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

1/3/2019

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?	PharMEDium LLC							
	Name of the current creditor (the person or entity to be paid for this claim)							
	Other names the creditor used with the debtor	Miss Regional Med	ical Center					
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 pays different)	ments to the creditor be sent? (if					
creditor be sent?	PharMEDium LLC	29104 Network Pl	ace					
Federal Rule of	Name	Name						
Bankruptcy Procedure (FRBP) 2002(g)	150 North Field Drive							
	Suite 350 Lake Forest, IL 60045							
		Chicago, IL 60673	3–1291					
	Contact phone 800-523-7749	Contact phone	847-457-2300					
	Contact emailar@pharnedium.com	Contact email	ar@pharmedium.com					
	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 know 	/n)	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					

		ut 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 accor	unt or any number you use	to identify the debtor:	6152
7.How much is the claim?	\$	V	No	e interest or other ch	•
			Yes. Attach statement other charges required	itemizing interest, fees by Bankruptcy Rule 30	, expenses, or 001(c)(2)(A).
8.What is the basis of the claim?	dea Ban	mples: Goods sold, money loand th, or credit card. Attach redacte kruptcy Rule 3001(c). it disclosing information that is e	ed copies of any docum	ents supporting the cla	aim required by
	Pro	duct (Drugs ordered by hospital	Pharmacy)		
9. Is all or part of the claim secured?		Yes. The claim is secured by a li Nature of property: Real estate. If the claim is	s secured by the debto	r's principal residence, Form 410–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		Attach redacted copies of docu interest (for example, a mortga document that shows the lien I	age, lien, certificate of t	itle, financing statemer	on of a security ht, or other
		Value of property:	\$		
		Amount of the claim that is secured:	\$		
		Amount of the claim that is unsecured:	\$	unsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cure a date of the petition:	ny default as of the	\$	
		Annual Interest Rate (when c	case was filed)	%	
		FixedVariable			
10.Is this claim based on a lease?		No Yes. Amount necessary to c	ure 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		Droof	of Claim		page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	\mathbf{N}	No Yes. Check all that apply.		Amount entitled to priority		
A claim may be partly priority and partly		Domestic support obligation under 11 U.S.C. § 507(a)(ons (including alimony and child support) 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 property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of rsonal, family, or household use. 11	\$		
		180 days before the bankr	issions (up to \$12,850*) earned within uptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$		
		Taxes or penalties owed to 507(a)(8).	o governmental units. 11 U.S.C. §	\$		
		Contributions to an employ	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 adjustmen of adjustment.	t 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	V	I am the creditor.				
9011(b).		I am the creditor's attorney or	authorized agent.			
If you file this claim electronically, FRBP		I am the trustee, or the debto	r, or their authorized agent. Bankruptcy	Rule 3004.		
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.	l und the a	erstand that an authorized signature mount of the claim, the creditor gave	on this Proof of Claim serves as an acknowledg the debtor credit for any payments received tow	ment that when calculating ard the debt.		
A person who files a fraudulent claim could be			oof of Claim and have a reasonable belief that th	ne information is true		
fined up to \$500,000, imprisoned for up to 5 years, or both.		correct. lare under penalty of perjury that the	foregoing is true and correct.			
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date $1/3/2019$				
		MM / DD /	үүүү			
	/s/ S	Sanjeev Bahl				
	Sign	ature				
	Ũ		in completing and signing this slairs.			
			is completing and signing this claim:			
	Nan	ne	Sanjeev Bahl			
	T:41 -		First name Middle name Last name			
	Title	3	Vice President Quality			
	Con	npany	PharMEDium LLC			
	A		Identify the corporate servicer as the company is servicer	f the authorized agent is a		
	Add	ress	150 North Field Suite 350			
			Number Street			
			Lake Forest, IL 60045			
			City State ZIP Code			
	Con	tact phone 847-457-2256	Email sbahl@pharmed	lium.com		

Official Form 410

Proof of Claim



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

A2179369 Invoice 4/20/2018 Date Page 1 Terms Net 30

Remit To:

Ship To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.	201 A. 1	Customer ID	Pharmacy License No.	222 Number	Order Number	
	72018CII			516152		18XZ06614	E02096786	
QTY	OTY UM	Item Number	NDC#	Description	것을 잘 잘 많아야 같다. 옷 옷을 했다	Ship Method	Unit Price	Ext. Price
	CA5	2K8844	61553-844-48	2 mcg/mL Fentar	nyl Citrate and 0.2% Ropivacaine HCI (Pr		\$167.35	\$167.35
	CA5	2K8994		Smith Medical 10	00mL Yellow Empty Cassette		\$44.00	\$44.00
							1 1	
			1					
		1						
					Thank you for your orde	⊃r		
-					Thank you for your ora	Subtotal	1	\$211.35
Re	marks	s:				Misc	· · · · ·	\$0.00
						Тах		\$0.00
						Freight		\$0.00
						Trade Discount	- H	\$0.00
						Total		\$211.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182

Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

This invoice and rollanok apple price Glaimidea of Parats 2r. Filedit 0140341 Quints Desce Attachment clions Prage Inay be paid by Vendor and may be reportable under federal regulations apf 429. F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2179418
Date	4/20/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Purchase Order No. 030618EPI		Customer ID Pharmacy License No.		222 Number	Order Number			
		516152		18XZ07104	E02099379			
YTC	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
	CA5	2K8844	61553-844-4	8 2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HCI (P	r	\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 1	00mL Yellow Empty Cassette		\$44.00	\$44.00
					Thank you for your ord	ler		
_	1			1	the second s	Subtotal		\$211.35
Re	marks	5:				Misc	8	\$0.00
						Тах		\$0.00
					- The second sec	Freight	4	\$0.00
					<i></i>	Trade Discount		\$0.00
						Total		\$211.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182 Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

This invoice may not lefted the net price Claim i 2630 burgers. Filedit 01/03/12 unts Desce Attachment fors mage 2 nay be paid by Vendor and may be reportable under federal regulations a of 429. F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2179727
Date	4/23/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Purchase Order No. WED FENT/ROPIV				Customer ID	Pharmacy License No.	222 Number	Order Number	163432
				516152		18XZ07895	E02103738	
TY	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Pric
<u>זיג</u> 1 1	CA5 CA5	1tem Number 2K8844 2K8994	NDC# 61553-844-4	8 2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HCI (00mL Yellow Empty Cassette		Unit Price \$167.35 \$44.00	<u>\$167.3</u> \$44.0
					Thank you for your or	der Subtotal		\$211.3
Re	marks	5:				Misc		\$0.0
						Tax		
						IdX		\$0.0
						approximation and a second		\$0.0 \$0.0
						Freight Trade Discount		\$0.0 \$0.0 \$0.0

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Memphis DEA Reg#:RP0371613 Dayton DEA Reg#:RP0494182

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

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Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2180949
Date	4/25/2018
Page	1
Terms	Net 30

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NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.		Customer ID	Pharmacy License No.	222 Number	Order Numbe	r Main, Ma
)32918			516152		18XZ08285	E02106171	
QTY		Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HCI (P	٦,	\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 10	00mL Yellow Empty Cassette		\$44.00	\$44.00
					Thank you for your orc	der		
		1				Subtotal		\$211.35
Re	marks	5:				Misc		\$0.00
						Тах	1	\$0.00
						Freight		\$0.00
						Trade Discount		\$0.00
						Total		\$211.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Dayton DEA Reg#:RP0494182

Cleveland DEA Reg#:RP0305119

Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

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Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2180968
Date	4/25/2018
Page	1
Terms	Net 30

Remit To:

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29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.	0	Customer ID	Pharmacy License No.	222 Number	Order Number	
_	040218EPI			516152		18XZ08358	E02106679	
QTY	OTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
	CA5	2K8844	61553-844-48	2 mcg/mL Fentan	yl Citrate and 0.2% Ropivacaine HCI (Pr		\$167.35	\$167.35
1	CA5	2K8994			OmL Yellow Empty Cassette		\$44.00	\$44.00
			1					
							1 1	
					Thank you for your orde	er		
						Subtotal		\$211.35
Re	marks	S:				Misc	20	\$0.00
						Тах		\$0.00
						Freight		\$0.00
						Trade Discount	10 10	\$0.00 \$211.35
						Total	All	φ∠11.30

Invoices paid beyond the due date are subject to a Late Payment Service Fee

Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

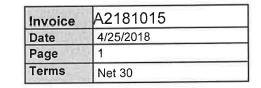
Dayton DEA Reg#:RP0494182

Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

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PharMEDium^{*} AmerisourceBergen

Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Remit To:

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PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Or	der No.	c	ustomer ID	Pharmacy License No.	222 Number	Order Number	
_	ITROPIVO		5	16152		18XZ08902	E02110639	
YT	OTY UN	I Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
	CA5	2K8844	61553-844-48	2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HCI	(Pr	\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 10	00mL Yellow Empty Cassette		\$44.00	\$44.00
24								
							1	
		(R)						
							1 1	
						2		
						rd o r		
					Thank you for your o	Subtotal	6	\$211.3
Ro	mark	¢'				Misc	2.0	\$0.00
I C	main	3.				Tax	1	\$0.00
						Freight		\$0.00
			*			Trade Discount	il.vi	\$0.00
						Total	100	\$211.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182

Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

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Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2183734
Date	5/4/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
	218PCA			516152		18XZ08400	E02106967	
QTY	OTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8177	61553-177-41	1 mg/mL Morphi	ne Sulfate (Preservative Free) (Contains		\$45.60	\$45.60
					Thank you for your ord			\$45.60
Re	marks					Subtotal Misc		\$0.00
ite	mains					Tax		\$0.00
						Freight		\$0.00
						Trade Discount		\$0.00
						Total		\$45.60

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182 Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

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Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2183822
Date	5/4/2018
Page	1
Terms	Net 30

Remit To:

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PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Purchase Order No. MORPCATM				Customer ID Pharmacy License No.	222 Number	Order Number		
				516152		18XZ08988	E02111283	
QTY		Item Number	NDC#	Description	The MARINE PLANE WEAR	Ship Method	Unit Price	Ext. Price
1	CA5	2K8177	61553-177-41	1 mg/mL Morphi	ne Sulfate (Preservative Free) (Conta		\$45,60	\$45.60
					Thank you for your of	order Subtotal	131	\$45.60
Re	marks	81				Misc		\$0.00
110						Tax		\$0.00
						Freight	102	\$0.00
						Trade Discount	ni)	\$0.00
						Total		\$45.60

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182 Memphis DEA Reg#:RP0371613

Accounts Receivable

Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

This invoice may not relieve the het price Claim 1630 b Parts 2r. Filedite 1403/19. Ints Desice Attachment ions Pragee 8 nay be paid by Vendor and may be reportable under federal regulations a pf_{429} .F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2184224
Date	5/7/2018
Page	1
Terms	Net 30

Remit To:

Ship To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.	Stand In N	Customer ID	Pharmacy License No.	222 Number	Order Number	u ya isi isi
MOI	N4918T			516152		18XZ08625	E02108630	
QTY	OTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
ী	CA5	2K8844	61553-844-48		anyl Citrate and 0.2% Ropivacaine HCI (Pr		\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 1	00mL Yellow Empty Cassette		\$44.00	\$44.00
1	CA5	2K8177	61553-177-41	1 mg/mL Morph	ine Sulfate (Preservative Free) (Contains		\$45.60	\$45.60
					Thank you for your orde			
-						Subtotal		\$256.95
Ke	marks	S:				Misc	e .	\$0.00
						Тах		\$0.00
					×	Freight		\$0.00
						Trade Discount		\$0.00
						Total		\$256.95

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119	Memphis DEA Reg#:RP0371	613 Dayton DEA Reg#:RP0494182
Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086		Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com
Case 3:18-bk-05665	Claim 163-1 Part 2 File	d.01/03/19Desc.Attachmentations Barres they be

Case 3:18-0K-05665 Claim 163-1 Part 2. Filed of 1/03/19unts, Desire Attachment flons Rage 9 hay be paid by Vendor and may be reportable under federal regulations at 9 42 C.F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2187813
Date	5/17/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	ler No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
MA	Y12018		5	516152		18XZ10045	E02115389	
YTS	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Pric
1	CA5	2K8177	61553-177-41		ine Sulfate (Preservative Free) (Conta		\$45.60	\$45.6
1	CA5	2K8844	61553-844-48	2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HC	l (Pr	\$167.35	\$167.3
1	CA5	2K8994		Smith Medical 1	00mL Yellow Empty Cassette		\$44.00	\$44.0
							1 1	
					Themlessessforssour	rdor		
_					Thank you for your o	Subtotal		\$256.9
Re	marks	31				Misc		\$0.0
		-				Tax		\$0.0
						Freight		\$0.0
						Trade Discount	65 C	\$0.0
						Total	100	\$256.9

Invoices paid beyond the due date are subject to a Late Payment Service Fee

Contact PharMEDium at: 800-523-7749 Dayton DEA Reg#:RP0494182

Cleveland DEA Reg#:RP0305119

Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278

E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

This invoice Thay not reflect the Steppice of lain 163-1 Parts? Filed 01/03/19nts, Deses Attachment ins i Parge may be paid by Vendor and may be reportable under federal regulations at Qf219F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2189534
Date	5/22/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
		516152		18XZ10540	E02117137			
YTC		Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fenta	anyl Citrate and 0.2% Ropivacaine HCI (F	Pr	\$167.35	\$167.35
1	CA5	2K8994			00mL Yellow Empty Cassette		\$44.00	\$44.00
1	CA5	2K8177	61553-177-41		ine Sulfate (Preservative Free) (Contains	5	\$45.60	\$45.60
					Thank you for your or	der		
_						Subtotal		\$256.9
Re	marks	5:				Misc		\$0.00
						Тах		\$0.00
						Freight	21	\$0.00
						Trade Discount		\$0.00
						Total		\$256.95

Invoices paid beyond the due date are subject to a Late Payment Service Fee
Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119	Memphis DEA Reg#:RP0371613	Dayton DEA Reg#:RP0494182
Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086		Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

This invoice may not reflect the net price of services to Pulciaser Filed in 103/19nts, pesses Attachment tilens in agree may be paid by Vendor and may be reportable under federal regulations at 042^{12} C.F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2196528
Date	6/13/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.	0	Customer ID	Pharmacy License No.	222 Number 18XZ12066	Order Number	
	Y292018T			516152			E02122298	
QTY		Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HCl (\$167.35	\$167.35
1	CA5	2K8994			00mL Yellow Empty Cassette		\$44.00	\$44.00
							1 1	
	0							
							1 1	
							1 1	
							1 1	
						- L		
					Thank you for your or		50	\$211.35
Do	marks					Subtotal	NED .	\$211.35 \$0.00
Re						Misc Tax		\$0.00
						Freight		\$0.00
						Trade Discount		\$0.00
						Total		\$211.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182

Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

This invoice may not reflect the net price of services to Purchase? Filefill 0.1/0.3/1.9 by Vendor and may be reportable under federal regulations at 0_{12}^{4} 0_{12}^{4} 0_{12}^{4} 0_{13}^{4} $0_{13}^$



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2200561	
Date	6/25/2018	
Page	1	
Terms	Net 30	

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To: DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
	E112018T			516152		18XZ13106	E02125629	
QTY	OTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5 CA5	2K8844 2K8994	61553-844-48	2 mcg/mL Fenta	anyl Citrate and 0.2% Ropivacaine HCI (Pr 00mL Yellow Empty Cassette		\$167.35 \$44.00	\$167.35 \$44.00
					Thank you for your ord	Subtotal	226	\$211.35
Re	marks	5:				Misc	1	\$0.00
1.0						Tax		\$0.00
						Freight		\$0.00
						Trade Discount	S	\$0.00
						Total	50	\$211.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119	Memphis DEA Reg#:RP03	
Accounts Receivable Fax: 847-234-1278		Customer Service Fax: 847-234-1363
E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086		E-mail: customerservice@pharmedium.com
Case 3:18-bk-05665	Claim 163-1 Part 2 F	Alenion1/93/19nts, ReacsAttachmenuti1ns inPage may be

paid by Vendor and may be reportable under federal regulations at 42 CF.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2205371
Date	7/12/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC 29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	ler No.		Customer ID	Pharmacy License No.	222 Number	Order Number	15 K. 1
_	92018			516152		18XZ14537	E02130590	
YTC		Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fenta	anyl Citrate and 0.2% Ropivacaine HCI (Pr		\$167.35	\$167.35
1	CA5	2K8994			00mL Yellow Empty Cassette		\$44.00	\$44.00
Re	marks	s:			Thank you for your orde	Subtotal Misc Tax Freight		\$211.3 \$0.0 \$0.0 \$0.0
						Trade Discount		\$0.0
						Total		\$211.3

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119	Memphis DEA Reg#:RP0371613	Dayton DEA Reg#:RP0494182
Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086 Case 3:18-bk-05665 This invoice may not reflect the net price of paid by Vendor and may be reportable und	Claim 163-1. Part 2 Filed	Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com A1/03/19/15, PESSEs Attachmentrians in Piage may be R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2206740
Date	7/18/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC 29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

der No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
		516152		18XZ15239	E02132832	
Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
2K8844		2 mcg/mL Fenta				\$167.3
2K8994					\$44.00	\$44.0
	1	2K8844 61553-844-48	2K8844 61553-844-48 2 mcg/mL Fenta	2K8844 61553-844-48 2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCI (Pr	2K8844 61553-844-48 2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCI (Pr	2K8844 61553-844-48 2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCI (Pr \$167.35

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119	Memphis DEA Reg#:RP0371613	
Accounts Receivable		Customer Service
Eav: 847 234 1278		Fax: 847-234-1363

⊢ax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

E-mail: customerservice@pharmedium.com

Case 3:18-bk-05665 Claim 163-1 Part 2 Filed 01/03/19nts, Desc Attachment il ns i Page may be This invoice may not reflect the net price of services to Furchase 15 042 C.F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2209506
Date	7/30/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Dur	chase Ord	ler No		Customer ID	Pharmacy License No.	222 Number	Order Number	
	318TM1			516152		18XZ15674	E02135441	
		Itom Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
2 2	CA5 CA5	Item Number 2K8844 2K8994	NDC# 61553-844-	48 2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HC 00mL Yellow Empty Cassette Thank you for your	l (Pr	\$167.35 \$44.00	\$334.70 \$88.00
					thank for its four	Subtotal	Te.	\$422.70
Re	mark	s:				Misc		\$0.00
						Tax		\$0.00
						Freight	6	\$0.00
						Trade Discount	12	\$0.00
						Total		\$422.70

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119	Memphis DEA Reg#:RP0371613	B Dayton DEA Reg#:RP0494182
Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086 Case 3:18-bk-05665 This invoice may not reflect the net price of paid by Vendor and may be reportable und		Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2210565
Date	8/2/2018
Page	1
Terms	Net 30

Remit To:

Ship To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Purchase Order No.		Customer ID	Pharmacy License No.	222 Number	Order Number			
FRI72718T		516152		18XZ16597	E02137735			
QTY		Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
2	CA5 CA5	2K8844 2K8994	61553-844-48	2 mcg/mL Fenta	anyl Citrate and 0.2% Ropivacaine HCI (00mL Yellow Empty Cassette		\$167.35 \$44.00	\$334.70 \$88.00
					Thank you for your o	Subtotal	13	\$422.70
Re	marks	2'				Misc		\$0.00
170	marks	J 1				Tax		\$0.00
						Freight		\$0.00
						Trade Discount		\$0.00
						Total		\$422.70

Invoices paid beyond the due date are subject to a Late Payment Service Fee
Contact PharMFDium at: 800-523-7749

Cleveland DEA Reg#:RP0305	119 Memphis DEA Reg#:RP037161	Dayton DEA Reg#:RP0494182
Accounts Receivable		Customer Service
		Eax 847-234-1363

Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086 E-mail: customerservice@pharmedium.com

Case 3:18-bk-05665. Claim 163-1 Part 2 This invoice may not reflect the net price of services to Fulchaser 7 paid by Vendor and may be reportable under federal regulations at 42°C.F.R. §1001.952(h)



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2212034
Date	8/8/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To: DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
	JRS080218			516152		18XZ17021	E02139167	
YTC		Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48		nyl Citrate and 0.2% Ropivacaine HCI (Pr		\$183.20	\$183.20
1	CA5	2K8994		Smith Medical 10	0mL Yellow Empty Cassette		\$44.00	\$44.00
					Thank you for your orde	er		
			1			Subtotal		\$227.20
Re	marks	5:				Misc	Bill -	\$0.00
						Тах		\$0.00
						Freight	-	\$0.00
						Trade Discount		\$0.00
						Total		\$227.20

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Dayton DEA Reg#:RP0494182 Memphis DEA Reg#:RP0371613

Accounts Receivable Fax: 847-234-1278

E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086

Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com



Bill To:

NW MISS REGIONAL MED CTR INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Invoice	A2219930
Date	9/10/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC

29104 Network Place

Chicago IL 60673-1291

Ship To:

DEA#: FC7228415

NW MISS REGIONAL MED CTR DELIVER TO INPATIENT PHARMACY 1970 HOSPITAL DRIVE SEVENTH STREET CLARKSDALE MS 38614

Pur	chase Ord	er No.		Customer ID	Pharmacy License No.	222 Number	Order Number	
	718EPI			516152		18XZ09121	E02147943	
YTC	OTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Pric
2	CA5 CA5	2K8844 2K8994	61553-844-4	8 2 mcg/mL Fenta	nyl Citrate and 0.2% Ropivacaine HC! 00mL Yellow Empty Cassette		\$183.20 \$44.00	\$366.4 \$88.0
					Thank you for your o	Subtotal		\$454.4
Re	marks					Misc		\$0.0
110	marks	-				Tax		\$0.0
						Freight		\$0.0
						Trade Discount		\$0.0
						Total		\$454.40

Invoices paid beyond the due date are subject to a Late Payment Service Fee Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119 Memphis DEA Reg#:RP0371613

Cleveland DEA Reg#:RP0305119

Accounts Receivable Fax: 847-234-1278 E-mail: ar@pharmedium.com Federal Tax ID#: 05-0577086 Customer Service Fax: 847-234-1363 E-mail: customerservice@pharmedium.com

Dayton DEA Reg#:RP0494182

This invoice may not reflect the net price of leivices 63 plu chaste? Filed 01/03/10/15, Desses Attachmentians in Page may be paid by Vendor and may be reportable under federal regulations 19 95 19-R. §1001.952(h)

MIDDLE DISTRICT OF TENNESSEE Claims Register

Modified:

3:18-bk-05665 Curae Health Inc.

Judge: Charles M Walker Chapter: 11 **Office:** Nashville Last Date to file claims: 01/21/2019 **Trustee:** Last Date to file (Govt): Creditor: (6815099) Claim No: 163 Status: PharMEDium LLC Original Filed Filed by: CR Date: 01/03/2019 Entered by: admin 150 North Field Drive

Original Entered

Date: 01/03/2019

Amount claimed: \$4502.55

Lake Forest, IL 60045

History:

Suite 350

Details <u>163-</u> 01/03/2019 Claim #163 filed by PharMEDium LLC, Amount claimed: 4502.55 (admin) <u>1</u>

Description: Remarks: (163-1) Account Number (last 4 digits):6152

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* \$4502.55

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		