

FILED

OCT 22 2018

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN**Fill in this information to identify the case:**

Debtor 1 Curae Health Inc - Panola Medical Center

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

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?	<b>Merry X-Ray Corporation</b> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <b>Merry X-ray Corporation</b> Name <b>8020 Tyler Blvd</b> Number Street <b>Mentor OH 44060</b> City State ZIP Code Contact phone <b>440-701-1200</b> Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 2 1 5

7. How much is the claim? \$ 488.20 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:** \$ 488.20 (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:** \$ 488.20  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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



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

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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

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

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

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

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

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

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

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

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

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

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

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

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

### Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

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

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

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

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

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

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

Signature

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

Name Brittany A Byomin  
First name Middle name Last name

Title Credit & Collection Supervisor

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 8020 Tyler Blvd  
Number Street  
Mentor OH 44060  
City State ZIP Code

Contact phone 440-701-1200 Email carol.tamburro@merryxray.com



# Customer Statement

DATE	ACCT.NO	PAGE
10/11/2018	1025215	1 of 1

^ Please Refer to above number  
in all correspondence

BILL TO:

PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
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 REFERENCE	PURCHASE ORDER NO.	TERMS OF SALE	INVOICE AMOUNT	CURR	CASH/CRED. PROC.	OPEN AMOUNT
09/08/2017	100003782				0.00	USD	-4.23	-4.23
11/28/2017	8800166003	0090167801	701-6586086	Net 30 Days	0.00	USD	-640.86	-640.86
11/28/2017	8800166004	0090167802	701-6586086	Net 30 Days	246.97	USD	0.00	246.97
05/02/2018	8800255832	0090255666	00112	Net 30 Days	64.09	USD	0.00	64.09
06/12/2018	8800277300	0090276633	00378	Net 30 Days	93.56	USD	0.00	93.56
06/18/2018	8800280082	0090279528	00423	Net 30 Days	64.17	USD	0.00	64.17
07/18/2018	8800296143	0090294676	00593	Net 30 Days	462.97	USD	0.00	462.97
08/03/2018	8800306208	0090303644	00685	Net 30 Days	236.58	USD	0.00	236.58
09/13/2018	8800327769	0090324487	0090324487	Net 30 Days	0.00	USD	-35.05	-35.05

Balance As Of: 10/11/2018

SEPTEMBER STATEMENT BALANCE 488.20

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE
0.00	-35.05	699.55	157.73	-334.03	488.20



# CREDIT NOTE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
701-6586086/88001613			8800166003	11/28/2017	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	11/28/2017	30	Net 30 Days		12/28/2017

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No: 60002964 Original Invoice No: 90162946		
1	CA	116758	10X12 DRYVIEW MAMMO 2/CA 1050806	-\$609.97	-\$609.97
1	001	FRT30	Freight	-\$15.89	-\$15.89
1	001	DELFECC30	Delivery Fee - Common Carrier	-\$15.00	-\$15.00
				<b>SubTotal:</b>	<b>-\$640.86</b>
				<b>Tax:</b>	<b>-\$0.00</b>
				<b>Total:</b>	<b>-\$640.86</b>
<b>Additional Information:</b> Credit issued on invoice 8800161311 for item 116758					

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

\*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

**\*\*Please note new Remit-To address\*\***

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
701-6586086/88001613	8800166003	11/28/2017	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90167801

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

AMOUNT PAID

AMOUNT DUE

-\$640.86

# INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
701-6586086/88001613			8800166004	11/28/2017	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	11/28/2017	30	Net 30 Days		12/28/2017

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 70016534 Outbound Delivery: 80124425  Carrier: FEDEX GROUND Tracking No.: 406652531705 Carton Count: 1 Weight: 17.250 Ship Date: 11/16/2017		
1	CA	116758	10X12 DRYVIEW MAMMO 2/CA 1050806	\$216.08	\$216.08
1	001	FRT30	Freight	\$15.89	\$15.89
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				<b>SubTotal:</b>	<b>\$246.97</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$246.97</b>
<b>Additional Information:</b> Invoice to correct original invoice 8800161311 for item 116758					

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PAGE: 1 OF 1

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## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
701-6586086/88001613	8800166004	11/28/2017	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90167802

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

AMOUNT PAID

AMOUNT DUE

\$246.97



# INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
00112			8800255832	05/02/2018	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	05/01/2018	30	Net 30 Days		06/01/2018

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 186192 Outbound Delivery: 80182610  Carrier: FEDEX GROUND Tracking No.: 434523452425 Carton Count: 1 Weight: 8.000  Ship Date: 05/02/2018		
1	DZ	112323	SCAN ULTRASOUND GEL 11-08	\$35.05	\$35.05
1	001	FRT30	Freight	\$14.04	\$14.04
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				<b>SubTotal:</b>	<b>\$64.09</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$64.09</b>

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

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\*\*Please note new Remit-To address\*\*

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00112	8800255832	05/02/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90255666

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

AMOUNT PAID

AMOUNT DUE

\$64.09

# INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
00378			8800277300	06/12/2018	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	06/06/2018	30	Net 30 Days		07/12/2018

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 199485 Outbound Delivery:		
			Carrier: Tracking No.: Carton Count: Weight: 0.000	Ship Date:	
1	BX	121312	14X17 CASS COVERS 100/BX CCL-14	\$65.00	\$65.00
1	001	FRT30	Freight	\$13.56	\$13.56
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				<b>SubTotal:</b>	<b>\$93.56</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$93.56</b>

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PAGE: 1 OF 1

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**\*\*Please note new Remit-To address\*\***

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00378	8800277300	06/12/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90276633

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

AMOUNT PAID

AMOUNT DUE

\$93.56



# INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
00423			8800280082	06/18/2018	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	06/15/2018	30	Net 30 Days		07/18/2018

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 202735 Outbound Delivery: 80198515  Carrier: FEDEX GROUND Tracking No.: 443193829987 Carton Count: 1 Weight: 8.000  Ship Date: 06/18/2018		
1	DZ	112323	SCAN ULTRASOUND GEL 11-08	\$35.05	\$35.05
1	001	FRT30	Freight	\$14.12	\$14.12
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				<b>SubTotal:</b>	<b>\$64.17</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$64.17</b>

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PAGE: 1 OF 1

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**\*\*Please note new Remit-To address\*\***

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00423	8800280082	06/18/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90279528

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

AMOUNT PAID

AMOUNT DUE

\$64.17

# INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
00593			8800296143	07/18/2018	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	07/17/2018	30	Net 30 Days		08/17/2018

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 213827 Outbound Delivery: 80208825  Carrier: FEDEX GROUND Tracking No.: 450675953178 Carton Count: 4 Weight: 29.720  Ship Date: 07/18/2018		
2	BX	103179	ECLIPSE PROBE COVER 38-01	\$66.87	\$133.74
1	CA	111963	4100 BIOPSY TRAY W/1% LIDO 5ML 600602	\$134.04	\$134.04
1	DZ	112323	SCAN ULTRASOUND GEL 11-08	\$35.05	\$35.05
1	CA	124833	SONO ULTRASOUND WIPES SONOWIPES	\$89.00	\$89.00
1	001	FRT30	Freight	\$56.14	\$56.14
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				<b>SubTotal:</b>	<b>\$462.97</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$462.97</b>

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE  
PAGE: 1 OF 1  
WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

\*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR  
UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

**\*\*Please note new Remit-To address\*\***

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00593	8800296143	07/18/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90294676

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

AMOUNT PAID

AMOUNT DUE

\$462.97



# INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
00685			8800306208	08/03/2018	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	08/02/2018	30	Net 30 Days		09/02/2018

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 219919 Outbound Delivery: 80214865  Carrier: FEDEX GROUND Tracking No.: 450675981064 Carton Count: 2 Weight: 25.000  Ship Date: 08/03/2018		
1	BX	103179	ECLIPSE PROBE COVER 38-01	\$66.87	\$66.87
1	DZ	112323	SCAN ULTRASOUND GEL 11-08	\$35.05	\$35.05
1	CA	124833	SONO ULTRASOUND WIPES SONOWIPES	\$89.00	\$89.00
1	001	FRT30	Freight	\$30.66	\$30.66
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				<b>SubTotal:</b>	<b>\$236.58</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$236.58</b>

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PAGE: 1 OF 1

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**\*\*Please note new Remit-To address\*\***

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00685	8800306208	08/03/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90303644

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

AMOUNT PAID

AMOUNT DUE

\$236.58



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
00830			8800327769	09/13/2018	1025215
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	09/13/2018	30	Net 30 Days		10/13/2018

SOLD TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

**BILL TO:**  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA

SHIP TO:1025215  
PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606  
USA  
Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
1	DZ	112323	Sales Order No: 60007108 Original Invoice No:  SCAN ULTRASOUND GEL 11-08	-\$35.05	-\$35.05
				<b>SubTotal:</b>	<b>-\$35.05</b>
				<b>Tax:</b>	<b>-\$0.00</b>
				<b>Total:</b>	<b>-\$35.05</b>

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PAGE: 1 OF 1

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**REMIT TO:**

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

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00830	8800327769	09/13/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90324487

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

AMOUNT PAID

AMOUNT DUE

-\$35.05



# 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:* (6768221)

**Claim No:** 103

*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: \$488.20

*History:*

[Details](#) [103-1](#) 10/22/2018 Claim #103 filed by MERRY X RAY CORPORATION, Amount claimed: \$488.20  
(Intake1)

*Description:* (103-1) 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

<b>Total Amount Claimed*</b>	\$488.20
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

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