

Fill in this information to identify the case:

Debtor 1 CURAE HEALTH
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: MIDDLE District of TENNESSEE, NASH
 Case number 18-05665

FILED

OCT 30 2018

U.S. BANKRUPTCY COURT
 MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>RADIO METER AMERICA</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>RADIOMETER AMERICA</u> Name <u>13217 COLLECTIONS CENTER DRIVE</u> Number Street <u>CHICAGO</u> <u>IL</u> <u>60693</u> City State ZIP Code Contact phone _____ Contact email <u>ARE.RADIOMETERAMERICA.COM</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
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 ____ / ____ / ____	
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: _____

7. How much is the claim? \$ 27,034.42 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: \$ _____

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.

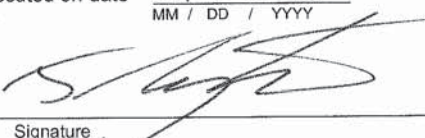
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/15/2018
MM / DD / YYYY


Signature

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

Name James P Geraghty
First name Middle name Last name

Title Accounting Manager

Company Radiometer America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 250 S. Kraemer Blvd
Number Street

Brea CA 92821
City State ZIP Code

Contact phone 657 286 1017 Email james.geraghty@radiometeramerica.com

radiometeramerica.com

Northwest Mississippi #04582000

Date	Due date	Invoice	Customer purchase order number	Amount currency	Balance
04/24/2018	06/08/2018	2055825	749-6718504	804.83	804.83
05/08/2018	06/22/2018	2061981	749-6728873	2,633.22	2,633.22
05/22/2018	07/06/2018	2067142	749-6737546	40.13	40.13
05/30/2018	07/14/2018	2069346	749-6741841	145.82	145.82
05/30/2018	07/14/2018	2069148	749-6741841	35.66	35.66
06/13/2018	07/28/2018	2075416	749-6751311	1,846.48	1,846.48
07/05/2018	08/19/2018	2083585	749-6763710	71.32	71.32
07/24/2018	09/07/2018	2089634	749-6773657	1,755.48	1,755.48
07/27/2018	09/10/2018	2092261	749-6771796C	17,030.00	17,030.00
08/15/2018	09/29/2018	2097613	749-6786344	145.82	145.82
08/15/2018	09/29/2018	2097536	749-6771796C	0.00	0.00
08/15/2018	09/29/2018	2097439	749-6786344	1,609.66	1,609.66
08/27/2018	10/11/2018	2102931	749-6792002	218.73	218.73
08/28/2018	10/12/2018	2103316	749-6792002	1,609.66	1,609.66

Gilmore Memorial #21079000

Date	Due date	Invoice	Customer purchase order number	Amount currency	Balance
05/15/2018	06/14/2018	2065004	00799	349.00	349.00
05/25/2018	06/24/2018	2068639	00915	567.00	567.00

RADIOMETER



FEIN 34-1115839
DUNS 086661485

INVOICE NUMBER	PAGE #:
2055825	Page 1 of 1
INVOICE DATE	DUE DATE
04/24/2018	06/08/2018
TERMS	
N45	
REMIT ADDRESS:	
13217 COLLECTIONS CENTER DRIVE	
CHICAGO, IL 60693	

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO		SALES ORDER NO		TERRITORY		TAX CODE		BAS NUMBER	
749-6718504		02958149		2926		MS0001-E		AID-247518	
CONTACT PERSON		SALES ORIGIN			SCENARIO			LEASE NO	
YATASHA MUSKIN		EDI							
PART#	ITEM DESCRIPTION				UNIT PRICE		QUANTITY UNIT		AMOUNT
Tracking Number: TRAC#: 430522470915 04/24/18 CA. FEDEX WGT: 0.0LB									
945-708	sc80 co-ox, 100/30 full, no glu, qc3 256388				804.83		1.00 EA		804.83
								SUB TOTAL: 804.83	
								FREIGHT/HANDLING: 0.00	
								SALES TAX: 0.00	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>									
TO VIEW AND PAY YOUR BILLS ONLINE:				ENROLLMENT TOKEN:			TOTAL DUE		\$804.83 USD
http://www.invoicecentral.com				DKX DLK PQK					

IMPORTANT: All claims for shortages or damages must be made within 24 hours of receipt of shipment. A 1½ % per month (18% per annum) service charge will be added to all invoices not paid within 30 days. For full disclosure of Return Policy, please see reverse side of page one (1) of invoice. The language of Radiometer America Inc.'s Sales Terms and Conditions, Lease Agreement, Cost Per Test Agreement, Reagent Rental Agreement, or Fee Per Billable Test Contract, as applicable, which was sent with Radiometer America Inc.'s quotation is incorporated by reference herein.

RADIOMETER

250 South Kraemer Blvd
Brea, CA 92821
Fax (714) 646-2307
TELEPHONE (800) 736-0600

FEIN 34-1115839
DUNS 086661485

INVOICE

INVOICE NUMBER	PAGE #:
2061981	Page 1 of 1
INVOICE DATE	DUE DATE
05/08/2018	06/22/2018
TERMS	
N45	
REMIT ADDRESS:	
13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO	SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
749-6728873	02962634	2926	MS0001-E	AID-247518
CONTACT PERSON	SALES ORIGIN	SCENARIO	LEASE NO	
YATASHA MUSKIN	FAX			
PART#	ITEM DESCRIPTION	UNIT PRICE	QUANTITY UNIT	AMOUNT
944-252	ABL80 w/CO-OX Solution Pack 256781	72.91	3.00 EA	218.73
945-708	sc80 co-ox, 100/30 full, no glu, qc3 256714	804.83	3.00 EA	2,414.49
SUB TOTAL:				2,633.22
FREIGHT/HANDLING:				0.00
SALES TAX:				0.00
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>				
TO VIEW AND PAY YOUR BILLS ONLINE:		ENROLLMENT TOKEN:		TOTAL DUE
http://www.invoicecentral.com		DKX DLK PQK		\$2,633.22 USD

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FEIN 34-1115839
DUNS 086661485



FEIN 34-1115839
DUNS 086661485

INVOICE NUMBER	PAGE #:
2069346	Page 1 of 1
INVOICE DATE	DUE DATE
05/30/2018	07/14/2018
TERMS	
N45	
REMIT ADDRESS: 13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO		SALES ORDER NO		TERRITORY		TAX CODE		BAS NUMBER	
749-6741841		02969871		2926		MS0001-E		AID-247518	
CONTACT PERSON		SALES ORIGIN			SCENARIO			LEASE NO	
YATASHA MUSKIN		EDI							
PART#	ITEM DESCRIPTION				UNIT PRICE		QUANTITY UNIT		AMOUNT
944-252	ABL80 w/CO-OX Solution Pack 257953				72.91		2.00 EA		145.82
								SUB TOTAL: 145.82	
								FREIGHT/HANDLING: 0.00	
								SALES TAX: 0.00	
TO VIEW AND PAY YOUR BILLS ONLINE:				ENROLLMENT TOKEN:			TOTAL DUE		\$145.82 USD
http://www.invoicecentral.com				DKX DLK PQQ					

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RADIOMETER

250 South Kraemer Blvd
Brea, CA 92821
Fax (714) 646-2307
TELEPHONE (800) 736-0600

FEIN 34-1115839
DUNS 086661485

INVOICE

INVOICE NUMBER	PAGE #:
2069148	Page 1 of 1
INVOICE DATE	DUE DATE
05/30/2018	07/14/2018
TERMS	
N45	
REMIT ADDRESS:	
13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO	SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
749-6741841	02969871	2926	MS0001-E	AID-247518
CONTACT PERSON	SALES ORIGIN	SCENARIO	LEASE NO	
YATASHA MUSKIN	EDI			
PART#	ITEM DESCRIPTION	UNIT PRICE	QUANTITY UNIT	AMOUNT
984-077	PRINT PAPER / ABL77 / ABL80	35.66	1.00 EA	35.66
SUB TOTAL:				35.66
FREIGHT/HANDLING:				0.00
SALES TAX:				0.00
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>				
TO VIEW AND PAY YOUR BILLS ONLINE:		ENROLLMENT TOKEN:		TOTAL DUE
http://www.invoicecentral.com		DKX DLK PQQ		\$35.66 USD

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Case 3:18-bk-05665 Claim 110-1 Filed 10/30/18 Desc Main Document Page 11 of 22

RADIOMETER

250 South Kraemer Blvd
Brea, CA 92821
Fax (714) 646-2307
TELEPHONE (800) 736-0600

FEIN 34-1115839
DUNS 086661485

INVOICE

INVOICE NUMBER	PAGE #:
2089634	Page 1 of 1
INVOICE DATE	DUE DATE
07/24/2018	09/07/2018
TERMS	
N45	
REMIT ADDRESS: 13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO	SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
749-6773657	02987976	2926	MS0001-E	AID-247518
CONTACT PERSON	SALES ORIGIN	SCENARIO	LEASE NO	
YATASHA MUSKIN	EDI			
PART#	ITEM DESCRIPTION	UNIT PRICE	QUANTITY UNIT	AMOUNT
Tracking Number: TRAC#: 443653215517 07/24/18 CA. FEDEX WGT: 0.0LB				
944-252	ABL80 w/CO-OX Solution Pack 260658	72.91	2.00 EA	145.82
945-708	sc80 co-ox, 100/30 full, no glu, qc3 259921	804.83	2.00 EA	1,609.66
SUB TOTAL:				1,755.48
FREIGHT/HANDLING:				0.00
SALES TAX:				0.00
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>				
TO VIEW AND PAY YOUR BILLS ONLINE:		ENROLLMENT TOKEN:		TOTAL DUE
http://www.invoicecentral.com		VWX VHT LGS		\$1,755.48 USD

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RADIOMETER

250 South Kraemer Blvd
Brea, CA 92821
Fax (714) 646-2307
TELEPHONE (800) 736-0600

FEIN 34-1115839
DUNS 086661485

INVOICE

INVOICE NUMBER	PAGE #:
2092261	Page 1 of 2
INVOICE DATE	DUE DATE
07/27/2018	09/10/2018
TERMS	
N45	
REMIT ADDRESS:	
13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO		SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
749-6771796C		02988168	2926	MS0001-E	AID-247518
CONTACT PERSON		SALES ORIGIN		SCENARIO	LEASE NO
YATASHA MUSKIN		INSTR			
PART#	ITEM DESCRIPTION		UNIT PRICE	QUANTITY UNIT	AMOUNT
QUOTE# MK0477-Nba					
Tracking Number:		QUOTED FREIGHT			
393-841	ABL80 CO-OX or OSM Analyzer 316362		8,240.00	1.00 EA	8,240.00
933-132	ABL80 CO-OX preinstalled software 316362		0.00	1.00 EA	0.00
393-841	ABL80 CO-OX or OSM Analyzer 316393		8,240.00	1.00 EA	8,240.00
933-132	ABL80 CO-OX preinstalled software 316393		0.00	1.00 EA	0.00
615-406	POWER CORD US 10FT. ABL70		0.00	2.00 EA	0.00
944-252	ABL80 w/CO-OX Solution Pack 261039		0.00	4.00 EA	0.00
945-713	SC80 CO-OX, 50/30 BG, QC3 261017		0.00	4.00 EA	0.00
VK-R5	VK kit - ABL80 CO/OX / ABL90 510		0.00	2.00 EA	0.00
944-017	QC5+ LEVEL 1 944-017R0164		0.00	2.00 EA	0.00
944-018	QC5+ LEVEL 2 944-018R0167		0.00	2.00 EA	0.00
944-019	QC5+ LEVEL 3 944-019R0165		0.00	2.00 EA	0.00
990-634	ABL80 Flex Operators Manual		0.00	1.00 EA	0.00
944-021	S7770 tHB Calibrating Solution 944-021R0230		0.00	2.00 EA	0.00
STYLUS	ABL90 Alluminum Stylus with logo		0.00	2.00 EA	0.00
LITPAC-M	LITPAC-M LITERATURE PACK/		0.00	2.00 EA	0.00
939-485	ABL80 TROUBLESHOOTING GUIDE		0.00	2.00 EA	0.00
902-583	ABL 80 Remote Support key 316362		0.00	1.00 EA	0.00
902-583	ABL 80 Remote Support key 316393		0.00	1.00 EA	0.00
WARR-80	Annual Warranty Contract - ABL80		0.00	1.00 EA	0.00
TO VIEW AND PAY YOUR BILLS ONLINE:			ENROLLMENT TOKEN:		TOTAL DUE \$17,030.00 USD
http://www.invoicecentral.com			VWX VHT LGS		

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RADIOMETER



FEIN 34-1115839
DUNS 086661485

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

IMPORTANT: All claims for shortages or damages must be made within 24 hours of receipt of shipment. A 1½ % per month (18% per annum) service charge will be added to all invoices not paid within 30 days. For full disclosure of Return Policy, please see reverse side of page one (1) of invoice. The language of Radiometer America Inc.'s Sales Terms and Conditions, Lease Agreement, Cost Per Test Agreement, Reagent Rental Agreement, or Fee Per Billable Test Contract, as applicable, which was sent with Radiometer America Inc.'s quotation is incorporated by reference herein.



FEIN 34-1115839
DUNS 086661485

INVOICE NUMBER	PAGE #:
2097613	Page 1 of 1
INVOICE DATE	DUE DATE
08/15/2018	09/29/2018
TERMS	
N45	
REMIT ADDRESS: 13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO		SALES ORDER NO		TERRITORY		TAX CODE		BAS NUMBER	
749-6786344		02995587		2926		MS0001-E		AID-247518	
CONTACT PERSON		SALES ORIGIN			SCENARIO			LEASE NO	
YATASHA MUSKIN		FAX							
PART#	ITEM DESCRIPTION				UNIT PRICE		QUANTITY UNIT		AMOUNT
944-252	ABL80 w/CO-OX Solution Pack 261865				72.91		2.00 EA		145.82
								SUB TOTAL: 145.82	
								FREIGHT/HANDLING: 0.00	
								SALES TAX: 0.00	

IMPORTANT: All claims for shortages or damages must be made within 24 hours of receipt of shipment. A 1½ % per month (18% per annum) service charge will be added to all invoices not paid within 30 days. For full disclosure of Return Policy, please see reverse side of page one (1) of invoice. The language of Radiometer America Inc.'s Sales Terms and Conditions, Lease Agreement, Cost Per Test Agreement, Reagent Rental Agreement, or Fee Per Billable Test Contract, as applicable, which was sent with Radiometer America Inc.'s quotation is incorporated by reference herein.

RADIOMETER

250 South Kraemer Blvd
Brea, CA 92821
Fax (714) 646-2307
TELEPHONE (800) 736-0600

FEIN 34-1115839
DUNS 086661485

INVOICE

INVOICE NUMBER	PAGE #:
2097536	Page 1 of 1
INVOICE DATE	DUE DATE
08/15/2018	09/29/2018
TERMS	
N45	
REMIT ADDRESS: 13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 04582000

SHIP TO ACCOUNT: 04582001

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
P O BOX 1218
CLARKSDALE, MS 38614

NORTHWEST MISSISSIPPI MED CENTER
ATTN: RECEIVING
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

CUSTOMER PO NO	SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
749-6771796C	02988168	2926	MS0001-E	AID-247518
CONTACT PERSON	SALES ORIGIN	SCENARIO	LEASE NO	
YATASHA MUSKIN	INSTR			
PART#	ITEM DESCRIPTION	UNIT PRICE	QUANTITY UNIT	AMOUNT

QUOTE# MK0477-Nba

Tracking Number:

QUOTED FREIGHT TRAC#: 443653265224 08/15/18 CA. FEDEX
WGT: 4.0LB

990-635	ABL80 Flex Reference Manual	0.00	1.00 EA	0.00
SUB TOTAL:				0.00
FREIGHT/HANDLING:				0.00
SALES TAX:				0.00

TO VIEW AND PAY YOUR BILLS ONLINE:	ENROLLMENT TOKEN:	TOTAL DUE	\$0.00 USD
http://www.invoicecentral.com	VWX VHT LGS		

IMPORTANT: All claims for shortages or damages must be made within 24 hours of receipt of shipment. A 1½ % per month (18% per annum) service charge will be added to all invoices not paid within 30 days. For full disclosure of Return Policy, please see reverse side of page one (1) of invoice. The language of Radiometer America Inc.'s Sales Terms and Conditions, Lease Agreement, Cost Per Test Agreement, Reagent Rental Agreement, or Fee Per Billable Test Contract, as applicable, which was sent with Radiometer America Inc.'s quotation is incorporated by reference herein.

RADIOMETER 

FEIN 34-1115839
DUNS 086661485

BILL TO ACCOUNT: 04582000

NORTHWEST MISSISSIPPI MED CENTER
ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218

CUSTOMER PO NO		SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
749-6786344		02995587	2926	MS0001-E	AID-247518
CONTACT PERSON		SALES ORIGIN		SCENARIO	LEASE NO
YATASHA MUSKIN		FAX			
PART#	ITEM DESCRIPTION		UNIT PRICE	QUANTITY UNIT	AMOUNT
945-708	sc80 co-ox, 100/30 full, no glu, qc3 261559		804.83	2.00 EA	1,609.66
<div> <div>SUB TOTAL:</div> <div>FREIGHT/HANDLING:</div> <div>SALES TAX:</div> </div>					<div>1,609.66</div> <div>0.00</div> <div>0.00</div>
<div> <div></div> </div>					
TO VIEW AND PAY YOUR BILLS ONLINE: http://www.invoicecentral.com			ENROLLMENT TOKEN: VWX VHT LGS		TOTAL DUE \$1,609.66 USD

Case 3:18-bk-05665 Claim 110-1 Filed 10/30/18 Desc Main Document Page 17 of 22

RADIOMETER

250 South Kraemer Blvd
Brea, CA 92821
Fax (714) 646-2307
TELEPHONE (800) 736-0600

FEIN 34-1115839
DUNS 086661485

INVOICE

INVOICE NUMBER	PAGE #:
2068639	Page 1 of 1
INVOICE DATE	DUE DATE
05/25/2018	06/24/2018
TERMS	
N30	
REMIT ADDRESS: 13217 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	

BILL TO ACCOUNT: 21079000

SHIP TO ACCOUNT: 21079001

GILMORE MEM REG MED CTR
854 902 ACCOUNTING
1105 EARL FRYE BLVD
AMORY MS 38821-5500

GILMORE MEM REG MED CTR
854 AMORY STORES
1105 EARL FRYE BLVD
AMORY, MS 38821

CUSTOMER PO NO	SALES ORDER NO	TERRITORY	TAX CODE	BAS NUMBER
00915	02968307	2926	MS0001-E	AID-243793
CONTACT PERSON	SALES ORIGIN	SCENARIO	LEASE NO	
	EDI			
PART#	ITEM DESCRIPTION	UNIT PRICE	QUANTITY UNIT	AMOUNT
904-308	D826 -TCM400 membrane kit - tcpO2 904-308R0959	276.00	2.00 EA	552.00
SUB TOTAL:				552.00
FREIGHT/HANDLING:				15.00
SALES TAX:				0.00
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>				
TO VIEW AND PAY YOUR BILLS ONLINE:		ENROLLMENT TOKEN:		TOTAL DUE
http://www.invoicecentral.com		PKX DKS HVK		\$567.00 USD

IMPORTANT: All claims for shortages or damages must be made within 24 hours of receipt of shipment. A 1½ % per month (18% per annum) service charge will be added to all invoices not paid within 30 days. For full disclosure of Return Policy, please see reverse side of page one (1) of invoice. The language of Radiometer America Inc.'s Sales Terms and Conditions, Lease Agreement, Cost Per Test Agreement, Reagent Rental Agreement, or Fee Per Billable Test Contract, as applicable, which was sent with Radiometer America Inc.'s quotation is incorporated by reference herein.

RADIOMETER 

FEIN 34-1115839
DUNS 086661485

SHIP TO ACCOUNT: 21079001

GILMORE MEM REG MED CTR
854 AMORY STORES
1105 EARL FRYE BLVD
AMORY, MS 38821

IMPORTANT: All claims for shortages or damages must be made within 24 hours of receipt of shipment. A 1½ % per month (18% per annum) service charge will be added to all invoices not paid within 30 days. For full disclosure of Return Policy, please see reverse side of page one (1) of invoice. The language of Radiometer America Inc.'s Sales Terms and Conditions, Lease Agreement, Cost Per Test Agreement, Reagent Rental Agreement, or Fee Per Billable Test Contract, as applicable, which was sent with Radiometer America Inc.'s quotation is incorporated by reference herein.

PROOF OF CLAIM FILING INFORMATION FOR

CURAE HEALTH, INC.

CASE NO. 3:18-BK-05665

US BANKRUPTCY COURT, MIDDLE DISTRICT OF TENNESSEE, NASHVILLE DIVISION

Debtor Name	Case Number
Curae Health, Inc.	3:18-bk-05665
Amory Regional Medical Center, Inc.	3:18-bk-05675
Batesville Regional Medical Center, Inc.	3:18-bk-05676
Clarksdale Regional Medical Center, Inc.	3:18-bk-05678
Amory Regional Physicians LLC	3:18-bk-05680
Batesville Regional Physicians LLC	3:18-bk-05681
Clarksdale Regional Physicians LLC	3:18-bk-05682

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

The Bankruptcy Court for the Middle District of Tennessee prefers that proofs of claim be filed electronically through the ECF system. If that is not possible, you may send completed Proofs of Claims to:

US Bankruptcy Court – Middle District of Tennessee
701 Broadway, 1st Floor
Nashville, TN 37203

Curae Health Inc. - 3:18-bk-05665

Case Info	Inquiries	Docket	Claims	Case Calendar	Interested Parties	Service List
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▼ Announcements (6)



POLSINELLI
(<https://www.polsinelli.com/professionals/dgordon/>)
assists Curae Health Inc., with Petitions for relief under Chapter 11.

**MOTION TO SELL PROPERTY
FREE AND CLEAR OF LIENS
UNDER SECTION 363(F)**
If timely response hearing will be held on
9/25/2018 at 11:00 AM at Courtroom 2, 2nd
Floor Customs House, 701 Broadway,
Nashville, TN 37203. Responses due by
9/18/2018.

MEETING OF CREDITORS
10/03/2018 12:30 PM CT

**HEARINGS ON FIRST DAY
MOTIONS**
Certain hearings continued:
Bank Accounts, Pre-Petition Wages and
Limit Notice 9/25/2018 at 11:00 CT
Post-Petition Financing 10/2/2018 at 11:00
AM CT

FREQUENTLY ASKED QUESTIONS

**UNSECURED CREDITORS'
COMMITTEE APPOINTED
COUNSEL: ANDREW SHERMAN OF
SILLS CUMMIS & GROSS PC**
(<http://www.sillscummis.com/professionals/att-h-sherman.aspx>)

▼ Case Details

Case Description



On 8/24/2018, Curae Health Inc. and 6 related entities filed for Chapter 11 Bankruptcy relief in the U.S. Bankruptcy Court for the Middle District of Tennessee, Nashville Division. The Debtors' cases are pending before the Honorable Charles M. Walker. An order has been entered directing the procedural consolidation and joint administration of the chapter 11 cases of Curae Health, Inc. and its affiliates that have concurrently commenced chapter 11 cases. The docket in the chapter 11 case of Curae Health Inc., Case No. 18-05665, should be consulted for all matters affecting this case.

Case Details

Case Type: Chapter 11
Court: Middle District of Tennessee, Nashville Division
(<http://www.tnmb.uscourts.gov/>)
Judge: Charles M Walker
Debtor's Polsinelli PC
Counsel:

Case Status

10/03/2018 341 meeting
08/24/2018 Date filed

► Retained Professionals (7)

► Associated Cases (7)

► Important Documents (34)

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: (6718555)
RADIOMETER AMERICA
13217 COLLECTIONS
CENTER DRIVE
CHICAGO, IL 60693

Claim No: 110
Original Filed
Date: 10/30/2018
Original Entered
Date: 10/30/2018

Status:
Filed by: CR
Entered by: Intake2
Modified:

Amount claimed: \$27034.42

History:

[Details](#) [110-1](#) 10/30/2018 Claim #110 filed by RADIOMETER AMERICA, Amount claimed: \$27034.42
(Intake2)

Description: (110-1) 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*	\$27034.42
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		