Fill in this information to identify the case:							
Debtor 1	Curae Health Inc - Gilmore Memorial Regions						
Debtor 2 (Spouse, if filing))						
United States	Bankruptcy Court for the: Middle District of Tennessee						
Case number	3:18-bk-05665						

Official Form 410

Proof of Claim

04/16

FILED

OCT 2 2 2018

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

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

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

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

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

Part 1: Identify the Claim

1.	Who is the current creditor?	Merry X-Ray Corporation Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor					
2.	Has this claim been acquired from someone else?	☑ No☑ Yes. From who	m?				
3.	Where should notices and payments to the creditor be sent?	Where should noti Merry X-ray Cor		be sent?	Where should payments to the creditor be sent? (if different)		
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 8020 Tyler Blvd			Name		
	(1.1.2.) 2002(3)	Number Street	011	11000	Number Street		
		Mentor City	OH	ZIP Code	City	State	ZIP Code
		Contact phone 440-7	701-1200		S. 5. 17 1020		
		Uniform claim identifie	r for electronic payme	nts in chapter 13 (if you u	use one):		
4.	Does this claim amend one already filed?	⊠ No □ Yes. Claim nur	mber on court claim	s registry (if known) _		Filed on	סס / אאא / סס
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Who mad	e the earlier filing?				

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P	art 2: Give Informati	on About the Claim as of the Date the Case Was Filed
6.	Do you have any numbe you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 9 9 6
7.	How much is the claim?	\$\$ Does this amount include interest or other charges? ☑ No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information. goods sold
9.	Is all or part of the claim secured?	 ✓ No Yes. The claim is secured by a lien on property. Nature of property: □ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. □ Motor vehicle □ Other. Describe:
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$1249.97
		Annual Interest Rate (when case was filed)%
10). Is this claim based on a	2 No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	I. Is this claim subject to a	No 🗹 No
	right of setoff?	Yes. Identify the property:

2. Is all or part of the claim	Mo No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
active 2007 First de Liveres Marine active de la ro	Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$
	Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	□ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the structure of the	ter the date of adjustment.

Part 3: Sign Below

The person completing

this proof of claim must sign and date it. FRBP 9011(b). If you file this claim

electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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

Check the appropriate box:

- I am the creditor.
- $\mathbf{\nabla}$ I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

10/11/2018 Executed on date MM / DD / YYYY

Signature

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

Name	Brittany	A		Byomin
Name	First name	Middle name		Last name
Title	Credit & Collecti	on Supervisor		
Company				
			d adent	IS a servicer.
	identity the corporate si	ervicer as the company if the authorize		
Addroos				
Address	8020 Tyler Blvd Number Stree			
Address	8020 Tyler Blvd	t	рН	44060
Address	8020 Tyler Blvd Number Stree	t		

Official Case 3:18-bk-05665 Claim 102-1

Filed 10/22/18 Desc Main Document

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GILMORE MEMORIAL REGIONAL MED

1105 EARL FRYE BLVD

AMORY MS 38821

Customer Statement

DATE	ACCT.NO	PAGE
10/11/2018	3007996	1 of 1

in all correspondence

BILL TO:

USA

REMIT TO:

MERRY X-RAY CORPORATION 4909 MURPHY CANYON RD STE 120 SAN DIEGO CA 92123 USA

ANY QUESTION REGARDING THIS STATEMENT CALL: 866-326-1362

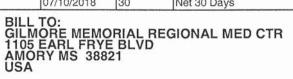
INVOICE DATE	SAP DOC. / INV.	BILLING	PURCHASE ORDER NO.	TERMS OF SALE	INVOICE AMOUNT	CURR	CASH/CRED. PROC.	OPEN AMOUNT
07/30/2018	8800301302	0090300018	01461	Net 30 Days	60.59	USD	0.00	60.59
07/30/2018	8800301303	0090300019	01320	Net 30 Days	60.59	USD	0.00	60.59
08/03/2018	8800305678	0090303112	01461	Net 30 Days	124.07	USD	0.00	124.07
08/06/2018	8800306348	0090303790	01516	Net 30 Days	74.09	USD	0.00	74.09
08/10/2018	8800309464	0090307018	01821	Net 30 Days	166.68	USD	0.00	166.68
08/14/2018	8800310751	0090308337	01761	Net 30 Days	88.66	USD	0.00	88.66
08/22/2018	8800314955	0090312664	01896	Net 30 Days	675.29	USD	0.00	675.29
Deless A.	26. 10/11/0212		1				TATEMENT BAL	ANCE 1 249 97
Balance As (Of: 10/11/2018					000313	INTENENT DAL	1106 116-10.01

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUI
0.00	763.95	486.02	0.00	0.00	1,249.97

Merry X-Ra Case 31 28-bk-05665 Claim 102-1 Filed 10/22/18 Desc Main Document Page 4 of



PURCHASE OR	DER		INVOICE/FID	INVOICE DA	TE	ACCOUNT NO	SOLD TO:1001549
01461			8800301302	07/30/2018		3007996	GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TER	MS	DU	E DATE	AMORY MS 38821
116	07/10/2018	30	Net 30 Days		08/	29/2018	JUSA



SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 211055 Outbound Delivery: 80212662		
			Carrier: FEDEX GROUND Tracking No.: 439397846109 Carton Count: 1 Weight: 0.050	Ship Date: 07/30/2018	
1	BX	124318	XACT MOLE RING MARKER	\$33.75	\$33.75
1	001	FRT30	Freight	\$11.84	\$11.84
1	001	DELFEECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal: Tax: Total:	\$60.59 \$0.00 \$60.59
			RGED FROM THE DATE OF THE INVOICE ON ALL AC		PAGE: 1 OF 1
WE HEREBY GOODS MAY SPECIFICATI CORRECTLY	CERTIFY OR MAY ONS. AL ARE SU	Y THAT THESE GOODS WERE PROI NOT CONTAIN REMANUFACTURE L RETURNED GOODS MUST BE AU BJECT TO A RESTOCKING CHARGE	DUCED IN COMPLIANCE WITH THE FAIR LABOR STA D COMPONENTS FOLLOWING LIMITED PRIOR USE V THORIZED BY MERRY X-RAY CORPORATION, PRIOF E, ALL REQUESTS FOR PROOF OF DELIVERY MUST	NDARDS ACT AS AMENDED, AND OF REGULATI WHICH CONFORM TO NEW COMPONENTAND SY R TO THEIR RETURN. ALL RETURNS OF MERCH/ BE SUBMITTED WITHIN 30 DAYS OF INVOICE DA	ONS THERE UNDER. SUCH STEM PERFORMANCE NNDISE SHIPPED NTE.
			RETURN THIS PORTION WITH PAYMENT FO	R PROPER CREDIT REMIT TO:	
1	JNDER	FEDERAL HEALTH CARE PRO	DISCOUNTS ON ITEMS/SERVICES PAID FOR GRAM (REF. 42 CFR 1001.952(h)) w Remit-To address** VIENCE FEE WILL BE ADDED	MERRY X-RAY CORPO 4909 MURPHY CANYOI SAN DIEGO, CA 92123 USA	RATION N RD STE 120
PURCHAS	EORD	DER INVOICE/FID	INVOICE DATE ACCOUNT NO	CUSTOMER NAME	

BILLING REF: 90300018

AMO	JNT	PAID	
200 W 200 W 200 W 200 W			

AMOUNT DUE

\$60.59

Case 3:18-bk-05665 Claim 102-1

ANY QUESTIONS REGARDING THIS INVOICE CALL :

8800301302

01461

866-326-1362

11

3007996

07/30/2018

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GILMORE MEMORIAL REGIONAL MED



PURCHASE OF	RDER		INVOICE/FID	INVOICE DA	TE	ACCOUNT NO	SOLD TO:1001549
01320			8800301303	07/30/2018		3007996	GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	SALES OFFICE ORDER DATE DIVISION PAYM		PAYMENT TE	YMENT TERMS		EDATE	AMORY MS 38821
116	06/28/2018	30	Net 30 Days		08/	29/2018	USA



Case 3:18-bk-05665 Claim 102-1

SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M	REF	ERENCE/ EM NO		DESCRIPTION	1	U	IIT PRICE	EXTENDED AMT
				Sales Order No. Outbound Delive	: 207288 ery: 80212661				
				Carrier: FEDEX Tracking No.: 43 Carton Count:	9397846110	050	Ship Date	07/30/2018	
1	вх	124318		XACT MOLE RI	NG MARKER			\$33.75	\$33.75
1	001	FRT30		Freight				\$11.84	\$11.84
1	001	DELFEEC	C30	Delivery Fee - C	ommon Carrier			\$15.00	\$15.00
								SubTotal: Tax: Total:	\$60.59 \$0.00 \$60.59
							NOT PAID WHEN DUE		PAGE: 1 OF 1
GOODS MAY C SPECIFICATIO CORRECTLY A	OR MAY OR S. AL	NOT CONTAIN RETURNED G BJECT TO A RE	SOODS WERE PRODU REMANUFACTURED OODS MUST BE AUTH STOCKING CHARGE.	JCED IN COMPLIANCE COMPONENTS FOLLO HORIZED BY MERRY X- ALL REQUESTS FOR F	WITH THE FAIR LABO WING LIMITED PRIOR RAY CORPORATION, PROOF OF DELIVERY	USE WHICH OF PRIOR TO THE MUST BE SUBN	ONFORM TO NEW COM EIR RETURN. ALL RETURN MITTED WITHIN 30 DAYS	ONENTAND SY NS OF MERCH OF INVOICE D	ONS THERE UNDER. SUCH 'STEM PERFORMANCE ANDISE SHIPPED ATE.
				RETURN THIS PO	ORTION WITH PAYME	NT FOR PROPE		το:	
		FEDERAL HE	ALTH CARE PROG	RAM (REF. 42 CFR RAM (REF. 42 CFR Remit-To address**	1001.952(h))	FOR	MERRY X-RA 4909 MURPH SAN DIEGO, (Y CORPO	RATION N RD STE 120
*WHEN PAY	ING BY	CREDIT CAN	RD A 3% CONVENI	ENCE FEE WILL BE	ADDED		USA USA	JA 92123	
PURCHASE		ER	INVOICE/FID	INVOICE DATE	ACCOUNT NO		CUSTO	MER NAME	
01320			8800301303	07/30/2018	3007996	GILMORE	MEMORIAL REGIO	NAL MED	
								BILLING	REF: 90300019
ANY QUEST 866-326-136		REGARDING	THIS INVOICE CAL	L:	AM	IOUNT PAIL)	AMOUNT	DUE \$60.59

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PURCHASE OR	DER		INVOICE/FID	INVOICE DA	TE	ACCOUNT NO	SOLD TO:1001549
01461			8800305678	08/03/2018			GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TER	MS	DU	EDATE	AMORY MS 38821
116	07/10/2018	30	Net 30 Days		09/	02/2018	USA



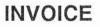
SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M		ERENCE/ EM NO		DESCRIPTION	١	UI	NIT PRICE	EXTENDED AMT
				Sales Order No. Outbound Delive	: 211055 ery: 80213766		and an an and a second seco		
				Carrier: FEDEX Tracking No.: 45 Carton Count:	50675979145	000	Ship Date	: 08/03/2018	
1	СА	103004		6025 4 1-GALLO	ONS EZ SCAN			\$97.45	\$97.45
1	001	FRT30		Freight				\$26.62	\$26.62
				1.				SubTotal: Tax: Total:	\$124.07 \$0.00 \$124.07
		с. 							
A SERVICE CH	IARGE	OF 1.5% PER M	ONTH WILL BE CHAR	GED FROM THE DATE	OF THE INVOICE ON	ALL ACCOUNTS	S NOT PAID WHEN DUE		PAGE: 1 OF 1
GOODS MAY C SPECIFICATIO CORRECTLY /	OR MAY	NOT CONTAIN RETURNED G BJECT TO A RE	GOODS WERE PRODU REMANUFACTURED OODS MUST BE AUTH STOCKING CHARGE.	JCED IN COMPLIANCE COMPONENTS FOLLO HORIZED BY MERRY X ALL REQUESTS FOR F	WITH THE FAIR LABC WING LIMITED PRIOR RAY CORPORATION, PROOF OF DELIVERY	PRIOR TO THE MUST BE SUBN	ONFORM TO NEW COM IR RETURN. ALL RETUR MITTED WITHIN 30 DAYS	D OF REGULAT PONENTAND SY INS OF MERCH	IONS THERE UNDER. SUCH /STEM PERFORMANCE ANDISE SHIPPED ATE.
				RETURN THIS P	ORTION WITH PAYME	NT FOR PROPE		TO	
		FEDERAL HE	ALTH CARE PROG	ISCOUNTS ON ITE RAM (REF. 42 CFR Remit-To address*'	1001.952(h))) FOR		Y CORPO	RATION N RD STE 120
*WHEN PAY	ING B	CREDIT CA	RD A 3% CONVENI	ENCE FEE WILL BE	ADDED		USA		
PURCHASE		DER	INVOICE/FID	INVOICE DATE	ACCOUNT NO		CUSTO	MER NAME	
01461			8800305678	08/03/2018	3007996	GILMORE	MEMORIAL REGIO	NAL MED	
								BILLING	REF: 90303112
ANY QUEST 866-326-136		REGARDING	THIS INVOICE CAL	L:	AN	OUNT PAIL)	AMOUNT	DUE \$124.07

Case 3:18-bk-05665 Claim 102-1

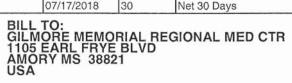
11

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PURCHASE OR	DER		INVOICE/FID	INVOICE DA	TE	ACCOUNT NO	SOLD TO:1001549
01516			8800306348	08/06/2018		PRODZOUG	GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TER	MS	DU	EDATE	AMORY MS 38821
116	07/17/2018	30	Net 30 Days		09/	05/2018	USA



SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M	REFERENCE	/	DESCRIPTION	1	UNIT PRICE	EXTENDED AMT
			Sales Order No. Outbound Delive				
			Carrier: Tracking No.: Carton Count:	Weight: 0.000		Ship Date:	
1	PK	110788	NIPPLE ARTIF	ACT MARKER 2	MM	\$47.50	\$47.50
1	001	FRT30	Freight			\$11.59	\$11.59
1	001	DELFEECC30	Delivery Fee - C	common Carrier		\$15.00	\$15.00
						SubTotal: Tax: Total:	\$74.09 \$0.00 \$74.09
the second s			E CHARGED FROM THE DATE				PAGE: 1 OF 1
SPECIFICATIO	NS. ALI	. RETURNED GOODS MUST	BE AUTHORIZED BY MERRY X	RAY CORPORATION,	PRIOR TO THE	ACT AS AMENDED, AND OF REGULAT ONFORM TO NEW COMPONENTAND SY IR RETURN. ALL RETURNS OF MERCH. MITTED WITHIN 30 DAYS OF INVOICE D	ANDISE SHIPPED
			RETURN THIS P	ORTION WITH PAYME	NT FOR PROPE	ER CREDIT REMIT TO:	
		FEDERAL HEALTH CARE	PORT DISCOUNTS ON ITEM E PROGRAM (REF. 42 CFR	1001.952(h))	FOR	MERRY X-RAY CORPO 4909 MURPHY CANYO	RATION N RD STE 120
*WHEN PAYI	NG BY		te new Remit-To address** NVENIENCE FEE WILL BE			SAN DIEGO, CA 92123 USA	
PURCHASE	ORD	ER INVOICE/	FID INVOICE DATE	ACCOUNT NO		CUSTOMER NAME	****
01516		88003063	348 08/06/2018	3007996	GILMORE	MEMORIAL REGIONAL MED	
						BILLING	REF: 90303790

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

AMOUNT	PAID
--------	------

AMOUNT DUE

\$74.09

Case 3:18-bk-05665 Claim 102-1

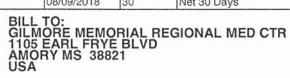
11

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PURCHASE OR	DER		INVOICE/FID	INVOICE DA	ΓE	ACCOUNT NO	SOLD TO:1001549
01821			8800309464	08/10/2018		3007996	GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERM	MS .	DU	E DATE	AMORY MS 38821
116	08/09/2018	30	Net 30 Days		09/	09/2018	USA



SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M	REF	ERENCE/ EM NO		DESCRIPTION	N	UNI	T PRICE	EXTENDED AMT
				Sales Order No. Outbound Delive					
				Carrier: FEDEX Tracking No.: 45 Carton Count:	50675993973	000	Ship Date:	08/10/2018	
1	CA	112039		8925 2500CC S	UPER XL KIT			\$134.77	\$134.77
1	001	FRT30		Freight				\$16.91	\$16.91
1	001	DELFEEC	C30	Delivery Fee - C	Common Carrier			\$15.00	\$15.00
							S	ubTotal: Tax: Total:	\$166.68 \$0.00 \$166.68
								1	
								12	
				RGED FROM THE DATE					PAGE: 1 OF 1
WE HEREBY C GOODS MAY C SPECIFICATIC CORRECTLY A	CERTIFY OR MAY ONS. ALL ARE SU	Y THAT THESE (Y NOT CONTAIN L RETURNED G BJECT TO A RE	GOODS WERE PROD REMANUFACTURED OODS MUST BE AUT STOCKING CHARGE.	UCED IN COMPLIANCE COMPONENTS FOLLO HORIZED BY MERRY X ALL REQUESTS FOR F	WITH THE FAIR LABO WING LIMITED PRIOR RAY CORPORATION, PROOF OF DELIVERY	R STANDARDS USE WHICH CO PRIOR TO THE MUST BE SUBM	ACT AS AMENDED, AND O ONFORM TO NEW COMPC IR RETURN. ALL RETURN: MITTED WITHIN 30 DAYS O	OF REGULATI INENTAND SY S OF MERCHA IF INVOICE DA	ONS THERE UNDER. SUCH STEM PERFORMANCE NDISE SHIPPED ITE.
				RETURN THIS P	ORTION WITH PAYME	NT FOR PROPE		0.	
		FEDERAL HE	ALTH CARE PROC	DISCOUNTS ON ITE! GRAM (REF. 42 CFR Remit-To address*	1001.952(h))	FOR	REMIT T MERRY X-RAY 4909 MURPHY SAN DIEGO, C	CORPO	RATION N RD STE 120
*WHEN PAY	ING BY	CREDIT CAP	RD A 3% CONVENI	IENCE FEE WILL BE	ADDED		USA	A 92123	1
PURCHASE	ORD	ER	INVOICE/FID	INVOICE DATE	ACCOUNT NO		CUSTON	IER NAME	
01821		en al faire destructor	8800309464	08/10/2018	3007996	GILMORE	MEMORIAL REGION	IAL MED	
								BILLING F	REF: 90307018

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

MOUNT	PAID	

AMOUNT DUE

\$166.68

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Case 3:18-bk-05665 Claim 102-1

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PURCHASE OF	RDER		INVOICE/FID	INVOICE DA	TE	ACCOUNT NO	SOLD TO:1001549
01761			8800310751	08/14/2018			GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TE	RMS	DU	E DATE	AMORY MS 38821
116	08/07/2018	30	Net 30 Days		09/	13/2018	USA



SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M	REFI	ERENCE/ EM NO		DESCRIPTIC	N	U	NIT PRICE	EXTENDED AMT
				Sales Order No. Outbound Delive		1999 en konstanten i			
				Carrier: Tracking No.: Carton Count:	Weight: 0.000)	Ship Dat	e:	
1	ВX	132761		SPEE-D-LINE M	AMMOGRAP	HY SKIN MA	RKER	\$51.25	\$51.25
1	001	FRT30		SDW-SS612 Freight				\$22.41	\$22.41
1	001	DELFEEC	030	Delivery Fee - C	ommon Carrie	r		\$15.00	\$15.00
								SubTotal: Tax: Total:	\$88.66 \$0.00 \$88.66
A SERVICE CH	ARGE	OF 1.5% PER M	ONTH WILL BE CHAR	GED FROM THE DATE	OF THE INVOICE OF	ALL ACCOUNTS	NOT PAID WHEN DUI	1	PAGE: 1 OF 1
I GOODS MAY (DR MAY	NOT CONTAIN	REMANNIEACTURED	UCED IN COMPLIANCE COMPONENTS FOLLO HORIZED BY MERRY X- ALL REQUESTS FOR P	WING LIMITED PRIC	OR USE WHICH CO	JNFORM TO NEW CO	MPUNENTAND 51	IONS THERE UNDER. SUCH /STEM PERFORMANCE ANDISE SHIPPED ATE.
L				RETURN THIS PO	ORTION WITH PAYN	IENT FOR PROPE			
				DISCOUNTS ON ITEM BRAM (REF. 42 CFR		ID FOR	REMIT	AY CORPO	RATION_
0	NDEN			Remit-To address**			4909 MURPH SAN DIEGO,	CA 92123	RATION N RD STE 120
*WHEN PAY	ING B	CREDIT CAP	RD A 3% CONVENI	ENCE FEE WILL BE	ADDED		USA		
PURCHASE	OR	ER	INVOICE/FID	INVOICE DATE			CUST	OMER NAME	
01761			8800310751	08/14/2018	3007996	GILMORE	MEMORIAL REG	ONAL MED	
								BILLING	REF: 90308337
ANY QUEST 866-326-136		REGARDING	THIS INVOICE CAL	L:	A	MOUNT PAID		AMOUNT	DUE \$88.66

Case 3:18-bk-05665 Claim 102-1 Filed 10/22/18 Desc Main Document



PURCHASE OR	DER		INVOICE/FID	INVOICE DA	TE	ACCOUNT NO	SOLD TO:1001549
01896			8800314955	08/22/2018		13007006	GILMORE MEMORIAL REGIONAL MED CTR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERM	MS	DU	E DATE	AMORY MS 38821
116	08/22/2018	30	Net 30 Days		09/	21/2018	USA

BILL TO:	
GILMORE MEMORIAL REGIONAL MED	CTR
1105 EARL FRYE BLVD	
AMORY MS 38821	
USA	

SHIP TO:2013991 GILMORE MEMORIAL REGIONAL MED CTR 1105 EARL FRYE BLVD AMORY MS 38821 USA Pharm lic#00564

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 70046829 Outbound Delivery: 80219783		
			Carrier: FEDEX GROUND Tracking No.: 439397858856 Carton Count: 1 Weight: 26.000	Ship Date: 08/17/2018	
1	CA	114968	DRYSTAR 10X12 DT2MAM E2RO8	\$639.20	\$639.20
1	001	FRT30	Freight	\$21.09	\$21.09
1	001	DELFEECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal: Tax:	\$675.29 \$0.00
				Total:	\$675.29
SERVICE CI	ARGE	OF 1.5% PER MONTH WILL BE C	HARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUN	ITS NOT PAID WHEN DUE	PAGE: 1 OF 1
PECIFICATIO	INS. AL	L HETURNED GOODS MUST BE	RODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARI RED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO TI GGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SU	HEIR RETURN. ALL RETURNS OF MERCH/	ONS THERE UNDER. SUC STEM PERFORMANCE
			RETURN THIS PORTION WITH PAYMENT FOR PRO		
NOTICE: Y	OU MA	Y BE REQUIRED TO REPOR	RT DISCOUNTS ON ITEMS/SERVICES PAID FOR	REMIT TO:	
		FEDERAL HEALTH CARE PR	ROGRAM (REF. 42 CFR 1001.952(h)) new Remit-To address**	MERRY X-RAY CORPO 4909 MURPHY CANYOI SAN DIEGO, CA 92123	RATION N RD STE 120
WHEN PAY	ING BY	CREDIT CARD A 3% CONV	'ENIENCE FEE WILL BE ADDED	USA	
URCHAS		ER INVOICE/FIL	D INVOICE DATE ACCOUNT NO	CUSTOMER NAME	

INVOICE/FID PURCHASE ORDER INVOICE DATE ACCOUNT NO CUSTOMER NAME 3007996 01896 8800314955 08/22/2018 GILMORE MEMORIAL REGIONAL MED

BILLING REF: 90312664

ANY QUESTIONS REGARDING THIS INVOICE CALL :	
866-326-1362	

MOUNT	PAID	

AMOUNT DUE

\$675.29

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Case 3:18-bk-05665 Claim 102-1 Filed 10/22/18 Desc Main Document

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	e claims:
Trustee:	Last Date to file	e (Govt):
<i>Creditor:</i> (6768221)	Claim No: 102	Status:
MERRY X RAY	Original Filed	Filed by: CR
CORPORATION	Date: 10/22/2018	Entered by: Intake1
8020 TYLER BLVD	Original Entered	Modified:
MENTOR OH 44060	Date: 10/22/2018	

Amount claimed: \$1249.97

History:

Details <u>102-</u> 10/22/2018 Claim #102 filed by MERRY X RAY CORPORATION, Amount claimed: \$1249.97 <u>1</u> (Intake1)

Description: (102-1) goods sold Remarks:

Claims Register Summary

Case Name: Curae Health Inc. Case Number: 3:18-bk-05665 Chapter: 11 Date Filed: 08/24/2018 Total Number Of Claims: 1

Total Amount Claimed* \$1249.97

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		