

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 Claim

1. Who is the current creditor?	<u>PharMEDium LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NW Miss Regional Medical Center</u>	
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>PharMEDium LLC</u> Name 150 North Field Drive Suite 350 Lake Forest, IL 60045 Contact phone <u>800-523-7749</u> Contact email <u>ar@pharmedium.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>29104 Network Place</u> Name Chicago, IL 60673-1291 Contact phone <u>847-457-2300</u> Contact email <u>ar@pharmedium.com</u>
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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">6152</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>4502.55</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>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).</p> <p>Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>Product (Drugs ordered by hospital Pharmacy)</p> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: <div style="border-bottom: 1px solid black; width: 400px;"></div></div> <div>Basis for perfection: <div style="border-bottom: 1px solid black; width: 400px;"></div></div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div> (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div><div style="border-bottom: 1px solid black; width: 50px;"></div> %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <div style="border-bottom: 1px solid black; width: 100px;"></div></div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: <div style="border-bottom: 1px solid black; width: 300px;"></div></div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) 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

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p style="font-size: small;">If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p style="font-size: small;">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.</p> <p style="font-size: small;">I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p style="font-size: small;">I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>1/3/2019</u> MM / DD / YYYY</p> <p><u>/s/ Sanjeev Bahl</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3"><u>Sanjeev Bahl</u></td> </tr> <tr> <td></td> <td style="width: 20%; font-size: small;">First name</td> <td style="width: 20%; font-size: small;">Middle name</td> <td style="width: 40%; font-size: small;">Last name</td> </tr> <tr> <td>Title</td> <td colspan="3"><u>Vice President Quality</u></td> </tr> <tr> <td>Company</td> <td colspan="3"><u>PharMEDium LLC</u></td> </tr> <tr> <td rowspan="4">Address</td> <td colspan="3" style="font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</td> </tr> <tr> <td colspan="3"><u>150 North Field Suite 350</u></td> </tr> <tr> <td style="font-size: small;">Number</td> <td colspan="2" style="font-size: small;">Street</td> </tr> <tr> <td colspan="3"><u>Lake Forest, IL 60045</u></td> </tr> <tr> <td></td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">ZIP Code</td> </tr> <tr> <td>Contact phone</td> <td colspan="2"><u>847-457-2256</u></td> <td>Email <u>sbahl@pharmedium.com</u></td> </tr> </table>	Name	<u>Sanjeev Bahl</u>				First name	Middle name	Last name	Title	<u>Vice President Quality</u>			Company	<u>PharMEDium LLC</u>			Address	Identify the corporate servicer as the company if the authorized agent is a servicer			<u>150 North Field Suite 350</u>			Number	Street		<u>Lake Forest, IL 60045</u>				City	State	ZIP Code	Contact phone	<u>847-457-2256</u>		Email <u>sbahl@pharmedium.com</u>
Name	<u>Sanjeev Bahl</u>																																					
	First name	Middle name	Last name																																			
Title	<u>Vice President Quality</u>																																					
Company	<u>PharMEDium LLC</u>																																					
Address	Identify the corporate servicer as the company if the authorized agent is a servicer																																					
	<u>150 North Field Suite 350</u>																																					
	Number	Street																																				
	<u>Lake Forest, IL 60045</u>																																					
	City	State	ZIP Code																																			
Contact phone	<u>847-457-2256</u>		Email <u>sbahl@pharmedium.com</u>																																			

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: **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	
02272018CII		516152				18XZ06614	E02096786	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
030618EPI		516152				18XZ07104	E02099379	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$211.35

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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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
WED FENT/ROPIV		516152				18XZ07895	E02103738	
QTY	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr			\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette			\$44.00	\$44.00

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$211.35

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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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: **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	
TM032918		516152				18XZ08285	E02106171	
QTY	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr			\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette			\$44.00	\$44.00

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
040218EPI		516152				18XZ08358	E02106679	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Invoice



Invoice	A2181015
Date	4/25/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: **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	
FENTROPIV041618		516152				18XZ08902	E02110639	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
040218PCA			516152		18XZ08400	E02106967	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price
1	CA5	2K8177	61553-177-41	1 mg/mL Morphine Sulfate (Preservative Free) (Contains		\$45.60	\$45.60
Thank you for your order							

Thank you for your order

Remarks:

Subtotal	\$45.60
Misc	\$0.00
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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
MORPCATM		516152				18XZ08988	E02111283	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8177	61553-177-41	1 mg/mL Morphine Sulfate (Preservative Free) (Contains		\$45.60	\$45.60	

Thank you for your order

Remarks:

Subtotal	\$45.60
Misc	\$0.00
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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
MON4918T		516152				18XZ08625	E02108630	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	
1	CA5	2K8177	61553-177-41	1 mg/mL Morphine Sulfate (Preservative Free) (Contains		\$45.60	\$45.60	

Thank you for your order

Remarks:

Subtotal	\$256.95
Misc	\$0.00
Tax	\$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#: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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
MAY12018			516152		18XZ10045	E02115389	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price
1	CA5	2K8177	61553-177-41	1 mg/mL Morphine Sulfate (Preservative Free) (Contains		\$45.60	\$45.60
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00
Thank you for your order							

Remarks:

Subtotal	\$256.95
Misc	\$0.00
Tax	\$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#: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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
MAY82018T		516152				18XZ10540	E02117137	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	
1	CA5	2K8177	61553-177-41	1 mg/mL Morphine Sulfate (Preservative Free) (Contains		\$45.60	\$45.60	

Thank you for your order

Remarks:

Subtotal	\$256.95
Misc	\$0.00
Tax	\$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#: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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: **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	
MAY292018T		516152				18XZ12066	E02122298	
QTY	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr			\$167.35	\$167.35
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette			\$44.00	\$44.00

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Case 3:18-bk-05665 Claim 163-1 Part 2 Filed 01/03/19 Desc Attachment 1 Page 12 of 19

This invoice may not reflect the net price of services to purchaser. Additional discounts, rebates or other adjustments may be paid by Vendor and may be reportable under federal regulations at 42 C.F.R. §1001.952(h)

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
JUNE112018T		516152				18XZ13106	E02125629	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Case 3:18-bk-05665 Claim 163-1 Part 2 Filed 01/03/19 Desc Attachment 1 Page 13 of 19

This invoice may not reflect the net price of services to Purchaser. Additional discounts, rebates or other reductions in price may be paid by Vendor and may be reportable under federal regulations at 42 C.F.R. §1001.952(h)

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
06292018		516152				18XZ14537	E02130590	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
MON070918		516152				18XZ15239	E02132832	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$167.35	
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$44.00	

Thank you for your order

Remarks:

Subtotal	\$211.35
Misc	\$0.00
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

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

Case 3:18-bk-05665 Claim 163-1 Part 2 Filed 01/03/19 Desc Attachment 1 Page 15 of 19

This invoice may not reflect the net price of services to Purchaser. Additional discounts, rebates or other reductions in price may be paid by Vendor and may be reportable under federal regulations at 42 C.F.R. §1001.952(h)

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
071818TM1		516152				18XZ15674	E02135441	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
2	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$334.70	
2	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$88.00	

Thank you for your order

Remarks:

Subtotal	\$422.70
Misc	\$0.00
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 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

Case 3:18-bk-05665 Claim 163-1 Part 2 Filed 01/03/19 Desc Attachment 1 Page 16 of 19

This invoice may not reflect the net price of services to Purchaser. Additional discounts, rebates or other reductions in price may be paid by Vendor and may be reportable under federal regulations at 42 C.F.R. §1001.952(h)

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
2	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$167.35	\$334.70	
2	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$88.00	

Thank you for your order

Remarks:

Subtotal	\$422.70
Misc	\$0.00
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 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

Case 3:18-bk-05665 Claim 163-1 Part 2 Filed 01/03/19 Desc Attachment 1 Page 17 of 19

This invoice may not reflect the net price of services to Purchaser. Additional discounts, rebates or other reductions in price may be paid by Vendor and may be reportable under federal regulations at 42 C.F.R. §1001.952(h)

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
THURS080218		516152				18XZ17021	E02139167	
QTY	QTY UM	Item Number	NDC#	Description		Ship Method	Unit Price	Ext. Price
1	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr			\$183.20	\$183.20
1	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette			\$44.00	\$44.00

Thank you for your order

Remarks:

Subtotal	\$227.20
Misc	\$0.00
Tax	\$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

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

Invoice



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

Remit To:

PharMEDium Services, LLC
29104 Network Place
Chicago IL 60673-1291

Bill To:

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

Ship To: 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	
090718EPI			516152		18XZ09121	E02147943	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price
2	CA5	2K8844	61553-844-48	2 mcg/mL Fentanyl Citrate and 0.2% Ropivacaine HCl (Pr		\$183.20	\$366.40
2	CA5	2K8994		Smith Medical 100mL Yellow Empty Cassette		\$44.00	\$88.00
Thank you for your order							

Remarks:

Subtotal	\$454.40
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
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

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

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: 01/21/2019

Trustee:

Last Date to file (Govt):

Creditor: (6815099)

Claim No: 163

Status:

PharMEDium LLC

Original Filed

Filed by: CR

150 North Field Drive

Date: 01/03/2019

Entered by: admin

Suite 350

Original Entered

Modified:

Lake Forest, IL 60045

Date: 01/03/2019

Amount claimed: \$4502.55

History:

[Details](#) [163-1](#) 01/03/2019 Claim #163 filed by PharMEDium LLC, Amount claimed: \$4502.55 (admin)

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		