Attachment 3 Page 22

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	Curren cy 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	Curren cy 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 I	No.: 1501	009	Your P.O:		Invoice Date):	06/02/2018
Hill-Rom C 22411102			Payment Terms:	Net 30 Days	Due Date:		07/02/2018
PO BOX 78 HALEYVILL Sold To Cu	E, AL 35565			LAKELAND COMMUNI 42024 HWY 195 East HALEYVILLE, AL 3556 Ship To Customer: GLN: 1100004650719	625824	AL.	
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	9	Unit Price	Extended Price
05/31/2018	05/31/2018	1 DY Tier: 1	P004651 05621071 Ordered By Department Phone #	MATTRESS SAE 36"X84" (RE	ENTAL)	20.90	20.90
				Sub Total Sales Tax			20.90 0.84
			due invoices are subject to 1	1.5% per month late cha	rge.	Total USD	21.74
Hill-Rom C PO Box 64 Pittsburgh,	PA 15264-35	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	 11617 11000124 hpnc@hill-rom	.com	
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 Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	o. st		



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

Sold To Customer: 7010899

LAKELAND COMMUNITY HOSPITAL

42024 HWY 195 East HALEYVILLE AL 35565

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		\$251.30	\$251.30
			B.O.L. #: 15173913 dated: 06/13/2018			
4.000	1.00	SHIPPING AND	SHIPPING AND HANDLING CHARGE		6.50	6.50
			B.O.L. #: 15173913 dated: 06/13/2018			
			PO#11153			
			ITEM#S30531K IS ON BACKORDER F	FOR A MAXIMUM OF		
			ITEM#18264S IS ON BACKORDER FO	OR A MAXIMUM OF		
			Tracking Number:			
			436759715726, NO MODE SELECTED			
				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

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:

Safe Harbor:

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 5 Filed 10/03/18 Desc Attachment 4 Page 2 of 12



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

GLN: 1100004650719

Sold To Customer: 7010899

LAKELAND COMMUNITY HOSPITAL

42024 HWY 195 East HALEYVILLE AL 35565

Ship To Customer: 625824

GLN: 1100004650719

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

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

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:

Safe Harbor:

Please send Correspondence To

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

Hill-Rom Company, Inc.

Pittsburgh, PA 15264-3592

Federal Tax ID# 35-1538921

PO Box 643592

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 5 Filed 10/03/18 Desc Attachment 4 Page 3 of 12



Invoice I	No.: 1521	732	Your P.O:		Invoice Date	•	06/30/2018
Hill-Rom C 22533428			Payment Terms:	Net 30 Days	Due Date:		07/30/2018
PO BOX 78 HALEYVILL Sold To Cu	E, AL 35565			LAKELAND COMMUNI 42024 HWY 195 East HALEYVILLE, AL 3556 Ship To Customer: GLN: 1100004650719	65 625824	L	
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
06/12/2018	06/15/2018	4 DY Tier: 1	P6880 05609380 Ordered By Department Phone #	MATTRESS, SAE, 36" (RENT	·AL)	20.90	83.60
				Sales Tax			3.34
	iterest Note:		due invoices are subject to 1			Total USD	86.94
Hill-Rom C PO Box 64 Pittsburgh,	ompany, Inc.	- 592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	01617 11000124 hpnc@hill-rom.	com	
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the monti roice. Tha	Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	o. st		



Invoice	No.: 1516	278	Your P.O:		Invoice Date	; :	06/30/2018
Hill-Rom 0 2241110			Payment Terms:	Net 30 Days	Due Date:		07/30/2018
PO BOX 78	.E, AL 35565			LAKELAND COMMUN 42024 HWY 195 East HALEYVILLE, AL 3556 Ship To Customer:		AL.	
1	0004650719	101000	,	GLN: 1100004650719			
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	tion e	Unit Price	Extended Price
06/01/2018	06/01/2018	1 DY Tier: 1	P004651 05621071 Ordered By Department Phone #	MATTRESS SAE 36"X84" (R	ENTAL)	20.90	20.90
				Sub Total Sales Tax			20.90 0.84
Ir	nterest Note:	All past (due invoices are subject to		rge.	Total USD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	ons: 01617 11000124 hpnc@hill-rom		
Instruction: Special Instrumenth. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the montl oice. Tha	Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



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

GLN: 1100004650719

Sold To Customer: 7010899

LAKELAND COMMUNITY HOSPITAL

42024 HWY 195 East HALEYVILLE AL 35565

Ship To Customer: 625824

GLN: 1100004650719

Line (Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000 1	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	\$4.04	\$4.04
			Sub Total: 4.00% State: 4.00% City: Total Taxes:		\$4.0- .1! .1! .3:
			Total Or		\$4.36

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

Hill-Rom

Batesville, IN 47006

Fax: 812-934-8848

Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3

1069 State Route 46 East - Mail Code - J36

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

Safe Harbor:

Please send Correspondence To

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 5 Filed 10/03/18 Desc Attachment 4 Page 6

Page 1 of 1



Invoice No: 698477 Your P.O.: 11209 Invoice Date: 08/04/2018

Hill-Rom Order No.: SO 23065646 Payment Terms: NET 30 DAYS Due Date: 09/03/2018

LAKELAND COMMUNITY HOSPITAL

Attn: Accounts Payable

PO BOX 780

HALEYVILLE AL 35565

GLN: 1100004650719

Sold To Customer: 7010899

LAKELAND COMMUNITY HOSPITAL

42024 HWY 195 East HALEYVILLE AL 35565

Ship To Customer: 625824

GLN: 1100004650719

Line Qt	y Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000 1.0	0 ACCUMAX	ACCUMAX SURFACE Included Options: Surface Part #: PAC001010184-1 AccuMax VPC (Flatdeck) Topper - Dual IFD Foam Box Top Cover - Dartex Bottom Cover - Dresden Blue Fire Code Option - Flame Tex Label - Standard Silkscreen Finish - Handles Dimensions - 35" x 84" No Airport ************************************	\$682.50	\$682.50
1.001 1.0	PAC001010184-1	ACCUMAX QUANTUM VPC 35X84X7 PO#11209 Tracking Number: 7596913931, NO MODE SELECTED Sub Total: Total Taxes:		\$682.50 54.60

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

Please Remit Payment To:

Hill-Rom

1069 State Route 46 East - Mail Code - J36

Hill-Rom Company, Inc. PO Box 643592

Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921

Batesville, IN 47006

Attn: Credit Inquiry Specialist Phone: 800-445-2114 Option 3

Fax: 812-934-8848

Wire Payment Instructions:

Safe Harbor:

Please send Correspondence To

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 5 Filed 10/03/18 Desc Attachment 4 Page 7



Invoice	No.: 1587	158	Your P.O:		Invoice Date	2:	08/31/2018
Hill-Rom C 23279730			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
PO BOX 78 HALEYVILL Sold To Cu	E, AL 35565			LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719			
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Patient Name	Product Description Patient Name Location / Ward		Extended Price
08/17/2018	08/21/2018	5 DY Tier: 1	P008772 Ordered By Department Phone #		BLOWER	20.90	104.50
				Sub Total Sales Tax			104.50 4.18
lr	iterest Note:	All nast	due invoices are subject to	<u> </u>	rae	Total USD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592		1.5% per month late charge. Total USD 108.68 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			
Instruction: Special Instrumenth. If the will see all a month after	s: uctions: Pleas ere are adjustn djustments in	e pay the nents to t the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice	No.: 1587	'531	Your P.O:		Invoice Date	2:	08/31/2018
Hill-Rom C 2328473			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
PO BOX 78 HALEYVILL Sold To Cu	E, AL 35565			LAKELAND COMMUN 42024 HWY 195 East HALEYVILLE, AL 3556 Ship To Customer: GLN: 1100004650719	65 625824	AL	
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Patient Name	Product Description Patient Name Location / Ward		Extended Price
08/18/2018	08/31/2018	14 DY Tier: 1	P6880 05621071 Ordered By Department Phone #		ΓΑL)	20.90	292.60
				Sub Total Sales Tax			292.60 11.70
Ir	nterest Note:	All past	due invoices are subject to	<u> </u>	rge.	Total USD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592	•	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 Special Instruction Month. If the will see all a month after Please think	s: ructions: Pleas ere are adjustn djustments in the original inv of Hill-Rom fo	e pay the nents to b the mont roice. The or your Re	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	c. st		



Invoice	No.: 1588	578	Your P.O:		Invoice Date	2.	08/31/2018	
Hill-Rom C 23307419			Payment Terms:	Net 30 Days	Due Date:		09/30/2018	
PO BOX 78 HALEYVILL Sold To Cu	E, AL 35565			LAKELAND COMMUNITY HOSPITAL 42024 HWY 195 East HALEYVILLE, AL 35565 Ship To Customer: 625824 GLN: 1100004650719				
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Patient Name	Product Description Patient Name Location / Ward		Extended Price	
08/21/2018	08/22/2018	2 DY Tier: 1	P1840RE300 P337AM9624 Ordered By Department Phone #	TC BARIATRIC PLUS W/AIR	& PULM	75.05	150.10	
				Sub Total Sales Tax			150.10 6.00	
<u>I</u> r	nterest Note:	All past	due invoices are subject to	1.5% per month late cha	rge.	Total USD	156.10	
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to t the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st			



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	6.50	6.50
			KRISTEN WEEMS YORK Tracking Number:		
			733795421536, NO MODE SELECTED		
			Sub Total: Total Taxes:		\$42.86 2.91
			Total Taxos.		afina y Nod ∂

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

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:

Safe Harbor:

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

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 reflectebates 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 onany 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-Submittedfor 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)

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Hill-Rom

1069 State Route 46 E Batesville, IN 47006

Fax Number: 812-934-8848

9/25/18

STATEMENT

LAKELAND COMMUNITY HOSPITAL

PO BOX 780

HALEYVILLE, AL 35565

RE: Account 7010899

Dear Accounts Payable,

Invoice	Date	Due Date	Purchase Order	Curren cy 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.: 1560	642	Your P.O:		Invoice Date	2:	07/31/2018
Hill-Rom C 2305479			Payment Terms:	Net 30 Days	Due Date:		08/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	L CENTI 610979	ΞR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
07/29/2018	07/31/2018	3 DY Tier: 1	P6880 05522151 Ordered By Department Phone #	MATTRESS, SAE, 36" (RENT	FAL)	54.00	162.00
				Sub Total Sales Tax			162.00 9.72
			due invoices are subject to	1.5% per month late cha	rge.	Total USD	171.72
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc 3592 PA 15264-39 x ID# 35-153	592		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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustr djustments in	se pay the nents to b the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice	No.: 1550	228	Your P.O:		Invoice Date	2.	07/31/2018
Hill-Rom C 22814902			Payment Terms:	Net 30 Days	Due Date:		08/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	CENTI	ΞR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
07/06/2018	07/17/2018	12 DY Tier: 1	P004651 05609291 Ordered By Department Phone #	MATTRESS SAE 36"X84" (RI	ENTAL)	54.00	648.00
				Sub Total Sales Tax			648.00 38.88
			due invoices are subject to	1.5% per month late cha	rge.	Total USD	686.88
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc. 3592 PA 15264-39 x ID# 35-153	592		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 Instruction Special Instruction Month. If the will see all a month after Please think	s: ructions: Pleas are are adjustn djustments in the original inv of Hill-Rom fo	se pay the nents to b the mont voice. The or your Re	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	c. st		



Invoice I	Invoice No.: 1550737 Your P.O:				Invoice Date	•	07/31/2018	
Hill-Rom C 22820330			Payment Terms:	Net 30 Days	Due Date:		08/30/2018	
1530 US HV WINFIELD, Sold To Cu	AL 35594	_ CENTE 610979	ER	NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: 610979 GLN: 1100004160324				
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price	
07/08/2018	07/10/2018	3 DY Tier: 1	P6880 05621053 Ordered By Department Phone #	MATTRESS, SAE, 36" (RENT	AL)	54.00	162.00	
		<u></u>		Sales Tax			9.72	
Interest Note: All past due invoices are subject to 1 Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921 Instructions:				1.5% per month late charge. Total USD 171.72 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 Please send Correspondence To:				
month. If the will see all a month after	ere are adjustn djustments in	nents to b the mont voice. The	e Invoice Amount due each be made to this invoice, you in they are made, usually a ank you for your business. ental needs!	Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st			



Invoice	No.: 1550	760	Your P.O:		Invoice Date	2:	07/31/2018
Hill-Rom C 2282039			Payment Terms:	Net 30 Days	Due Date:		08/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	CENTI	ΞR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
07/08/2018	07/26/2018	19 DY Tier: 1	P6880 05522151 Ordered By Department Phone #	MATTRESS, SAE, 36" (RENT	「AL)	54.00	1026.00
				Sub Total Sales Tax			1,026.00 61.56
Ir	iterest Note:	All past	due invoices are subject to	1.5% per month late cha	rge.	Total USD	1,087.56
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc. 3592 PA 15264-39 x ID# 35-153	592		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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to t the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice	No.: 1545	177	Your P.O:		Invoice Date	;	07/31/2018
Hill-Rom 0 2266447			Payment Terms:	Net 30 Days	Due Date:		08/30/2018
1530 US HV WINFIELD,	AL 35594		ΞR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594			
Sold To Cu GLN: 1100	stomer:)004160324	610979		Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	tion e	Unit Price	Extended Price
07/01/2018	07/06/2018	6 DY Tier: 1	P004651 05522151 Ordered By Department Phone #	MATTRESS SAE 36"X84" (RE	ENTAL)	54.00	324.00
				Sub Total Sales Tax			324.00 19.44
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592	due invoices are subject to	Mire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acl	ons: 01617 11000124 hpnc@hill-rom	Total USD	343.44
Instruction: Special Instrumenth. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice	No.: 1564	608	Your P.O:		Invoice Date	2:	08/02/2018
Hill-Rom C 2309157			Payment Terms:	Net 30 Days	Due Date:		09/01/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	L CENTI 610979	ΞR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
07/31/2018	07/31/2018	1 DY Tier: 1	P6880 05618566 Ordered By Department Phone #		ΓAL)	54.00	54.00
				Sub Total Sales Tax			54.00 3.24
Ir	iterest Note:	All past	due invoices are subject to	<u> </u>	rge.	Total USD	
Please Rem Hill-Rom C PO Box 64 Pittsburgh,	nit Payment T ompany, Inc.	<u>o:</u> 592		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 Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to b the mont voice. Th	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



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

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:

Safe Harbor:

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

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 reflectebates 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 onany 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-Submittedfor 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)

Case 3:18-bk-05665 Claim 69-1 Part 6 Filed 10/03/18 Desc Attachment 5 Page 7 of 16



Individual Credit Memo

Invoice No.: 1570483	Your P.O:		Invoice Date: 08/29/201		
Hill-Rom Order No.: 23091575 UR	Payment Terms:	Net 30 Days	Due Date:		09/28/2018
NORTHWEST MEDICAL CENT 1530 US HWY 43 WINFIELD, AL 35594 Sold To Customer: 610979 GLN: 1100004160324		NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	Serial No. or	Product Descrip Patient Nam Location / Wa	e	Unit Price	Extended Price
07/31/2018 07/31/2018 (1) CH	P6880 05618566	Re: Orignal Invoice	1564608	(14.00)	(14.00)
		Sales Tax			(0.84)
		Sales Lax			(0.04)



Invoice I	No.: 1593	509	Your P.O:		Invoice Date	•	08/31/2018
Hill-Rom C 2343221			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	_ CENTE	≣R	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
08/31/2018	08/31/2018	1 DY Tier: 1	P6880 05621053 Ordered By Department Phone #	MATTRESS, SAE, 36" (RENT	AL)	40.00	40.00
				Sub Total Sales Tax			40.00 2.40
In	terest Note:	All past	due invoices are subject to 1	1.5% per month late cha	rge.	Total USD	42.40
Hill-Rom Control PO Box 64: Pittsburgh,	PA 15264-35 x ID# 35-153	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acl Please reference your inv	01617 11000124 hpnc@hill-rom. roice number	com	
month. If the will see all a month after	uctions: Pleas re are adjustn djustments in	nents to b the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	o. st		



Invoice No.: 1586786 Your P.O:				Invoice Date	:	08/31/2018	
Hill-Rom C 23268245			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	_ CENTE	≣R	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	9	Unit Price	Extended Price
08/16/2018	08/25/2018	10 DY Tier: 1	P004651 05609291 Ordered By Department Phone #	MATTRESS SAE 36"X84" (RE	ENTAL)	40.00	400.00
				Sub Total Sales Tax			400.00 24.00
			due invoices are subject to 1	.5% per month late cha	rge.	Total USD	424.00
Hill-Rom Co PO Box 64 Pittsburgh,	nit Payment To ompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	01617 1000124 npnc@hill-rom.	com	
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	et		



Invoice No.: 1580434 Your P.O:				Invoice Date	<u>.</u>	08/31/2018	
Hill-Rom C 23120198			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	CENTI	≣R	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricin	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
08/02/2018	08/15/2018	14 DY Tier: 1	P004651 05609291 Ordered By Department Phone #	MATTRESS SAE 36"X84" (RE	ENTAL)	40.00	560.00
				Sub Total Sales Tax			560.00 33.60
Ir	iterest Note:	All past	due invoices are subject to	1.5% per month late cha	rge.	Total USD	593.60
Hill-Rom C PO Box 64 Pittsburgh,	i t Payment T ompany, Inc. 3592 PA 15264-35 x ID# 35-153	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acl Please reference your inv	 01617 11000124 hpnc@hill-rom	.com	-
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	se pay the nents to t the mont voice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice No.: 1584325 Your P.O:				Invoice Date: 08/31/2018			
Hill-Rom C 23207978			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
NORTHWE: 1530 US HV WINFIELD, Sold To Cu GLN: 1100	AL 35594 stomer:	CENTE	ΞR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
08/11/2018	08/31/2018	21 DY Tier: 1	P008772 Ordered By Department Phone #	36" SAE MATTRESS KIT W/6	BLOWER	40.00	840.00
				Sales Tax			50.40
Please Rem Hill-Rom Co PO Box 64: Pittsburgh,	i t Payment T ompany, Inc. 3592 PA 15264-35 x ID# 35-153	<u>o:</u> 592	due invoices are subject to 1	Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acl Please reference your investments.	ons: 01617 11000124 hpnc@hill-rom. roice number	Total USD	890.40
Special Instr month. If the will see all a month after	uctions: Pleas re are adjustn djustments in	nents to b the mont roice. The	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice No.: 1579475 Your P.O:					Invoice Date	•	08/31/2018
Hill-Rom C 23091575			Payment Terms:	Net 30 Days	Due Date:		09/30/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	610979	ΕR	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
08/01/2018	08/01/2018	1 DY Tier: 1	P6880 05618566 Ordered By Department Phone #	MATTRESS, SAE, 36" (RENT	ral)	40.00	40.00
				Sub Total Sales Tax			40.00 2.40
			due invoices are subject to	1.5% per month late cha	rge.	Total USD	42.40
Hill-Rom C PO Box 64 Pittsburgh,	nit Payment Tompany, Inc. 3592 PA 15264-35 x ID# 35-153	5. 3592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.act Please reference your inv	 01617 11000124 hpnc@hill-rom.	com	
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> uctions: Pleas ere are adjustn djustments in	ise pay the ments to b the montl ivoice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		



Invoice No.: 1596522 Your P.O:				Invoice Date: 09/04/2018			
Hill-Rom C 23460517			Payment Terms:	Net 30 Days	Due Date:		10/04/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	_ CENTE 610979	ER	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	lle Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
08/26/2018	08/30/2018	5 DY Tier: 1	P004651 05621053 Ordered By Department Phone #	MATTRESS SAE 36"X84" (RE	ENTAL)	40.00	200.00
				Sales Tax			12.00
	iterest Note: . it Payment T		due invoices are subject to 1	1.5% per month late cha		Total USD	212.00
Hill-Rom Co PO Box 64 Pittsburgh,	ompany, Inc.	592		PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.acl Please reference your inv	 11617 11000124 hpnc@hill-rom.	com	
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the montl roice. Tha	e Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 Eas Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		

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 12 CFB \$1001.952(11) m 69-1 Part 6 Filed 10/03/18 Desc Attachment 5 Page 14

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Invoice No.: 1596523 Your P.O:				Invoice Date	•	09/04/2018	
Hill-Rom C 23460556			Payment Terms:	Net 30 Days	Due Date:		10/04/2018
1530 US HV WINFIELD, Sold To Cu	AL 35594	_ CENTE	ER	NORTHWEST MEDICA 1530 US HWY 43 WINFIELD, AL 35594 Ship To Customer: GLN: 1100004160324	610979		
From Date	To Date	Qty/Ra Schedu /Tier Pricing	le Serial No. or Barcode No.	Product Descrip Patient Name Location / Wa	e	Unit Price	Extended Price
08/22/2018	08/31/2018	10 DY Tier: 1	P004651 04905311 Ordered By Department Phone #	MATTRESS SAE 36"X84" (Ri	ENTAL)	40.00	400.00
				Sales Tax			24.00
	iterest Note:		due invoices are subject to 1	·		Total USD	424.00
Hill-Rom Co PO Box 64 Pittsburgh,	ompany, Inc.	592		Wire Payment Instruction PNC Bank Account Number: 400690 ABA Routing Number: 04 Send remittance to ar.account Please reference your investments.	 11617 11000124 hpnc@hill-rom.	com	
Instructions Special Instruction month. If the will see all a month after	<u>s:</u> ructions: Pleas ere are adjustn djustments in	e pay the nents to b the mont roice. Tha	Invoice Amount due each be made to this invoice, you h they are made, usually a ank you for your business. ental needs!	Please send Correspond Hill-Rom Company, Ind Attn: RONI CRAFT 1069 State Rte. 46 East Batesville, IN 47006 Phone: 812/931-2983 Fax: 812/934-8848	st		

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 12 CFB \$1001.952(11) m 69-1 Part 6 Filed 10/03/18 Desc Attachment 5 Page 15

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Hill-Rom

1069 State Route 46 E Batesville, IN 47006

Fax Number: 812-934-8848

9/21/18

STATEMENT

NORTHWEST MEDICAL CENTER 1530 US HWY 43 WINFIELD, AL 35594

RE: Account 610979

Dear Accounts Payable,

Invoice	Date	Due Date	Purchase Order	Curren	Amt Open
				су	
				Code	
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 A	mount

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: 69Status:Hill-Rom Company, IncOriginal FiledFiled by: CR1069 State Route 46 EDate: 10/03/2018Entered 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		