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

Official Form 410

Proof of Claim

04/19

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.

1.	Who is the current creditor?	Alliance Healthca Name of the current cre Other names the credito	ditor (the person or e	entity to be paid for this cla	•			
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	n?					
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Alliance Healthcare Services, Inc.			uld payments to th			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name P.O. Box 19532			Name			W. F
	(((()))	Number Street Irvine	CA	92623	Number	Street		
		City	State	ZIP Code	City	Sta	ate	ZIP Code
		Contact phone 949-2	42-5302		Contact phone	е		
		Contact email Isoule	@allianceheal	thservices-us.co	Contact email			_
		Uniform claim identifier	for electronic paymer	nts in chapter 13 (if you us	•			
4.	Does this claim amend one already filed?	□ No ☑ Yes. Claim numl	ber on court claims	s registry (if known) 1	71	Filed on	01/07/20 MM / DD)19 / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made	the earlier filing?					

Official Form 410

Proof of Claim

page 1

Page 1 of

3.	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: 2 6 7 2
7.	How much is the claim?	\$90,125.00. Does this amount include interest or other charges?
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	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. Services performed [Mobile MRI services from 3/1/2018-8/31/2018]
•••	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: \$ (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
١.	Is this claim based on a	☑ No
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
	Is this claim subject to a right of setoff?	☑ No
١.	g o. coton .	☐ Yes. Identify the property:

Official Form 410

Proof of Claim

page 2

Page 2 of

Official Form 410

Contact phone

Proof of Claim

page 3

Page 3 of

IN RE:

CURAE HEALTH, INC.

CASE NO.: 3:18-bk-05665

Debtor.

CHAPTER 11

CREDITOR: ALLIANCE HEALTHCARE SERVICES, INC.

SUMMARY OF CLAIM

TOTAL OF CLAIM......\$90,125.00

$MOBILE\ MRI-DIAGNOSTIC\ IMAGING\ SERVICES$ Services performed from 3/1/2018-8/10/2018 at Panola Medical Center in Batesville, MS

INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
0417512	3/31/2018	\$18,425.00
0418284	4/15/2018	\$9,900.00
0419191	4/30/2018	\$10,725.00
0419957	5/15/2018	\$8,525.00
0420853	5/31/2018	\$7,425.00
0421613	6/15/2018	\$10,450.00
0422511	6/30/2018	\$9,350.00
0423272	7/15/2018	\$5,500.00
0424163	7/31/2018	\$11,000.00
0424901	8/15/2018	\$8,525.00
Sub-Total		\$99,825.00
PAYMENT		_(9,700.00)
TOTAL		\$90,125.00

EXHIBIT A TO PROOF OF CLAIM

ALLIANCE HEALTHCARE SERVICES

MRI MASTER SERVICES AGREEMENT

This MRI Master Services Agreement (the "Agreement") is made effective as of the date fully executed below between Alliance HealthCare Services, Inc., d/b/a Alliance HealthCare Radiology, a Delaware corporation, located at 18201 Von Karman, Suite 600, Irvine, California 92612 ("Alliance") and Panola Medical Center, located at 303 Medical Center Drive, Batesville, Mississippi 38606 (the "Client").

- 1. SERVICE LOCATION (the "Service Location"). If no address is listed in this Section, the Service Location address shall be Client's address that is listed above, (No Post Office Box):
- 2. UNIT DESCRIPTION: GE 1.5T Echospeed mobile MRI system (or a reasonably comparable system).
- 3. FEES. Client agrees to pay Alliance the following fees:

For purposes of this Agreement, a "procedure" means a single biliable area of interest procedure and is any one (T) distinct anatomical area of interest or distinct CPT code.

MRI PROCEDURES PER DAY

FEE-PER MRI PROCEDURE

MRI Procedures 1 and thereafter

\$275

- n) Benchmarks, Both Client and Alliance agree that six (6) MRI procedures per day of service is a benchmark for maintaining the number of days of service scheduled. In the event Client's procedure volume is below this level, Alliance may reduce the number of days or frequency of service provided with fourteen (14) days prior notice.
- 4. SCHEDULING. Alliance shall make the Unit available to the Client and any services that Alliance is obligated to provide under this Agreement, and Client agrees to accept the Unit and any such services, three (3) days per week. Alliance and Client shall mutually determine the specific service schedule.
- 5. TERM. The initial term of this Agreement shall commence us of the date this Agreement is fully executed below (the "Commencement Date") and shall continue for thirty-six (36) months thereufter. This Agreement shall not automatically renew.
- 6. INCORPORATION, This Agreement shall consist of the following documents: (1) the cover page(s) to this Agreement; and (2) General Terms and Conditions, which is attached hereto and incorporated herein.

Alliance and Client have duly executed this Agreement as of the last date written below. PANOLA MEDICAL CENTER ALLIANCE HEALTHCARE SERVICES, INC. d/b/a ALLIANCE HEALTHCARE RADIOLOGY Authorized Signature Authorized Signature zed Signature Eric T. Olson Title: VP. Associate General Counsel Date: 3/22/2018 Telephone No. (949) 242-5300 Federal Tax ID No. 33-0239910 Date 3/2 Telephone No. (682) Federal Tax ID No. FOR CONTRACTS USE ONL Contract #: Customer #: 22672 Client Type: hospital DO: Taston Requestor: BCrain A fully executed document must be received prior to service commencement.

To Mail a Signed Document: Alliance HealthCare Services, Inc., ATTN: Contracts Administration Department, 18201 Von Karman, Suite 600, Irvine, California 92612.

To Emnil a Signed Document: Contracts@alliancorodiology-us.com

To Fax a Signul Document: 602-345-7637

GENERAL TERMS AND CONDITIONS

EQUIPMENT AND SERVICES. 1.1 The Unit. Alliance shall provide an MRI system described in the cover page(s) to this Agreement (the "Unit"). If the Unit described is deemed in Alliance's discretion to be unavailable, a reasonably comparable Unit may be substituted.

1.2 Personnel.

unavailable, a reasonably comparable Unit may be substituted.

1.2 Personnel:

a) Provision of Personnel. Alliance shall provide the services of technical personnel to operate the Unit as appropriate for Client's procedure volume. Alliance shall ensure that all services provided by Alliance's personnel shall be within the scope of his/her respective duties. Nothing in this Agreement shall be construed to obligate Alliance to violate any applicable simployment laws or regulations, and Alliance personnel shall be entitled to take all breaks as required under any applicable laws or regulations.

b) Non-Solicitation, Both parties agree not to hire or contract with any of the other party's employees during the term of this Agreement, including renewals, and for a period of one (1) year after services cease (collectively, the "Non-Solicitation Period"), without the other party's prior written consent. Alliance and Client hereby agree that in the event of a breach of this provision damages shall be difficult to calculate and therefore agree the non-defaulting party shall be entitled to receive six (6) times the monthly average salary of such employee for the past twelve months (or such shorter period as the employee may have been employed by the non-defaulting party). Alliance and Client agree that the aforementioned amounts are reasonable and shall constitute liquidated damages and not a penalty. Nothing in this Section will period as the employee may have been employed by the non-defaulting party). Alliance and Client agree that the aforementioned amounts are reasonable and shall constitute liquidated damages and not a penalty. Nothing in this Section will period as the employee may have been employed by the non-defaulting party. Alliance and Client agree that the liquidated damages and not a penalty. Nothing in this Section will restrict a party's right to recruit or solicit generally in the

iliquidated damages and not a penalty. Nothing in this Section will restrict a party's right to recruit or solicit generally in the media or hire the other party's employee who answers any advertisement or who applies for hire without having been recruited or solicited personally by the hiring party.

c) Disclosure of Personael Information. Notwithstanding anything to the contrary in this Agreement, Client agrees, for as long as Alliance remains a Joint Commission-accredited organization, that Client shall not need to independently verify, and shall not require any oral information or written documentation concerning the credentialing, education, training, evaluation, or competencies related to any of Alliance's technical personnel beyond the following, which documentation set composition may be modified from time-to-time by Alliance in its reasonable discretion and which Alliance will provide to Client in writing upon request: (a) a description of the competencies related to Alliance's technical personnel who provide services on the Unit; (b) copies of any licenses and certifications for such personnel; (c) evidence that all vaccination test(s) required by applicable State law or regulation have been taken by such personnel; (d) a job description for the technologist(s) providing services on the Unit; and (e) a letter from Alliance's Vice President of Human Resources or designee attesting that criminal investigation background checks have been performed for each of Alliance technical personnel who provide services on the Unit and that such personnel meet the requirements to be employed by Alliance. Alliance shall not be obligated to provide any background checks report, drug test report or result, or job performance evaluation for any of Alliance's technical personnel accessible to the surveyor only for review as may be required by the Joint Commission surveyor, shall have the personnel file of Alliance's technical personnel accessible to the surveyor only for review as may be required by the Joint Commission.

Confidentiality Information. Client acknowledges that all verifications, Information. Client acknowledges that all vertications, documents, electronic data, and other materials concerning Alliance personnel that Alliance provides or makes accessible in connection with this Agreement (collectively, "Confidential Personnel Information") are valuable property of Alliance, and Client undertakes that, during the term of this Agreement and thereafter until such time that the Confidential Personnel Information otherwise becomes publicly available other than through breach of this Section, Client shall. (I) treat the Confidential Personnel Information as trade secret and confidential Personnel Information to any third-party except with the prior written consent of Alliance or when and if properly disclosed in connection with the Centers for Medicare and Medicaid Services ("CMS"), The Joint Commission, or other applicable federal and state compliance surveys, audits, reviews and record requests or as required by law; (iii) not use (or in any way appropriate) the Confidential Personnel Information for any purpose other than compliance with CMS. The Joint Commission, or other applicable federal and state requirements and/or as required by law; (iv) limit the dissemination of and access to the Confidential Personnel Information to Client's officers, managers, employees, agents, alternate conventions of property actions of the confidential Personnel Information to Client's officers, managers, employees, agents, alternate conventions of confidential personnel information to Client's officers, managers, employees, agents, alternate conventions of the confidential personnel information to Client's officers, managers, employees, agents, alternate conventions and constructions of the confidential personnel information to Client's officers, managers, employees, agents, alternate conventions and constructions of the confidential personnel information to Client's officers, managers, employees, agents alternate conventions and constructions of the confidential personnel information to Client's officers, documents, electronic data, and other materials concerning dissemination of and access to the Confidential Personnel Information to Client's officers, managers, employees, agents, attorneys, consultants, professional advisors or representatives on a need to know basis as may reasonably be required for the performance of Client's compliance obligations outlined above, provided Client ensures that such individuals and entities observe all the confidentiality obligations set forth in this Section; (v) be entitled to use the Confidential Personnel Information only in good faith for the legitimate conduct of its business activities, and shall not in any case use such Confidential Personnel Information to gain a competitive advantage or for purposes unrelated to compliance with CMS. The Joint Commission, or other applicable federal or state requirements; and (vi) return any and all Confidential Personnel Information to Alliance promptly upon the termination or expiration of this Agreement, including but not limited to all such materials, documents, information and electronic data, regardless of how stored or maintained, and including all originals and copies.

1.3 Maintenance. Alliance shall use reasonable efforts to cause the Unit to be maintained in good operating condition. Alliance may do so through the purchase of a maintenance contract from the Unit manufacturer or otherwise, in its discretion. Alliance shall provide cryogens. Client shall be responsible for maintaining in good and safe working order any equipment, including but not limited to an MRI safe gurney or MRI safe wheelchair that Client provides to Alliance for Alliance's use under this Agreement.

1.4 Patient Survey, Alliance and Client agree to implement a patient satisfaction survey process in partnership Information to Client's officers, managers, employees, agents,

1.4 Patient Survey. Alliance and Client agree to implement a patient satisfaction survey process in partnership with a third party vendor of Alliance's choice at the Service Location, Further, Alliance agrees to provide to Client the results of such survey as requested by Client.

SCANNING ACTIVITIES.

2.1 Unit, Client shall prepare and maintain a safe and suitable site for the Unit which complies with the manufacturer's specifications (which shall be provided by Alliance) and all applicable laws and regulations. All site costs for example, costs of tractor/trailer access and egress, power and telephone expenses) shall be Client's responsibility. The Service Location shall be as referenced in the cover page(s) to

ALLIANCE HEALTHCARE SERVICES

this Agreement. Client represents and warrants to Alliance that

this Agreement. Client represents and warrants to Alliance that it currently, owns or has authorization to site the Unit at the Service Location. Further, Client further warrants and agrees that, at all times during the term of this Agreement, Client shall maintain the authorization or ownership to site the Unit at the Service Location. Client shall indemnify and hold Alliance harmless from any damages or liability arising out of breach of the representations and warranties in this Section. Client may request in writing to Alliance that the Service Location be moved, in which case any such move shall be subject to Alliance's prior approval; all of the obligations under this Section shall apply to the new Service Location.

2.2 Power, Client shall provide electrical power to the Unit, including a dedicated power line with 200 amps and 480 volts of three phase power. Client shall provide the power line, a lockable disconnect box and receptacle within twenty-five (25) feet of the electrical receptacle on the Unit. Notwithstanding anything to the contrary in this Agreement, Client shall be responsible for the quality of power to the Unit and any damage to the Unit due to power that does not meet such specifications or any other problems with power (e.g., sags or surges). As such, Alliance recommends that Client install a line conditioner or surge protector to prevent any problems with power to the Unit. Client shall promptly report to Alliance any problems with power to the Unit. Client shall provide the Unit with a voice telephone line, a dedicated fax compatible telephone line and a RI-45 ethernet broadband line with an automatic IP address assignment using Dynamic Host Control Protocol ("DHCP") and a proxy-less connection to the internet.

2.4 Operation. The Unit shall be operated only by employees or subcontractors of Alliance. Notwithstanding anything to the contrary in this Agreement, Cliont shall not be calified to use the Unit, directly or through a subcontractor, during any period of suspension of this Agreement, following termination of this Agreement, or following expiration of this Agreement.

Agreement.

2.5 Medical Director. Client shall appoint a qualified and licensed physician to act as Medical Director hereunder, along with another such physician to act in his absence (the "Medical Director"). Client shall ensure that all orders for diagnostic procedures under this Agreement are made only by a licensed physician or another licensed healthcare provider authorized by applicable federal and/or state law. Client shall be solely responsible for all activities which constitute the practice of medicine (for example, providing medical advice to patients in connection with MRI procedures and the supervision of the injection of contrast agents). Client shall obtain any written consents from patients that are required by the USFDA, state or local law or prudent medical practice. Alliance shall be entitled, but not obligated, to use its own patient consent and screening questionnaire forms to supplement patient forms provided by the Client. Client shall have full responsibility for all medical care, accordance with applicable laws, rules and regulations. All medical care shall be provided under the ultimate supervision of the Medical Director.

2.6 Medical Supplier Hazardone Waste Disposale of the Medical Director

of the Medical Director.

2.6 Medical Supplies: Hazardons Waste Disposal; Emergency Care. Client shall provide all medical supplies which may be required (including, but not limited to, film and film processing, linens, gowns/johnnies, medications, safety needles, and contrast agents) for the scheduled day of patient procedures. The Client will provide the same level of safe supplies for Alliance use as is used within the Client organization, i.e. safety needles, MRI safe wheelchairs as

applicable, etc. Client agrees to dispose of all hazardous waste relating to the services under this Agreement that Alliance provides to Client from time-to-time. Client shall ensure the immediate availability at all times of equipment and personnel to treat patients who require emergency or other medical care (including a cardiac monitor, a fresh oxygen supply, an aspirator and a defibrillator). Client shall be responsible to cause such medical supplies to be maintained in good and safe condition. good and safe condition.

2.7 Patient Handling. Client shall be responsible for

2.7 Patient Handling. Client shall be responsible for the prompt and orderly pick up and delivery of patients to and from their rooms or other designated areas.

2.8 Patient Log. Alliance shall maintain a log of all procedures performed on the Unit. Client shall be provided with copies of the log upon request.

2.9 Modifications. Client shall not modify or alter the Unit without Alliance's prior written consent: Client shall not allow any portion of the Unit io become permanently attached to real property. Client agrees that it does not have any ownership or security interest in the Unit and agrees to execute any documents necessary to that effect. Nothing in this Section, shall affect any ownership interest that Client has in its own property.

this Section, shall affect any ownership interest that Client has in its own property.

2.10 Scheduling. Client shall use all reasonable efforts to schedule its patients consecutively from the beginning of each service day to minimize unutilized scanning time and to prescreen patients for conditions unsuitable for MRI procedure. Notwithstanding anything to the contrary in this Agreement, Alliance reserves the right, with prior variational fields in addition, alliance reserves the right, with prior variational less than five (5) patients are scheduled. In addition, Alliance reserves the right to release its technical personnel and/or Unit from Client's Service Location after the completion of the last scheduled procedure on any given service day in which no more patients are scheduled provided the technologist(s) have verbally confirmed with the Client that no additional patients shall be added to the achedule for that particular service day.

2.11 Notification of Physicians. Client shall notify its staff of physicians of the availability of the Unit and shall use reasonable efforts to educate the community about the Unit.

Unit.

2.12 Exclusivity. Client agrees to use Alliance solely for all of its MRI needs, except for an emergency where the use of Alliance's service is impractical, when the patient expresses a desire to receive MRI services from a different provider, when the patient's insurance determines that the patient must receive MRI services from a different provider, or when the referral is not in the best medical interest of the patient in the physician's judgment. Client, on beliaff of itself, its parent, its subsidiaries, owners and/or corporate affillistes (including but not limited to any entity in which Client has an ownership interest) agrees during the term of this Agreement, not to own, permit, lease, manage, or invest in any MRI ownership interest) agrees during the term or this Agreement, not to own, permit, lease, manage, or invest in any MRI system or engage any entity besides Alliance to provide Client with MRI services. Notwithstanding anything to the contrary in this Agreement, this Section shall remain in effect during any period in which the Agreement is suspended. Further, in the event this Agreement terminates due to a Client default under this Agreement, this Section shall survive such termination and remain in effect for the remainder of the then-current term of the Agreement had the Agreement are sarly current term of the Agreement had the Agreement not early terminated.

2.13 Access to Records, If the value or cost of services rendered puraisant to this Agreement is \$10,000 or more over a 12-month period, in accordance with Section 1861(v)(1)(1) of the Social Security Act, Alliance agrees that

6.1 Instruction, and instructions in instructions (a. Instructions in instructions).

a) Alliance. Alliance shall maintain insurance covering all triax of physical loss or damage to the Unit, comprehensive general liability and professional liability and professional liability and professional liability incurance covering the conduct of its employees, all in amounts and subject to deductibles that are customary in the industry.

b) Client, its employees, staff and physicians who interpret or coport on procedures performed on the Unit to instruct or procedures performed on the Unit to instruct or procedures performed on the Unit to instruct or procedures and with deductibles that are customary in the incurance are not also in the interpret and with deductibles that are customary in the industry. Client shall be the incurance and will be the triak of loss or damage to the lunt from Client shall be the Unit shall be unit shall be the Unit shall be unit

INSURANCE, INDEMNIFICATION.

SCHEDULING, Alliance shall make the Unit available to Client according to the schedule specified on the cover page(s) to this Agreement. Alliance personnel will not be available during the following holidays observed by Alliance: Now Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

4, TERM, The term shall be as specified in the cover page(s) to this Agreement The term of the Agreement shall place to check the Agreement shall shall be extended coterninously with any period(s) services are supported, in the event this Agreement terminates or expires and conditions of this Agreement shall apply to the provision of conditions of this Agreement shall apply to the provision of the Agreement shall apply to the provision of the form services and Client shall terminate such accept such services and this accept such services and this forming the pound to accept such services and the forming the pound to accept such services and the forming the pound to accept such services and the forming the provision of the forming any such term extension, the fees paid to days. During any such term extension, the fees paid to Alliance may be increased 10%.

All fees for a billing period shall be due and payable within fifteen (15) days of the last day of such period. Alliance shall involce Client twice each month. Client shall pay a late fee of one and one-quarter percent (1 N N) or the maximum legal involce Client twice each month. Client shall pay a late fee of mot one and one-quarter percent (1 N N) or the maximum legal and one-quarter less, on all bainnees outstanding more than tassessed for each month that such bainnees are past due. Alliance may adjust fees offeetly on each anniversary of the Medical Care Services component of the Consumer Price Commencement Daile by the percentage increase for the Medical Care Services component of the Consumer Price Index for all Urban Consumers (CPI-U) as recorded by the percentage in Consumers (CPI-U) as recorded by the procedures performed on the Unit. Client's obligation to pay procedures performed on the Unit. Client's obligation to pay and this Agreement shall not balling and collection of patient and veilent or thind party payor for more repeated by the accordance with the provisions of pailing and collection of pailent and edited any payor for more compensation from the any payor for more appearanced on the Unit. All billings in Client and Client and Client approach to the provisions of the services under this Agreement or the payor more and collection of pailent and on the Unit. All billings in Client and Client and Client and the providing its services set profits and Client and Client and payor for the providing its services set profits and Client and Client and payor for the payor more and clients and the more appendix to any third party. Both parties agree that Alliance is appendent from the Medicare program for MRI proceedures performed on the Unit. All billings of the providing its services set profits and Client's receipt of payment from the Dail, the lability of the beneficiary or any provided and the Dail. The Received of the beneficiary or any other payor is the payment from the Dail and Client and Clien

C ALIANCE HEALTHCARE SERVICES

Gees that are act forth in the covor-page(s) to this Agreement.

injectors. The Client must conduct annual preventative of Client appplied monitoring equipment and injectors. The Client must conduct annual preventative maintenance and shall provide documentation of such preventative maintenance to Alliance upon request.

("QC") is performed by Alliance in accordance with ACR, obint Commission and or lient upon request.

("QC") is performed by Alliance in accordance with ACR, obint Commission and or lient upon request.

Se applicable and monitored by the technologist, Results of the Opinion and monitored by the technologist. Results of QC shall be provided to the Client upon request.

Safety, Client will abide by the Alliance of the Alliance and from the oustoner site the wheetchart for all patients identified as a falls risk through the Opinion of the Alliance falls risk assessment to be determined phot to the sart of business.

All patients will be taken onto the mobile cosch via patient lift unless extensating circumariance for the mobile cosch via patient lift unless extensating circumariances present in which case only patients determined MOT to be a falls risk (per falls risk assessment) will be permitted to be accompanied onto the Unit states with a algued copy of the Alliance salls risk assessment.

c) Client supplied monitoring equipment and

records for each patient who receives procedures performed under this Agreement.

2.18 Mincellaneous Activities.

2.18 Mincellaneous Activities.

Management Drills, in addition to annual Alliance required include Alliance team members at the Service Location in working on mobile units, the Client shall provide notification of all emergency drills. For Alliance team members working on mobile units, the Client shall provide notification of all emergency drills, for Alliance to members working on mobile units, the Client shall provide notification by the Client, such as Lestats, glucometers, the Client aupplied by the Client, such as Lestats, glucometers, the Client must conduct the initial training and annual competencies and must conduct the initial training and annual competencies and client supplied medical equipment requiring the initial medical equipment required to the client, as endocavirary probes, require evidence of initial Hubb training and annual competency evidence of initial training and annual competency ovidence of initial training and annual competency ordinary and annual competency of initial training and annual competency of initial initial training and annual competency of initial initial training and annual competency of initial initia conducted by the Client.

reasonably cooperate to azzist Client to obtain such licenses and approvals.

2.15 Taxes. All taxes, if any (for example, sales, use or similar taxes), on the services hereunder shall be the responsibility of Client (other than taxes on Allance's net income from the services hereunder).

2.16 Professional interpretations. Client shall need procedures for Client patients, Alliance shall not be procedures for Client patients, Alliance shall not be responsible for providing say such interpretations.

2.17 Patient Recorder Client shall maintain patient responsible for providing say such interpretations.

2.17 Patient Recorder Client shall maintain patient records for each patient records for each patient.

this provision.

2.14 Meenses, Client shall obtain and maintain all required licenses and regulatory approvals necessary to operate the Unit at Client's Service Location. Alliance shall reasonably cooperate to assist Client to obtain such licenses advantaged to assist Client to obtain such licenses.

until the expiration of four (4) years after the furnishing of services under this Agreement, Alliance shall make available, population request by the Secretary of the U.S. Department of the United States, or upon request by the Comprehences of the United States, or any of their duly compared representatives, such contracts, books, documents, authorized representatives, such encouracts, to certify the nature and teneral of the United States, or any of the and extent of such costs. If Alliance starties out any of the duties of this Agreement through a subcontract with another organization and the value or cost of such subcontracted organization and the value or cost of such subcontracted strainful contrains a clause to the subcontract shall contain a clause to the strain effect as this provision.

Filed 05/06/19 Case 3:18-bk-05665 Claim 171-2 **Desc Main Document**

ALLIANCE HEALTHCARE SERVICES

any and all liability, loss, damago, cause of action, cost or expense (including reasonable attorney's fees) arising out of, or in any way connected with, any negligent or intentional act or failure to act, any breach of any representation or warranty under this Agreement, or any other wrongful conduct by the respective party, its members, agents, employees or subcontractors in the performance of its duties under this Agreement. The parties agree that upon receipt of a claim or demand for which a party is entitled to indemnification, the indemnified party shall: (i) provide the indemnifying party with prompt written notice of any indemnifiable claim; (ii) permit the indemnifying party to assume sole control of the defense with counsel selected by the indemnifying party; (iii) furnish the indemnifying party with all documents and information within the possession, custody, or control of the indemnified party relating to such claim; (iv) reasonably cooperate with the indemnifying party and its counsel; and (v) not enter into any oral or written negotiation, settlement, or compromise of any indemnifiable claim without the indemnifying party aprior written consent. In the event the indemnifying party defends the indemnifiable claim, it may do so under a reservation of its rights to cease the defense of this claim at a later date (upon reasonable prior written notice to the indemnified party) in the event it is determined that the indemnifying party has no obligation to defend or indemnify the claim.

GENERAL

7.1 Independence. Alliance is an independent contractor of Client, and this Agreement is a contract for services, not a lease. No agency, employment, partnership or joint venture is intended to be created by this Agreement. Neither Alliance nor Client thail take any action or position which is inconsistent with those descriptions of the

which is inconsistent with those descriptions of the relationship.

7.2 Remedies, Neither party shall be responsible for failure to provide services as a result of conditions caused by the other party. NOTWITHSTANDING ANYTHING IN THIS AGREEMENT TO THE CONTRARY, NEITHER PARTY SHALL BE RESPONSIBLE FOR INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL, OR OTHER SPECIAL DAMAGES THAT THE OTHER PARTY MAY INCUR OR EXPERIENCE IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PROVIDED BY A PARTY, HOWEVER CAUSED AND UNDER WHATEVER THEORY OF LIABILITY, EVEN IF A PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Agreement or a breach thereof shall be valid or enforceable unless in writing and signed by both parties. The waiver by either party of any breach of any term, covenant, warranty, or condition contained in this Agreement shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition contained in this Agreement.

7.4 Notices. All notices required or permitted under this Agreement must be in writing and delivered either by appropriate pational or international overnight delivery service.

this Agreement must be in writing and delivered either by reputable national or international overnight delivery service or by registered or certified U.S. mail (postage prepaid with return receipt requested). The initial addresses of the parties to which notice must be sent are listed on the cover page(s) to this Agreement. Notices to Alliance shall be sent to the attention of Chief Legal Officer. If notice is delivered by reputable national or international overnight delivery service, then notice shall be effective one (1) business day after deposit with the carrier. If notice is delivered by registered or certified U.S. mail (postage prepaid with return

receipt requested), then notice shall be effective five (5) business days after deposit with the carrier. Either party may change its address for notice, by notifying the other by a permitted method of giving notice.

7.5 Governing Law. This Agreement shall be governed by the law of the state where services are performed.

7.6 Entire Agreement, Amendment. This Agreement is the parties indire understanding and supersedes all prior agreements, or all and written, with respect to the subject matter of this Agreement, and no party will be bound by any representation, covenant, term, or condition other than as expressly stated in this Agreement. No statements, promise, or representations have been made by any of the Parties to any other, and no consideration has been offered, promised, expected or hald out other than as is expressly provided herein. This Agreement may not be amended except by written agreement algned by both parties to this Agreement. No handwritten changes to this Agreement shall be enforceable unless such changes are initiated by both parties to this Agreement. This. Agreement is, binding upon and will inure to the benefit of the parties and their respective heirs, personal representatives, successors, and assigns.

7.7 Successors and Assigns. Neither party may assign this Agreement without the prior written consent of the other party, which consent shall not be unreasonably withheld. Client agrees that this Agreement may be performed, in whole or part, by a parent, subsidiary, or affiliate of Alliance and further consent shall not be required. Alliance may also assign the proceeds of this Agreement. Client shall require any successor or assign (whether direct or indirect, by purchase, merger, reorganization, consolidation, sale of property or stock, liquidation, or otherwise) to all or a substantial portion of its assets, by agreement in form and substance reasonably satisfactory to Alliance, to expressly assume and agree to perform Client's obligations under this Agreement.

7.8 Third Parlies No

entores rights, the prevaints party shall be enthed as and lawyers fees.

7.10 Certain Events. Neither party will be responsible for any failure or delay in its performance under this Agreement (other than financial obligations including payment of amounts due) if such failure or delay is the result of any, labor dispute; act of God; inability to obtain labor or materials; accident; future law, regulation, ordinance or requirement of any government or regulatory agency; or any other event which is beyond its reasonable control.

7.11 Confidentiality. Alliance and Client acknowledge and agree that this Agreement is highly confidential and proprietary and agree that relither they, nor any of their employees, contractors, or physicians, shall disclose in any manner the terms, provisions, pricing or any other information contained in this Agreement (or any related proposal) to any third party. Further, Client shall ensure that neither it nor any of its employees, contractors, or physicians disclose any of Alliance's policles, procedures, or other confidential information that Client or its employees, contractors, physicians receives, except to the extent required by an accreditation organization to which Client is subject or a governmental entity.

governmental entity.
7.12 Accreditation. Alliance and Client agree to set standards of care and quality that comply with The Joint

Commission and the American College of Radiology (ACR). Commission and the American College of Radiology (ACK). Alliance and Client mutually shall cooperate in all phases of applying, scheduling, preparing and executing surveys or inspections by The Joint Commission and ACR, as needed. Boiln parties agree to work cooperatively to implement changes, correct deficiencies or establish policies required and/or recommended by the inspecting agencies as applicable. Alliance shall provide Client with a copy of Alliance's Joint Commission accreditation certificate and most current patient satisfaction survey results as requested by Client. satisfaction survey results, as requested by Client.

7.13 Severability. In the event that any provision of this Agreement, or the application thereof, becomes or is declared by a court of competent jurisdiction to be illegal, void or unenforceable, the remainder of this Agreement shall continue in full force and effect and the application of such provision to other persons or circumstances shall be interpreted so as reasonably to effect the intent of the parties hereto. The parties hereto further agree to use their commercially reasonable efforts to replace such void or unenforceable provision of this Agreement with a valid and enforceable provision that shall achieve, to the extent possible, the economic, business and other purposes of such void or

unenforceable provision.

7.14 Credit Checks. By signing the cover page(s) to this Agreement, Client hereby authorizes Alliance, as determined necessary by Alliance in Alliance's discretion upon such signature and from time-to-time during the tenn of the Agreement, to (i) obtain a standard factual credit data report concerning Client through a credit reporting agency or any other similar agency (a "Credit Reporting Agency") chosen by Alliance, and (ii) release to such Credit Reporting Agency any credit applications, financial information, or any other information of Client. Further, Client hereby agrees to provide Alliance with all appropriate credit applications and paperwork necessary to effectuate the above.

7.15 Construction, Every term and provision of this Agreement is to be construed simply according to its fair meaning and not strictly for or against any party. No provision of this Agreement is to be interpreted as a penalty upon, or a forfeiture by, any party to this Agreement. The parties acknowledge their right to separate legal counsel, and agree to obtain any appropriate advice or opinions about this unenforceable provision.

acknowledge their right to separate legal counsel, and safete to obtain any appropriate advice or opinions about this transaction from their respective counsel. The parties acknowledge that they and their respective legal counsel have had the opportunity to participate equally in the drafting of this Agreement and that in the event of a dispute, no party shall be treated, for any purpose, as the author of this Agreement nor have any ambiguity resolved against it on

7.16 Execution. By their signatures on the cover page(s) of this Agreement, each of the signatories to this Agreement represent that they have the authority to execute Agreement represent that they have the authority to execute this Agreement and to bind the party on whose behalf their execution is made. This Agreement constitutes the legal, valid and binding obligation of the parties enforceable in accordance with its terms.

accordance with its terms.

7.17 Counterparts. This Agreement may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Delivery of an executed counterpart of this Agreement may be made by facsimile or other electronic transmission. Any such counterpart or signature pages sent by facsimile or other electronic transmission shall be deemed to be written and signed originals for all purposes, and copies of this Agreement containing one or more signature pages that have been delivered by facsimile or other electronic transmission shall constitute enforceable original documents.

As used in this Agreement, the term "electronic transmission" means and refers to any form of communication not directly involving the physical transmission of paper that creates a record that may be retained, retrieved and reviewed by a recipient of the communication, and that may be directly reproduced in paper form by such a recipient through an automated process.

TERMINATION.

8.1 Termination

a) Material Breach, Alliance or Client may terminate this Agreement if the other party breaches any material covenant, term or provision of this Agreement and the material breach is not cured within sixty (60) days following provision of notice to the breaching party specifying the alleged material breach.

the alleged material breach.

b) Bankruptcy. Alliance or Client may terminate this Agreement if the other party commits or suffers (voluntarily or involuntarily) an act of bankruptcy, receivership, liquidation or similar event.

8.2 Termination, Alliance. Alliance may terminate this Agreement or suspend service if:

a) Payment Default. Client fails to make any payment to Alliance when due and such failure continues for ten (10) days following notice to Client. In the case of any payment default, Alliance may, without notice, cease providing services becauder after three (3) days following a payment due date should it feel insecure with respect to Client's ability or willingness to make payment.

b) Inability to Cover Costs. Alliance is unable to cover its costs on the services provided hereunder, provided that the partles have negotiated in good faith to modify the terms of this Agreement to eliminate such inability and a period of sixty (60) days has elapsed since Alliance originally notified Client of such condition. In lieu of termination, Alliance may reduce the number of days of service provided.

nonned Chom of such condition. In field of termination, Alliance may reduce the number of days of service provided, c) Mobile Route, Alliance's mobile route for service on the Unit to all Alliance clients (including but not limited to Client) should fall below four full days of contracted service per week.

8.3 Default. In the event that this Agreement terminates due to a default by Client under Castian 2 1/21

8.3 Default. In the event that this Agreement terminates due to a default by Client under Section 8.1(a), Section 8.1(b), Section 8.2(a), or Section 9.4 of this Agreement, Alliance may take any action at law or in equity, including, but not limited to, collecting from Client payments then due and to become due under the remaining term of the Agreement had the Agreement not early terminated. Alliance and Client hereby agree that, in the event of Client's default of this Agreement, damages shall be calculated by using the greater of: (1) the average monthly procedure volumes by Client over the twelve-month period (or such lesser period if Alliance did not provide at least twelve (12) months of service to Client prior to termination immediately prior to termination of this Agreement; or (ii) the procedure volume benchmarks set forth in the cover page(s) to this Agreement. The foregoing Agreement, or (1) his procedure volume delicinitaris set lotus in the cover page(s) to this Agreement. The foregoing remedies are in addition to any provided by law. Neither party shall have an obligation to exercise any remedy and the exercise of the remedy shall not release the parties for any obligation hereunder. All remedies shall be cumulative, and action on one shall not constitute an election or waiver of any other windth windth and there exist may be articled.

other right to which either party may be entitled.

The termination of this Agreement shall not discharge Client from any liability associated with services rendered prior to the termination of this Agreement. Client agrees that at the time of termination, all balances owed

Alliance must be paid in full.

ALLIANCE HEALTHCARE SERVICES

COMPLIANCE WITH LAWS.

9.1 Compliance with Current Laws. The parties agree that it is their understanding and intent that this Agreement, including any exhibits and other attachments, complies as of the offective date hereof with all applicable federal and state laws and regulations, including, but not limited to, self-referral and anti-kickback laws. Further, the parties agree that they shall comply with all such laws and regulations, as may be amended from time to time. Client represents and warrants that it has not rolled on any billing, or reimbursement advice that it may have directly or indirectly received from Alliance, and that Client has and shall consult with Client's own billing and reinbursement experts and attorneys with respect to billing under this Agreement. Further, Client warrants and agrees that, throughout the term of this Agreement, Client shall comply with all applicable billing laws, regulations and rules, as may be amended from time to time. 9.1 Compliance with Current Laws. The parties time to time.

9.2 No Inducement. This Agreement has been negotiated in good faith through arms' length negotiations. Nothing contained in this Agreement, including any compensation paid or payable, is intended or shall be construed. (1) to require, influence or otherwise induce or

construed: (i) to require, influence or otherwise induce or solicit either party regarding referrals of business, or recommending the ordering of any items or services, of any kind whatsoever to the other party or any of its affiliates, or to any other person, or otherwise generate business between the parties, or (ii) to interfere with a patient's right to choose his or her own health care provider, or with a physician's medical judgment regarding the ordering of any items or services.

9.3 Change in Law: If any change in any applicable federal, state or local government laws, rules or regulations (each, a "Law" and, collectively, "Lawa") would render unlawful the conduct under this Agreement of either party hereto, then the parties shall negotiate in good faith to restructure the business arrangement between the parties to conform with the then existing Laws. If the parties have not reached an agreement regarding the material terms of the restructured business arrangement within forty-five (45) days

of the change in such Law or by the effective date of such Law, whichever is sooner, then this Agreement may be cancelled by either party upon thirty (30) days' written notice to the other party or upon such effective date, whichever is

9.4 No Federal Health Care Program Exclusion. 9.4 No Federal Health Care Program Exclusion.

Bach party represents and warrants to the other party that: (i)

Beach party representing party nor any of its officers, directors, or employees or contractors providing services under this Agreement are currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the "Federal health care programs"); (ii) neither the representing party nor any of its officers, directors, or employees or contractors providing services under this Agreement have ever been convicted of a criminal offense related to health care; and (iii) the representing party is not aware of any circumstances which may result in the representing party or any of, its officers; representing party is not aware of any circumstances which may result in the representing party or any of its officers, directors, or employees or contractors providing services under this Agreement being excluded from participation in the Federal health care programs. This stiall be an ongoing representation and warranty during the term of this Agreement, and each party shall immediately notify the other party of any change in status of the representation and warranty set forth in this Section. In the events party or any of its officers directors or employees to contractors providing warranty set forth in this Section. In the event a party or any of its officers, directors, or employees or contractors providing services under this Agreement become excluded, debarred, or otherwise ineligible to participate in the Federal health care programs, that party shall be considered in default of this Agreement, and the other party may immediately terminate this Agreement for cause; provided, however, a party can prevent such termination if that party is not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs and immediately terminates its relationship with any of its officers, directors, or employees or contractors providing services under this Agreement who become excluded, debarred, or otherwise ineligible to participate in the Federal health care programs.

IEND OF GENERAL TERMS AND CONDITIONS!

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@alllanceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

2672

Customer Name:

Panola Medical Center

Invoice Date:

04/15/2018 INV0418284

Invoice Number:

Amount Due:

\$9,900.00

Amount Paid:

Customer Comments:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

PO Box 19532 - Irvine, GA 92623

STATEMENT FOR SERVICES RENDERED

involce Date involce No. Customer No. 04/15/2018 INV0418284

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BILLING ADDRESS

Psiiola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Balesville, MS 38609

Sand Payments To:
Allianca HoalthCare Services

PO Box 96485 Chicago, IL 60693-6485

LINE PATIENT NAME SOLD SHILL TO SOLD SHIP	INSURANCE COT CODE	DESCRIPTION TO THE DESCRIPTION OF SERVICE	in.	AMOUNT
	BLCROSS BLOOM	L-Spilie WO	0	\$275.00
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	WKRSCOMP	L-Spine W/O	0	\$275.00
	WKRSCOMP	T-Spine W/O	O	\$275.00
		Uppor Ext w/o	O	\$0.00
		Upper Ext W/o	O	\$0.00
		L-Spine WO	O	\$0.00
	UNITEDHL	Brain W/O Con	.0	\$275.00
10	Ambetter	Brain W & W/O	O	\$275.00
11		Brain W& W/O		\$275.00
12	BLCROSS	1Spine W/O	0	\$275.00
13	BLCROSS	L-Spine W/O	O	\$275.00
14		L-Spino W/O	O	\$275.00
15	Windsor	Upper Ext w/o	0	\$275.00
16	MEDICARE	L-Spine W/O	0	\$275.00
17	MEDICARE	Brnin W/O Con	. 0	\$275.00
18	BLCROSS	L-Spine W & W/O	O	\$275.00
19	MEDICARE	C-Spina VIIO	0	\$275.00
20	MEDICARE	Brain W/O Con	D	\$275.00
21 particular of the second	BLCROSS	Opper Ext wile	(C)	\$275.00
22	BLCROSS	L-Spino W/O	O	\$275.00
23	MEDICARE	L-Spine W/O	0	\$275,00
24	MEDICARE	C-Spine W/O	O.	\$275.00
25	MEDICARE	L-Spine W/O	0	\$275,00
26	WKRSCOMP	Upper Ext.w/o	0	\$275,00
27	WKRSCOMP	T-Spine W/O	, O	\$275,00
28	UNITEDFIL	Upper Fxt wie	O	\$275.00
29	BUÇROSS	Upper Ext w/o	Ø	\$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due bélances in accordance with your contract.

Alliance HealthCare Services

PO Box 10532, - living, CA 02023

STATEMENT FOR SERVICES RENDERED

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BLCROSS Lower Ext, Joint	1 w/o	O \$275.00
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PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances
in accordance with your contract

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If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY KETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

2672

Customer Name:

Panola Medical Center

Invoice Date:

04/30/2018 INV0419191

Invoice Number:

Amount Duu:

\$10,725.00

Amount Paid:

Customer Comments:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

Case 3:18-bk-05665

PO Box 10539, - Irolan, CA 02623

STATEMENT FOR SERVICES RENDERED

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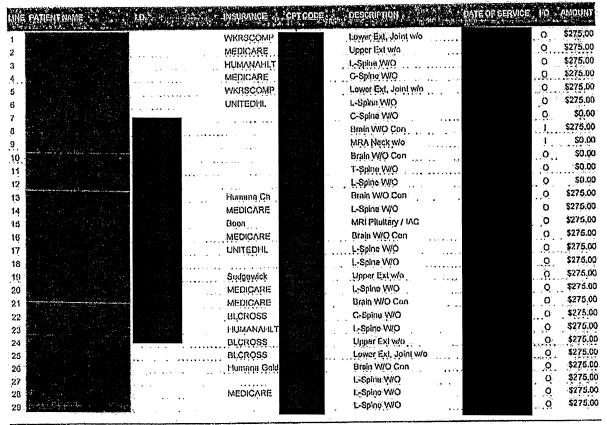
BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Cir. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 80693-6485



PLEASE PAY PROMPTLY: FINANCE CHARGES are essessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532. • Tryine, GA 02523 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Involce Date Involce No. Customer No. 04/30/2018 INV0419191

Customer No. Terms Region

UNE PATIENT NAME	(NSURANCE) CPT CODE	DESCRIPTION (F)	DATE OF SERVICE - T/O	AVOINT
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33	UNITEDHL	L-Spine W/O	Ö	\$275.00
34	BLCROSS	T-Spine W/O	O	\$275,00
35	MEDICARE	L-Spine W/O	0	\$275.00
36		L-Spine W/O	· O	\$0:00
37		Brain W/O Con	1	\$275.00
38	MEDICARE	Brain W/O Con	0	\$275.00
39	BLCROSS	Upper Ext w/o	O	\$275.00
40	BLCROSS	L-Spine W/O	Q	\$275.00
41	MEDICARE	L-Spina W/O	0	\$275.00
42	DLCROSS	C-Spine W/O	Q	\$275.00
43		L-Spine W/O	O -	\$0.00
44	MEDICARE	Upper Ext w/o	O	\$275.00
45	MEDICARE,	Brain W/O Con		\$275.00
45		1Spino W/O	Q.	\$0.00
47		Brain W & W/O	O	\$0.00
48	HUMANA.	Upper Ext w/o	O.	\$275.00
49	BLCROSS	Upper Ext w/o	, o	\$275.00
50	SELFPAY	C-Spine W/O	, o ,	\$275.00
51	Mugnolia	Lower Ext. Joint wo	0	\$275.00
	•	Total		\$10,725.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

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If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.AllanceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

Customer Number: Customer Name:

2672

Panola Medical Center

Invoice Date: Invoice Number: 05/15/2018 INV0419957

Amount Due:

\$8,525.00

Amount Paid:

Customer Comments:

PO Box 19532. - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Involce No. Customer No. 05/15/2018 INV0419957

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BILLING ADDRESS:

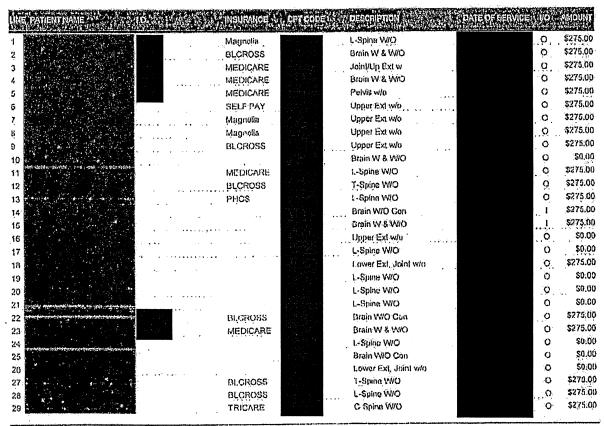
Panola Medical Center 303 Medical Center Dr Batesville, MA 38605

SERVICE ADDRESS:

Panola Medical Center 303 Medical Cir. Dr. Balesville, MS 38606

Soud Payments To:

Alliance HealthCare Services PO Box 98485 Chicago, IL. 50693-6485



PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92023

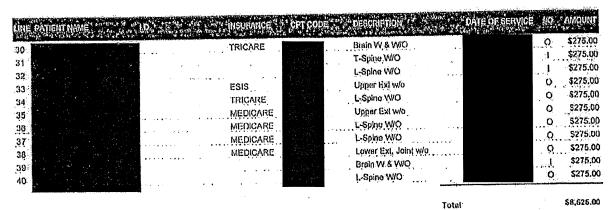
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Invoice Date

05/15/2018 INV0319957

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FINANCE CHARGES are assessed on past due batimous in accordance with your contract.

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If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.Alliancelmaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

Invoice Number: Amount Due: Amount Paid:

Customer Number:

Customer Name:

Invoice Date:

05/31/2018 INVQ420853

Panola Medical Center

2672

\$7,425.00

Customer Comments:

Case 3:18-bk-05665 Claim 171-2 Filed 05/06/19 Desc Main Document Page 21 of 40

Page 1 of 2

Alliance HealthCare Services

PO Box 19532, - Irvinu, CA 02023

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Invoice Date Invoice No.

Customer No.
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Region

05/31/2018 INV0420853

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BILLING ADDRESS: Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Cir. Dr. Batesville, MS 38606

Sand Payments To: Alliance HealthCare Services

PO Box 96485 Chicago, IL 60693-0485

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PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 18532; - Invine, CA 82623

STATEMENT FOR SERVICES RENDERED

Invoice Date
Invoice No.
Customer No.
Terms

Region

05/31/2018 INV0420853

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31	UMR .	L-Spine W/O	, O,	\$275.00
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33	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L-Spine W/O	0.	\$275.00
34	AETNA	Upper Ext w/o	o	\$275.00
35	BLCROSS	* * *	0	\$0,00
36		L-Spine WO	0	\$0.00
37		L-Spine W/O	Ö	\$0.00
38		L-Spine W/O	()	\$275.00
39	MEDICARE .	L-Spine W/O		

Total

\$7,425,00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contrect.

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If you have any questions, please contact Carnan, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.Alliancelmaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER HUMBER ON THE PAYMENT

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485 Customer Number:

2672

Customer Name:

Panola Medical Center

Invoice Date: Invoice Number: 06/15/2018 INV0421613

Amount Due: Amount Paid: \$10,450.00

Customer Comments:

Case 3:18-bk-05665 Claim 171-2 Filed 05/06/19 Desc Main Document I

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PO Box 19532. - Irvine, CA 92623

STATEMENT FOR SERVICES RENDERED

invoice Date Invoice No. Customer No. 06/15/2018 INV0421613 2672

Torms Region Net 30 777

MRI

BILLING ADDRESS:

Pencie Medical Center 303 Medical Center Dr Botesville, MA 38606 SERVICE ADDRESS: Panola Medical Center 303-Medical Ctr. Or. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

UNE PATIENT NAME 10	AMOUNT
MEDICARE Upper Ext. W/o	\$275.00
BLCROSS C-Spine W/O	\$275.00
MEDICARE C-Spine W/O	3275,00
L-Spine W/O	\$0.00
T-Spina W/O	\$0.00
Brain W & WO	\$0.00
ELCROSS L-Spine WO	\$0.00
BLCROSS Joint/Up FX 9.	\$275.00
BLCROSS Upper Ext w/o	\$275.00
DLCROSS C-Spine W/O	\$275.00
DLCROSS C-Spine W/O	\$275.00
12 BLCROSS L-Spine W/O	\$275.00
13 MEDICARE L-Spine W/O	\$275.00
14 UHC Hawk C-Spine W/O	\$275.00
MEDICARE Lower Ext., Joint-w/o Q.	
MEDICARE C-Spine W/O	\$275,00
17 UNITEDHL L-Spinc W/O	\$275.00
18 HUM HMO L-Spine W/O	
19 TRICARE Brain W & WO	\$275.00
20 BLCROSS C-Spine W/O	\$275:00
21 MEDICARE C-Spine W/O	\$275.00
MEDICARE Brain W 8 W/O	\$275.00
23 1. Spine W & W/O	\$0.00
24 Brain W & W/O	
25 Broin W & W/O	
26 MFDICARIE G-Spinie W/O	
27 MEDICARE Hrain W. 2 WO	
28 MEDICARE L'Spine W/O	
MEDICARE Brain WO Con 9	\$2(D/M)

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, - Invine, CA 92623

STATEMENT FOR SERVICES RENDERED

invoice Date Invoice No. 06/15/2018 INV0421613

Customer No. Yerms 2672

Region

Net 30 777

LINE PATIENTNAME	NEURANCE CETCODE	DESCRIPTION	F SERVICE . NO. AMOUNT
30	MEDICARE	L-Spine W & W/O	O \$275.00
31	BLCROSS	L-Spine W/O	O \$275.00
	UHC Hawk	Abdemen w/o	
32	UMR .	L-Spino W/O	O \$275.00
33.	Flumana Ch	C-Spine W & WIO	0 \$275.00
34	Humana Ch	LaSpine W & W/O	O \$275.00
35	indinging On	L-Spine W/O	0 \$275.00
36 CA		Lower Ext. Joint w/o	O \$275.00
37	VA Central .	Lower Ext. Joint w/o	0 \$275.00
38			0 \$275.00
39		Lower Ext, Joint Wio	O \$275.00
40		L-Spira W/O	O \$275.00
41	MEDICARE	Upper Extivito	0 \$275.00
12	ComniCarn	Upper Ext w/o	0 \$275.00
	MEDICARE .	Upper Ext w/o	
43	Magnolia	Brain W & W/O	o \$275.00
45	BLCROSS	1-ablue M & MIO	Q \$275,00

Total

\$10,450.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due belances in providence with lawy contract

MVC	477	611	

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@ellianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606.

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER HUMBER ON THE PAYMENT

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

· Customer Number:

2672

Customer Name:

Panola Medical Center 06/30/2018

Invoice Date: Invoice Number:

INV0422511

Amount Duc:

\$9,350.00

Amount Paid:

Customer Comments:

PO Box 19532, - Irvino, CA 92623

STATEMENT FOR SERVICES RENDERED

Involce Date Involce No. Customer No. 06/30/2018 INV0422511 2072

Torms Region Net 30 777

MRI

BILLING ADDRESS:

Panela Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Balosville, MS 38806

Send Payments To:

Alitanue HealthCure Services PO Box 96485 Chicago; IL 60693-6485

TIME PATIENT NAME	INSURANCE CPT CODE	DESCRIPTION LE L'ANTE OF SERVICE	"io" AMOUNT
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		Upper Ext w/o	0 \$0.00
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		L-Spine W/O	O \$0.00
		Lower Ext, Joint w/o	o \$0.00
		L-Spine W/O	O \$275.00
	HUMANA	G-Spine W/O	0 \$275.00
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10	MEDICARE	L-Spiire W/O	O \$275.00
11	, manda a	MRA Brain w/o	1 \$275.00
12	MEDICARE	C-Spine W/O	O \$275.00
	CCMSI	L-Spine W/O	O \$275.00
14	MEDICAID	Lower Ext, Joint win	O \$275,00
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16	BCBS Smart	Pelvis w/p	O \$275.00
17	BCBS Smart	L-Spine W/O	O \$0.00
18		L-Sping W/O	O SU.00
19		Alixioman w & w/o	1 50.00
20		Abdomen w & w/o	1 \$275.00
21		L.Spine W/O	O \$275.00
22		C-Spine W/O	O \$275.00
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24		C-Spine W/O	O \$275.00
25	BLCROSS		O \$275,00
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27		Brain W/O Con	O \$275.00
20	BLCROSS	L-Spina W/O	O \$275.00
29	Humana Ch	Upper Ext vi/o	

PLEASE PAY PROMPTLY:
FINANCE CHARGES are assessed on past due balances
in accordance with your contract.

Alliance HealthCare Services

STATEMENT FOR SERVICES RENDERED

Invoice Date invoice No. Customer No. 00/30/2018 INV0422511 2672

Terms: Ropton

Net 30

LINE PATIENT NAME	INSURANCE: CPTCODE	DESCRIPTION	DATE OF SERVICE: 10	AT ON T
90	MEDICARE	L-Spine W/O	O	\$275,00
	BLCROSS	L-Spine W/O	O.	\$275.00
	BLCROSS	Upper Ext w/o	0	\$275,00
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	MEDICARE	Lower Ext, Joint w/o	-0	\$275.00
34	MEDICARE	Pelvis wło	.0	\$275.00
	WellCare	Elmin W/O Con	Ŏ,	
36	BLOROSS	Abdomen w & w/o	o o	\$275.00
37	BLCROSS	Pelvis w & w/o	Ò	\$275.00
38	BLCKOBS	L-Spine W/O	O	\$0.00
39	'Ambigation'	C-Spine W/O		\$275.00
40	MEDICARE		n	\$275.00
41	MEDICARE	Upper Ext wlo	, 0	\$276.00
42	MEDICARE	Upper Ext win		
43	UNITEDHL	Lower Ext. Joint w/o	O O	\$275.00
		1	Fotal	\$9,350,00

PLEASE PAY FROMPTLY: FINANCE CHARGES are assessed on past this balances in accordance with your contract

104	

If you have any questions, please contact Deman, Sylvia. Phone: (949) 242-5349 e-mail: sdeman@alliancelmaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.Alliancelmaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485 Customer Number:

2672

Customer Name:

Panola Medical Center

Invoice Date: Invoice Number: 07/15/2018 INV0423272

Amount Due:

\$5,500.00

Amount Paid:

*

Customer Comments:

Case 3:18-bk-05665 Claim 171-2 Filed 05/06/19 Desc Main Document Page 30 of

PO Box 19532, - Irvine; CA 92623 (549) 242-5300

STATEMENT FOR SERVICES RENDERED

Involce Date Involce No. Customer No. Terms

Region

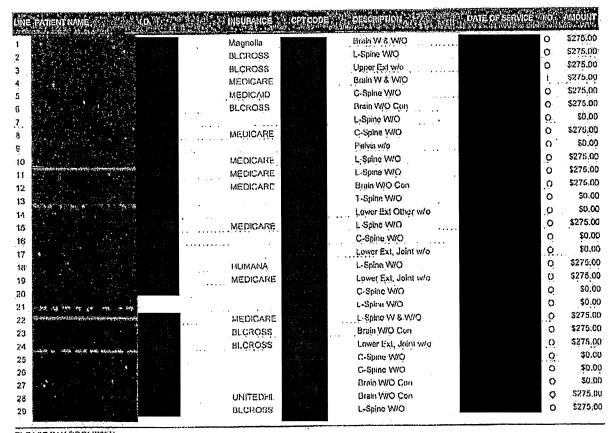
07/15/2018 INV0423272 2672 Net:30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS: Panola Medical Conter 303 Medical Ctr. Dr. Batesville, MS 38666

Send Phyments To: Alliance HealthCara Servicos PO Box 96485 Chicago, IL 60693-8485



PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract:

Alliance HealthCare Services

STATEMENT FOR SERVICES RENDERED

Involce Date Invoice No.

07/16/2018 INV0423272

Customer No.

Total

Tomis Region Net 30 777

LINE PAYIENT NAME LO S INSURANCE CPTCODE A DESCRIPTION	DATE OF SERVICE NO AMOUNT	
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***************************************	Total \$5,500.00	

PLEASE PAY PROMPTLY.
PINANCE CHARGES are assessed on past due balances in accordance will your controct.

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If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com

. Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.Alliancelmaging.com

Plaase remit lower partion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

2672 Customer Number:

Customer Name:

Panola Medical Center

Invoice Date: Invoice Number:

Amount Due: Amount Paid: 07/31/2018 INV0424163

\$11,000.00

Customer Comments:

PO Box 18532, - Irvine, CA 92623

STATEMENT FOR SERVICES RENDERED

Involce Date Involce No. 07/31/2018 INV0424163

Customer No. Terms Region 2672 Net 30 777

MRI

DILLING ADDRESS:

Panela Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Sond Payments To:

Alliance HealthCure Services PO Dox 96485 Chicago, IL 60693-6485

ûne patienti	YAME (*) / ? ;) JO		INGURANCE	crrcode 🦴	pescription	DATE OF SERVICE	E VO	AMOUNT
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2	A., A. A. A. A.	*********			1Spine:W/O		O	\$275.00
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4	1954 Ph. 16				Lower Ext, Joint w/o.	• • • •	O	\$0.00
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0		and the second second	Triwest		Lower Ext, Joint w/o		o	\$275.00
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14					Upper Ext w/o		O	\$0.00
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19			MEDICARE		Brain W/O Con		O	\$275.00
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23			TRICARE		Lower Ext, Joint wila		Ο.	\$275,00
24			MEDICARE		L-Spinu W & WIO		0	\$275.00
25			UNITEDHL	and the	L-Spine W/O		Ω.	\$275.00
26		• • •			Brain W/O Con		J	\$275.00
27	1400 D		BLCROSS		Bruin W/O Con		Ö	\$275.00
28			MEDICARE		L-Spine W/O		, O	\$275.00
20 25-4-7			MEDICARE		L-Spine WIO		0.	\$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balences in accordance with your contract.

Alliance HealthCare Services

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No.

07/31/2018

Customer No. Terrns

INV0424163 2672

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0		Upper Ext vilo		Ø	\$275.00
	MEDICAID	L-Spine W/O		O	\$275,00
32		L-Spline WIO		0	\$275.00
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38	MEDICARE	C-Spine W/O		O	\$275.00
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4 of the control of t	BLCROSS	Brain WO Con		O:	\$275.00

PLEASI: PAY PROMPTLY.
L'INANCE CHARGES are associated on past due balances in accordance with your contract.

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@attianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

Customer Name:

Panola Medical Center

Invoice Date:

08/15/2018

Invoice Number:

INV0424901

Amount Due:

\$8,525.00

Amount Paid:

Customer Comments:

PO Box 96485 Chicago, IL 60693-6485

Case 3:18-bk-05665 Claim 171-2 Filed 05/06/19 Desc Main Document

Alliance HealthCare Services

Page 36 of

PO Box 19532, - Irvine, CA 92623 (940) 243-6500

STATEMENT FOR SERVICES RENDERED

Involca Data Involca No. Gustomer No. 08/15/2018 INV0424901

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MRI

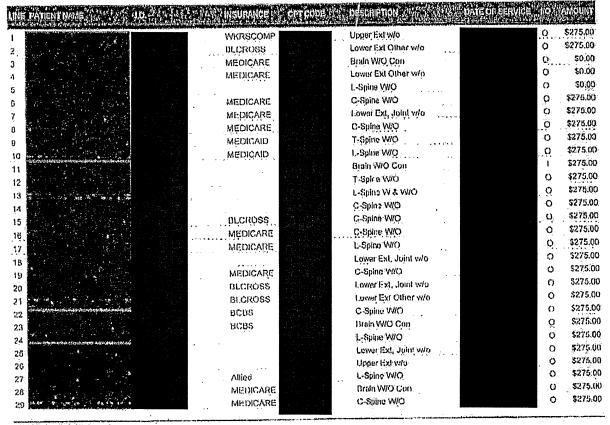
BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Pandin-Medical Center 303 Medical Cir. Dr. Batosville, MS 38606

Soud Payments To: Alliance HealthCare Services

PO Box 96485 Chicago, IL 60693-6485



PLEASE PAY PROMPTLY.
FINANCE CHARGES are usuessed on past due balances in occordance with your contract.

Page 2 of 2

Alliance HealthCare Services

PO Box 19532, - livine, CA 92023 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice No.

08/15/2018

Customer No.

INV0424901 2672

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0.14	MEDICARE	Upper Ext w/o		O \$275.00
1 2	BLCROSS	L-Spine W/O		O \$275.00
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4 台中 集 强烈的发展。	UNITEDHL	T-Spine W/O	4.0	O \$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Paperless Count:

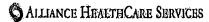
Print Count:

10

Remittance Count: 10 Remittance Total:

\$99,825.00

Filed 05/06/19 40 Case 3:18-bk-05665 Claim 171-2 Page 39 of Desc Main Document



18201 Von Karman, Suite 600 Irvine, California 92612

April 20, 2018

VIA OVERNIGHT DELIVERY

Mr. Wayne Thompson CEO/CFO Panola Medical Center 303 Medical Center Drive Batesville; Mississippi 38606

SUBJECT: MRI Master Services Agreement, fully executed on March 22, 2018 ("Agreement") between Alliance HealthCare Services d/b/a Alliance HealthCare Radiology ("Alliance") and Panola Medical Center ("Panola").

Dear Mr. Thompson:

Pursuant to Section 8.2(a) of the Agreement, Alliance is immediately suspending MRI-services ("Services") for non-payment and Alliance's insecurity with respect to Panola's ability or willingness to make payment for the Services provided by Alliance. Alliance would be willing to lift the suspension upon full payment to Alliance of all amounts owed for Services. According to our records, Alliance has not received payment for the following invoices for Panola.

Invoice Number	Invoice Date	Amount Duc
INV0407757	10/31/2017	\$4,075.00
INV0409436	11/30/2017	\$1,525.00
INV0412557	12/31/2017	\$17,050.00
INV0414218	1/31/2018	\$14,575.00
INV0415849	2/28/2018	\$22,000.00
INV0417512	3/31/2018	\$18,425.00
INV0418284	4/15/2018	\$9,900.00
Total Amount Due Allin	ince:	\$87.550.00

Please know that suspension of Services does not terminate the Agreement. Pursuant to Section 2.12 of the Agreement, Panola will continue to be prohibited from utilizing another source for the remaining term of the Agreement, Therefore, we will reserve the right to seek additional damages from any third party which interferes with the Agreement.

Furthermore, please be aware that suspension of Services shall not discharge Panola from any liability under the Agreement. Thus, Alliance will be entitled to seek damages for any outstanding balances, accrued finance charges, value of remaining term of the Agreement, and all costs associated with Alliance's collection efforts (i.e. court expenses and attorney fees).

Alliance values its relationship with Panola. At the same time, Alliance is unwilling to continue permitting Panola's account to remain in arrears. I hope that we can work together to resolve this matter so that we can re-establish a positive working relationship between Panola and Alliance.

Nothing in this letter shall be construed as a waiver of any breach by Panola under the Agreement or any rights and remedies that Alliance has under the Agreement.

If you have any questions, please do not hesitate to contact me at (330) 705-0780.

Regards

Tom Gaston

Regional VP of Operations

22672 / 008659

Case 3:18-bk-05665 Claim 171-2 Filed 05/06/19 Desc Main Document

MIDDLE DISTRICT OF TENNESSEE **Claims Register**

3:18-bk-05665 Curae Health Inc.

Judge: Charles M Walker Chapter: 11

Office: Nashville Last Date to file claims: 01/21/2019

Trustee: Last Date to file (Govt):

Creditor: Claim No: 171 (6817096)Filed by: CR ALLIANCE HEALTHCARE Original Filed

Entered by: JEFFREY W. Date: 01/07/2019 SERVICES INC

MADDUX (ADMINISTRATIVE) Original Entered ATTN LEGAL DEPARTMENT Date: 01/07/2019 Modified:

PO BOX 19532 Last Amendment **IRVINE CA 92623** Filed: 05/06/2019 Last Amendment

Entered: 05/06/2019

Admin claimed: \$90125.00

History:

Details 171- 01/07/2019 Claim #171 filed by ALLIANCE HEALTHCARE SERVICES INC, Admin claimed:

\$90125.00 (Intake2)

171- 05/06/2019 Amended Claim #171 filed by ALLIANCE HEALTHCARE SERVICES INC, **Details**

Admin claimed: \$90125.00 (MADDUX, JEFFREY)

Description: (171-1) Services performed

(171-2) Services Performed

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*

Total Amount Allowed*

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

^{*}Includes general unsecured claims

	Claimed	Allowed
Secured		
Priority		
Administrative	\$90125.00	

UNITED STATES BA MIDDLE DISTRIC (NASHVILLI	503(b)(9) ADMINISTRATIVE EXPENSE CLAIM			
Debtor. NOTE: This form should be used only by	Alliance HealthCare Services, Inc. Debtor. NOTE: This form should be used only by claimants assertices expense claim arising under 11 U.S.C. § 503(b)(9). This form		ADMINISTRATIVE BAR DATE: January 21, 2019	
for any other types of claim. Name of creditor: (The person or other entity to whom the debtor owed money or property.) Alliance HealthCare Services, Inc.	Name of debtor (The entity owin Curae Heal Amory Reg Inc. Batesville Center, Inc. Clarksdale Center, Inc. Amory Reg Batesville LLC	Panola Medical Centering money Property) th, Inc. gional Medical Center, Regional Medical Regional Medical	JAN 0 7 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN	
Name and addresses where notices should be sent: Alliance HealthCare Services, Inc. Attn: Legal Department PO Box 19532 Irvine, CA 92623	anyone els claim rela Attach cop particulars. Check box received a bankruptcy Check box from the a	if you are aware that e has filed a proof of thing to your claim. by of statement giving a if you have never my notices from the court in this case. if your address differs ddress on the envelope by the court.	THIS SPACE IS FOR COURT USE ONLY	
Telephone number; (949) 242-5302 Email; Isoule@alliancehealthcareservices-u	s.com			
Last four digits of account or other number by which creditor identifies debtor: 2672		Check this box if this claim amends a previous filed claim, Claim number (if known): Filed on:		
1. Basis for claim: Goods sold Services performed Other (describe briefly)		2. Date debt was incur 3/1/2018-8/31/20		
3. Date goods were received by debtor 4. Total amount of claim as of the date		performed from 3/1/2 curred: \$90,125.00	2018-8/10/2018	

3

Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

5. Brief description of claim (attach any additional information):

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Mobile MRI Services - Diagnostic Imaging Services

Shipment date of goods:

Services performed from 3/1/2018-8/10/2018

Place of delivery of goods: Services were performed at Panola Medical Center - 303 Medical Center

Drive, Batesville, MS 38606

Method of delivery of goods: N/A

Name of carrier of goods:

N/A

Value of goods:

N/A

Whether the value of goods listed in this claim relates to services and goods: Services only

The percentage of value related to services and the percentage of value related to goods: 100% services

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: None

Attach supporting materials required by field 8 and instructions below.

6. Credits, setoffs, and counterclaims:

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

This claim is subject to setoff or counterclaim as follows:

7. Assignment:

Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

 Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

10. Signature:

Check the appropriate box.

I am the creditor.

I am the creditor's authorized agent.

I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).

I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

4

Print name: Eric T. Olson Title: VP, Associate General Counsel	5.4		
Company: Alliance HealthCare Services, Inc. Address and telephone number (if different from notice	(Signature)	(Date)	1/3/2019
address above):			
Telephone number: Email:			

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by January 21, 2019.

Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

- 1. Please read this proof of claim form carefully and fill it in completely and accurately.
- 2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
- 3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
- 4. Attach additional pages if more space is required to complete the proof of claim.

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- 5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.
- 6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by <u>January 21, 2019</u>. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before <u>January 21, 2019</u>, to the following address:

Office of the Clerk of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division) Customs House Room 170 701 Broadway Nashville, TN 37203

Items to be completed in proof of claim form.

Creditor's name and address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Debtor's name:

Check the box next to the debtor from whom the debt is owed.

Account or other number by which creditor identifies debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

2. Date debt was incurred:

State the date or dates on which the debt was incurred.

3. Date goods received by debtor:

State the date or dates on which the goods underlying the claim were received by the debtor.

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4. Total amount of claim as of the date the debt was incurred:

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

5. Brief description of claim (attach any additional information):

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vii) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

6. Credits, setoffs, and counterclaims:

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

7. Assignment:

Check box and include copy of assignment if claimant obtained claim by way of assignment.

8. Supporting documents:

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

9. Date and signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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MRI MASTER SERVICES AGREEMENT

This MRI Master Services Agreement (the "Agreement") is made effective as of the date fully executed below between Alliance HealthCare Services, Inc., d/b/a Alliance HealthCare Radiology, a Delaware corporation, located at 18201 Von Karman, Suite 600, Irvine, California 92612 ("Alliance") and Panola Medical Center, located at 303 Medical Center Drive, Batesville, Mississippi 38606 (the "Client").

- 1. SERVICE LOCATION (the "Service Location"). If no address is listed in this Section, the Service Location address shall be Client's address that is listed above. (No Post Office Box):
- UNIT DESCRIPTION: GE 1.5T Echospeed mobile MRI system (or a reasonably comparable system).
- 3. FEES. Client agrees to pay Alliance the following fees:

For purposes of this Agreement, a "procedure" means a single billable area of interest procedure and is any one (1) distinct anatomical area of interest or distinct CPT code.

MRI PROCEDURES PER DAY

FEE PER MRI PROCEDURE

MRI Procedures 1 and thereafter

\$275

- a) Benchmarks, Both Client and Alliance agree that six (6) MRI procedures per day of service is a benchmark for maintaining the number of days of service scheduled. In the event Client's procedure volume is below this level, Alliance may reduce the number of days or frequency of service provided with fourteen (14) days prior notice.
- 4. SCHEDULING. Alliance shall make the Unit available to the Client and any services that Alliance is obligated to provide under this Agreement, and Client agrees to accept the Unit and any such services, three (3) days per week. Alliance and Client shall mutually determine the specific service schedule.
- 5. TERM. The initial term of this Agreement shall commence as of the date this Agreement is fully executed below (the "Commencement Date") and shall continue for thirty-six (36) months thereafter. This Agreement shall not automatically renew.
- INCORPORATION. This Agreement shall consist of the following documents: (1) the cover page(s) to this Agreement; and
 General Terms and Conditions, which is attached hereto and incorporated herein.

Alliance and Client have duly executed this Agreement as of the last date written below. PANOLA MEDICAL CENTER ALLIANCE HEALTHCARE SERVICES, INC. d/b/a ALLIANCE MEALTHCARE RADIOLOGY Authorized Signature Authorized Signature Printe Name: Eric T. Olson Title: VP, Associate General Counsel Date Date: __3/22/2018 Telephone No. (662) Telephone No. (949) 242-5300 Federal Tax ID No. Federal Tax ID No. 33-0239910 FOR CONTRACTS USE ONLY Client Type: hospital Customer #: 22672 Contract #: Requestor: BCrain DO: TGaston

A fully executed document must be received prior to service commencement.

To Mail a Signed Document: Alliance HealthCare Services, Inc., ATTN: Contracts Administration Department, 18201 Von Karman, Suite 600, Irvine, California 92612.

To Email a Signed Document: Contracts@allianceradiology-us.com

To Fax a Signed Document: 602-345-7637

GENERAL TERMS AND CONDITIONS

EQUIPMENT AND SERVICES.

1.1 The Unit. Alliance shall provide an MRI system described in the cover page(s) to this Agreement (the "Unit"). If the Unit described is deemed in Alliance's discretion to be unavailable, a reasonably comparable Unit may be substituted. 1.2 Personnel.

a) Provision of Personnel. Alliance shall provide the services of technical personnel to operate the Unit as appropriate for Client's procedure volume. Alliance shall ensure that all services provided by Alliance's personnel shall be within the scope of his/her respective duties. Nothing in this Agreement shall be construed to obligate Alliance to violate any applicable employment laws or regulations, and Alliance personnel shall be entitled to take all breaks as

required under any applicable laws or regulations.

b) Non-Selicitation. Both parties agree not to hire or contract with any of the other party's employees during the term of this Agreement, including renewals, and for a period of one (1) year after services cease (collectively, the "Non-Solicitation Period"), without the other party's prior written consent. Alliance and Client hereby agree that in the event of a breach of this provision damages shall be difficult to calculate and therefore agree the non-defaulting party shall be entitled to receive six (6) times the monthly average salary of such employee for the past twelve months (or such shorter period as the employee may have been employed by the nondefaulting party). Alliance and Client agree that the aforementioned amounts are reasonable and shall constitute liquidated damages and not a penalty. Nothing in this Section will restrict a party's right to recruit or solicit generally in the media or hire the other party's employee who answers any advertisement or who applies for hire without having been recruited or solicited personally by the hiring party.

c) Disclosure of Personnel Information. Notwithstanding anything to the contrary in this Agreement, Client agrees, for as long as Alliance remains a Joint Commission-accredited organization, that Client shall not need to independently verify, and shall not require any oral information or written documentation concerning the credentialing, education, training, evaluation, or competencies related to any of Alliance's technical personnel beyond the following, which documentation set composition may be modified from time-to-time by Alliance in its reasonable discretion and which Alliance will provide to Client in writing upon request: (a) a description of the competencies related to Alliance's technical personnel who provide services on the Unit; (b) copies of any licenses and certifications for such personnel; (c) evidence that all vaccination test(s) required by applicable State law or regulation have been taken by such personnel; (d) a job description for the technologist(s) providing services on the Unit; and (e) a letter from Alliance's Vice President of Human Resources or designee attesting that criminal investigation background checks have been performed for each of Alliance technical personnel who provide services on the Unit and that such personnel meet the requirements to be employed by Alliance. Alliance shall not be obligated to provide any background check report, drug test report or result, or job performance evaluation for any of Alliance's technical personnel. Further, notwithstanding anything to the contrary in this Agreement, in the event of a Joint Commission survey of Client, Alliance, upon request by the Joint Commission surveyor, shall have the personnel file of Alliance's technical personnel accessible to the surveyor only for review as may be required by the Joint Commission.

Confidentiality Information. Client acknowledges that all verifications, documents, electronic data, and other materials concerning Alliance personnel that Alliance provides or makes accessible in connection with this Agreement (collectively, "Confidential Personnel Information") are valuable property of Alliance, and Client undertakes that, during the term of this Agreement and thereafter until such time that the Confidential Personnel Information otherwise becomes publicly available other than through breach of this Section, Client shall: (i) treat the Confidential Personnel Information as trade secret and confidential assets of Alliance's business; (ii) not disclose (directly or indirectly, in whole or in part) the Confidential Personnel Information to any third-party except with the prior written consent of Alliance or when and if properly disclosed in connection with the Centers for Medicare and Medicaid Services ("CMS"), The Joint Commission, or other applicable federal and state compliance surveys, audits, reviews and record requests or as required by law; (iii) not use (or in any way appropriate) the Confidential Personnel Information for any purpose other than compliance with CMS, The Joint Commission, or other applicable federal and state requirements and/or as required by law; (iv) limit the dissemination of and access to the Confidential Personnel Information to Client's officers, managers, employees, agents, attorneys, consultants, professional advisors or representatives on a need to know basis as may reasonably be required for the performance of Client's compliance obligations outlined above, provided Client ensures that such individuals and entities observe all the confidentiality obligations set forth in this Section; (v) be entitled to use the Confidential Personnel Information only in good faith for the legitimate conduct of its business activities, and shall not in any case use such Confidential Personnel Information to gain a competitive advantage or for purposes unrelated to compliance with CMS, The Joint Commission, or other applicable federal or state requirements; and (vi) return any and all Confidential Personnel Information to Alliance promptly upon the termination or expiration of this Agreement, including but not limited to all such materials, documents, information and electronic data, regardless of how stored or maintained, and including all originals and copies.

1.3 Maintenance. Alliance shall use reasonable efforts to cause the Unit to be maintained in good operating condition. Alliance may do so through the purchase of a maintenance contract from the Unit manufacturer or otherwise, in its discretion. Alliance shall provide cryogens. Client shall be responsible for maintaining in good and safe working order any equipment, including but not limited to an MRI safe gurney or MRI safe wheelchair that Client provides

to Alliance for Alliance's use under this Agreement.

1.4 Patient Survey. Alliance and Client agree to implement a patient satisfaction survey process in partnership with a third party vendor of Alliance's choice at the Service Location. Further, Alliance agrees to provide to Client the results of such survey as requested by Client.

SCANNING ACTIVITIES.

2.1 Unit. Client shall prepare and maintain a safe and suitable site for the Unit which complies with the manufacturer's specifications (which shall be provided by Alliance) and all applicable laws and regulations. All site costs (for example, costs of tractor/trailer access and egress, power and telephone expenses) shall be Client's responsibility. The Service Location shall be as referenced in the cover page(s) to

ALLIANCE HEALTHCARE SERVICES

this Agreement. Client represents and warrants to Alliance that it currently owns or has authorization to site the Unit at the Service Location. Further, Client further warrants and agrees that, at all times during the term of this Agreement, Client shall maintain the authorization or ownership to site the Unit at the Service Location. Client shall indemnify and hold Alliance harmless from any damages or liability arising out of breach of the representations and warranties in this Section. Client may request in writing to Alliance that the Service Location be moved, in which case any such move shall be subject to Alliance's prior approval; all of the obligations under this Section shall apply to the new Service Location.

2.2 Power. Client shall provide electrical power to the Unit, including a dedicated power line with 200 amps and 480 volts of three-phase power. Client shall provide the power line, a lockable disconnect box and receptacle within twentyfive (25) feet of the electrical receptacle on the Unit. Notwithstanding anything to the contrary in this Agreement, Client shall be responsible for the quality of power to the Unit and any damage to the Unit due to power that does not meet such specifications or any other problems with power (e.g., sags or surges). As such, Alliance recommends that Client install a line conditioner or surge protector to prevent any problems with power to the Unit, Client shall promptly report to Alliance any problems with power to the Unit.

2.3 Phone and Connectivity. Client shall provide the Unit with a voice telephone line, a dedicated fax compatible telephone line and a RJ-45 ethernet broadband line with an automatic IP address assignment using Dynamic Host Control Protocol ("DHCP") and a proxy-less connection to the

internet.

2.4 Operation. The Unit shall be operated only by employees or subcontractors of Alliance. Notwithstanding anything to the contrary in this Agreement, Client shall not be entitled to use the Unit, directly or through a subcontractor, during any period of suspension of this Agreement, following termination of this Agreement, or following expiration of this

Agreement.

Medical Director. Client shall appoint a qualified and licensed physician to act as Medical Director hereunder, along with another such physician to act in his absence (the "Medical Director"). Client shall ensure that all orders for diagnostic procedures under this Agreement are made only by a licensed physician or another licensed healthcare provider authorized by applicable federal and/or state law. Client shall be solely responsible for all activities which constitute the practice of medicine (for example, providing medical advice to patients in connection with MRI procedures and the supervision of the injection of contrast agents). Client shall obtain any written consents from patients that are required by the USFDA, state or local law or prudent medical practice. Alliance shall be entitled, but not obligated, to use its own patient consent and screening questionnaire forms to supplement patient forms provided by the Client. Client shall have full responsibility for all medical care, supervision services, and advice provided to patients, in accordance with applicable laws, rules and regulations. All medical care shall be provided under the ultimate supervision of the Medical Director.

2.6 Medical Supplies; Hazardous Waste Disposal; Emergency Care, Client shall provide all medical supplies which may be required (including, but not limited to, film and film processing, linens, gowns/johnnies, medications, safety needles, and contrast agents) for the scheduled day of patient procedures. The Client will provide the same level of safe supplies for Alliance use as is used within the Client organization, i.e. safety needles, MRI safe wheelchairs as

applicable, etc. Client agrees to dispose of all hazardous waste relating to the services under this Agreement that Alliance provides to Client from time-to-time. Client shall ensure the immediate availability at all times of equipment and personnel to treat patients who require emergency or other medical care (including a cardiac monitor, a fresh oxygen supply, an aspirator and a defibrillator). Client shall be responsible to cause such medical supplies to be maintained in good and safe condition.

2.7 Patient Handling. Client shall be responsible for the prompt and orderly pick up and delivery of patients to and

from their rooms or other designated areas.

2.8 Patient Log. Alliance shall maintain a log of all procedures performed on the Unit. Client shall be provided

with copies of the log upon request.
2.9 Modifications. Client shall not modify or alter the Unit without Alliance's prior written consent. Client shall not allow any portion of the Unit to become permanently attached to real property. Client agrees that it does not have any ownership or security interest in the Unit and agrees to execute any documents necessary to that effect. Nothing in this Section, shall affect any ownership interest that Client has

in its own property.
2,10 Scheduling. Client shall use all reasonable efforts to schedule its patients consecutively from the beginning of each service day to minimize unutilized scanning time and to prescreen patients for conditions unsuitable for MRI procedure. Notwithstanding anything to the contrary in this Agreement, Alliance reserves the right, with prior verbal notification, to modify the provision of services on a day in which less than five (5) patients are scheduled. In addition, Alliance reserves the right to release its technical personnel and/or Unit from Client's Service Location after the completion of the last scheduled procedure on any given service day in which no more patients are scheduled provided the technologist(s) have verbally confirmed with the Client that no additional patients shall be added to the schedule for that particular service day.

2.11 Notification of Physicians. Client shall notify its staff of physicians of the availability of the Unit and shall use reasonable efforts to educate the community about the

2.12 Exclusivity. Client agrees to use Alliance solely for all of its MRI needs, except for an emergency where the use of Alliance's service is impractical, when the patient expresses a desire to receive MRI services from a different provider, when the patient's insurance determines that the patient must receive MRI services from a different provider, or when the referral is not in the best medical interest of the patient in the physician's judgment. Client, on behalf of itself, its parent, its subsidiaries, owners and/or corporate affiliates (including but not limited to any entity in which Client has an ownership interest) agrees during the term of this Agreement, not to own, permit, lease, manage, or invest in any MRI system or engage any entity besides Alliance to provide Client with MRI services. Notwithstanding anything to the contrary in this Agreement, this Section shall remain in effect during any period in which the Agreement is suspended. Further, in the event this Agreement terminates due to a Client default under this Agreement, this Section shall survive such termination and remain in effect for the remainder of the thencurrent term of the Agreement had the Agreement not early terminated.

2.13 Access to Records. If the value or cost of services rendered pursuant to this Agreement is \$10,000 or more over a 12-month period, in accordance with Section 1861(v)(1)(I) of the Social Security Act, Alliance agrees that

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until the expiration of four (4) years after the furnishing of services under this Agreement, Alliance shall make available, upon written request by the Secretary of the U.S. Department of Health and Human Services, or upon request by the Comptroller General of the United States, or any of their duly authorized representatives, such contracts, books, documents, and records of Alliance that are necessary to certify the nature and extent of such costs. If Alliance carries out any of the duties of this Agreement through a subcontract with another organization and the value or cost of such subcontracted services is \$10,000 or more over a twelve (12) month period, such subcontract shall contain a clause to the same effect as this provision.

2.14 Licenses. Client shall obtain and maintain all required licenses and regulatory approvals necessary to operate the Unit at Client's Service Location. Alliance shall reasonably cooperate to assist Client to obtain such licenses

and approvals.

2.15 Taxes. All taxes, if any (for example, sales, use or similar taxes), on the services hereunder shall be the responsibility of Client (other than taxes on Alliance's net income from the services hereunder).

2.16 Professional Interpretations. Client shall need to engage a radiologist to provide interpretations of MRI procedures for Client patients. Alliance shall not be responsible for providing any such interpretations.

2.17 Patient Records. Client shall maintain patient records for each patient who receives procedures performed

under this Agreement.
2.18 Miscellaneous Activities.

a) Environment of Care and Emergency Management Drills. In addition to annual Alliance required annual emergency drills for its team members, the Client shall include Alliance team members at the Service Location in Client's emergency drills. For Alliance team members working on mobile units, the Client shall provide notification of all emergencies occurring inside the Client facility.
b) Human Resources. For medical equipment

supplied by the Client, such as I-Stats, glucometers, the Client must conduct the initial training and annual competencies and provide copies of such to the Alliance Manager of Operations. Client supplied medical equipment requiring high level disinfection ("HLD") such as endocavitary probes, require evidence of initial HLD training and annual competency conducted by the Client conducted by the Client.

c) Client supplied monitoring equipment and injectors. The Client must conduct annual preventative maintenance and shall provide documentation of such

preventative maintenance to Alliance upon request.

d) Quality Control. Regular quality control ("QC") is performed by Alliance in accordance with ACR, Joint Commission and/or the original equipment manufacturer as applicable and monitored by the technologist. Results of QC shall be provided to the Client upon request.

- e) Safety. Client will abide by the Alliance policy for transporting patients to and from the customer site via wheelchair for all patients identified as a falls risk through use of the Alliance falls risk assessment or the Client's fall risk assessment to be determined prior to the start of business. All patients will be taken onto the mobile coach via patient lift unless extenuating circumstances present in which case only patients determined NOT to be a falls risk (per falls risk assessment) will be permitted to be accompanied onto the Unit stairs with a signed copy of the Alliance falls risk assessment.
- FEES AND BILLING. Client shall pay Alliance fees that are set forth in the cover page(s) to this Agreement.

All fees for a billing period shall be due and payable within fifteen (15) days of the last day of such period. Alliance shall invoice Client twice each month. Client shall pay a late fee of one and one-quarter percent (1 1/4 %) or the maximum legal rate, whichever is less, on all balances outstanding more than fifteen (15) days beyond the duc date compounded and assessed for each month that such balances are past due. Alliance may adjust fees effective on each anniversary of the Commencement Date by the percentage increase for the Medical Care Services component of the Consumer Price Index for all Urban Consumers (CPI-U) as recorded by the Department of Labor Index for the then most recently available twelve month period. Client shall be responsible for all billings to Client patients and/or third party payors for MRI procedures performed on the Unit. Client's obligation to pay Alliance compensation in accordance with the provisions of this Agreement shall not be dependent upon Client's billing and collection of patient and/or third party payor accounts receivable. Alliance shall not bill, and Alliance shall not cause bills to be submitted to, any patient or third party payor for MRI procedures performed on the Unit. All billings for Client patients shall be in the name of Client, and Client shall not subcontract any of the services under this Agreement or the Unit to any third party. Both parties agree that Alliance is providing its services set forth on this Agreement "under arrangement" with Client, such that upon Client's receipt of payment from the Medicare program for MRI procedures performed in the Unit, the liability of the beneficiary or any other person to pay for such services shall be fully discharged.

- TERM. The term shall be as specified in the cover page(s) to this Agreement. The term of the Agreement shall also be extended coterminously with any period(s) services are suspended. In the event this Agreement terminates or expires and Client continues to accept services, the terms and conditions of this Agreement shall apply to the provision of services and Client shall be bound to accept such services until and unless Client shall terminate such extension upon further written notice to Alliance of not less than ninety (90) days. During any such term extension, the fees paid to Alliance may be increased 10%.
- SCHEDULING. Alliance shall make the Unit available to Client according to the schedule specified on the cover page(s) to this Agreement. Alliance personnel will not be available during the following holidays observed by Alliance: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

INSURANCE, INDEMNIFICATION. 6.1 Insurance.

a) Alliance. Alliance shall maintain insurance covering all risks of physical loss or damage to the Unit, comprehensive general liability and professional liability covering the conduct of its employees, all in amounts and subject to deductibles that are customary in the industry.

b) Client. Client shall maintain comprehensive general and professional liability insurance covering the Client, its employees, staff and physicians and shall require the Medical Director and other physicians who interpret or report on procedures performed on the Unit to maintain professional liability insurance. All such insurance shall be in amounts and with deductibles that are customary in the industry. Client shall bear the risk of loss or damage to the Unit from Client's negligent actions or omissions.

6.2 Indemnification. Each party hereto shall indemnify and hold the other party harmless from and against

any and all liability, loss, damage, cause of action, cost or expense (including reasonable attorney's fees) arising out of, or in any way connected with, any negligent or intentional act or failure to act, any breach of any representation or warranty under this Agreement, or any other wrongful conduct by the respective party, its members, agents, employees or subcontractors in the performance of its duties under this Agreement. The parties agree that upon receipt of a claim or demand for which a party is entitled to indemnification, the indemnified party shall: (i) provide the indemnifying party with prompt written notice of any indemnifiable claim; (ii) permit the indemnifying party to assume sole control of the defense with counsel selected by the indemnifying party; (iii) furnish the indemnifying party with all documents and information within the possession, custody, or control of the indemnified party relating to such claim; (iv) reasonably cooperate with the indemnifying party and its counsel; and (v) not enter into any oral or written negotiation, settlement, or compromise of any indemnifiable claim without the indemnifying party's prior written consent. In the event the indemnifying party defends the indemnifiable claim, it may do so under a reservation of its rights to cease the defense of the claim at a later date (upon reasonable prior written notice to the indemnified party) in the event it is determined that the indemnifying party has no obligation to defend or indemnify the claim.

GENERAL. 7.

7.1 Independence. Alliance is an independent contractor of Client, and this Agreement is a contract for services, not a lease. No agency, employment, partnership or joint venture is intended to be created by this Agreement. Neither Alliance nor Client shall take any action or position which is inconsistent with those descriptions of the

relationship

7.2 Remedies. Neither party shall be responsible for failure to provide services as a result of conditions caused by the other party. NOTWITHSTANDING ANYTHING IN THIS AGREEMENT TO THE CONTRARY, NEITHER PARTY SHALL BE RESPONSIBLE FOR INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL, OR OTHER SPECIAL DAMAGES THAT THE OTHER PARTY MAY INCUR OR EXPERIENCE IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PROVIDED BY A PARTY, HOWEVER CAUSED AND UNDER WHATEVER THEORY OF LIABILITY, EVEN IF A PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

7.3 Waiver. No waiver of any provisions of this Agreement or a breach thereof shall be valid or enforceable unless in writing and signed by both parties. The waiver by either party of any breach of any term, covenant, warranty, or condition contained in this Agreement shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition contained in this Agreement.

7.4 Notices. All notices required or permitted under this Agreement must be in writing and delivered either by reputable national or international overnight delivery service or by registered or certified U.S. mail (postage prepaid with return receipt requested). The initial addresses of the parties to which notice must be sent are listed on the cover page(s) to this Agreement. Notices to Alliance shall be sent to the attention of Chief Legal Officer. If notice is delivered by reputable national or international overnight delivery service, then notice shall be effective one (1) business day after deposit with the carrier. If notice is delivered by registered or certified U.S. mail (postage prepaid with return

receipt requested), then notice shall be effective five (5) business days after deposit with the carrier. Either party may change its address for notice by notifying the other by a

permitted method of giving notice.
7.5 Governing Law. This Agreement shall be governed by the law of the state where services are performed.

Entire Agreement; Amendment. Agreement is the parties' entire understanding and supersedes all prior agreements, oral and written, with respect to the subject matter of this Agreement, and no party will be bound by any representation, covenant, term, or condition other than as expressly stated in this Agreement. No statements, promise, or representations have been made by any of the Parties to any other, and no consideration has been offered, promised, expected or held out other than as is expressly provided herein. This Agreement may not be amended except by written agreement signed by both parties to this Agreement. No handwritten changes to this Agreement shall be enforceable unless such changes are initialed by both parties to this Agreement. This Agreement is binding upon and will inure to the benefit of the parties and their respective heirs, personal representatives, successors, and assigns.

7.7 Successors and Assigns. Neither party may assign this Agreement without the prior written consent of the other party, which consent shall not be unreasonably withheld. Client agrees that this Agreement may be performed, in whole or part, by a parent, subsidiary, or affiliate of Alliance and further consent shall not be required. Alliance may also assign the proceeds of this Agreement. Client shall require any successor or assign (whether direct or indirect, by purchase, merger, reorganization, consolidation, sale of property or stock, liquidation, or otherwise) to all or a substantial portion of its assets, by agreement in form and substance reasonably satisfactory to Alliance, to expressly assume and agree to

perform Client's obligations under this Agreement.

7.8 Third Parties. Nothing in this Agreement creates, or will be deemed to create, any third party

beneficiaries of or under this Agreement.

7.9 Attorney Fees. In any dispute arising out of this Agreement (whether litigation is involved or not) or in the event that either party must take action to collect fees or enforce rights, the prevailing party shall be entitled to reimbursement of its expenses, including court expenses and lawyers' fees.

7.10 Certain Events. Neither party will be responsible for any failure or delay in its performance under this Agreement (other than financial obligations including payment of amounts due) if such failure or delay is the result of any: labor dispute; act of God; inability to obtain labor or materials; accident; future law, regulation, ordinance or requirement of any government or regulatory agency; or any other event which is beyond its reasonable control.

7.11 Confidentiality. Alliance and Client acknowledge and agree that this Agreement is highly confidential and proprietary and agree that neither they, nor any of their employees, contractors, or physicians, shall disclose in any manner the terms, provisions, pricing or any other information contained in this Agreement (or any related proposal) to any third party. Further, Client shall ensure that neither it nor any of its employees, contractors, or physicians disclose any of Alliance's policies, procedures, or other confidential information that Client or its employees, contractors, physicians receives, except to the extent required by an accreditation organization to which Client is subject or a governmental entity.

7.12 Accreditation. Alliance and Client agree to set standards of care and quality that comply with The Joint

ALLIANCE HEALTHCARE SERVICES

Commission and the American College of Radiology (ACR). Alliance and Client mutually shall cooperate in all phases of applying, scheduling, preparing and executing surveys or inspections by The Joint Commission and ACR, as needed. Both parties agree to work cooperatively to implement changes, correct deficiencies or establish policies required and/or recommended by the inspecting agencies as applicable. Alliance shall provide Client with a copy of Alliance's Joint Commission accreditation certificate and most current patient satisfaction survey results, as requested by Client.

7.13 Severability. In the event that any provision of this Agreement, or the application thereof, becomes or is declared by a court of competent jurisdiction to be illegal, void or unenforceable, the remainder of this Agreement shall continue in full force and effect and the application of such provision to other persons or circumstances shall be interpreted so as reasonably to effect the intent of the parties hereto. The parties hereto further agree to use their commercially reasonable efforts to replace such void or unenforceable provision of this Agreement with a valid and enforceable provision that shall achieve, to the extent possible, the economic, business and other purposes of such void or

unenforceable provision.

7.14 Credit Checks. By signing the cover page(s) to this Agreement, Client hereby authorizes Alliance, as determined necessary by Alliance in Alliance's discretion upon such signature and from time-to-time during the term of the Agreement, to (i) obtain a standard factual credit data report concerning Client through a credit reporting agency or any other similar agency (a "Credit Reporting Agency") chosen by Alliance, and (ii) release to such Credit Reporting Agency") Agency any credit applications, financial information, or any other information of Client. Further, Client hereby agrees to provide Alliance with all appropriate credit applications and paperwork necessary to effectuate the above.

7.15 Construction. Every term and provision of this Agreement is to be construed simply according to its fair meaning and not strictly for or against any party. No provision of this Agreement is to be interpreted as a penalty upon, or a forfeiture by, any party to this Agreement. The parties acknowledge their right to separate legal counsel, and agree to obtain any appropriate advice or opinions about this transaction from their respective counsel. The parties acknowledge that they and their respective legal counsel have had the opportunity to participate equally in the drafting of this Agreement and that in the event of a dispute, no party shall be treated, for any purpose, as the author of this Agreement nor have any ambiguity resolved against it on account thereof.

7.16 Execution. By their signatures on the cover page(s) of this Agreement, each of the signatories to this Agreement represent that they have the authority to execute this Agreement and to bind the party on whose behalf their execution is made. This Agreement constitutes the legal, valid and binding obligation of the parties enforceable in

accordance with its terms.

7.17 Counterparts. This Agreement may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Delivery of an executed counterpart of this Agreement may be made by facsimile or other electronic transmission. Any such counterpart or signature pages sent by facsimile or other electronic transmission shall be deemed to be written and signed originals for all purposes, and copies of this Agreement containing one or more signature pages that have been delivered by facsimile or other electronic transmission shall constitute enforceable original documents. As used in this Agreement, the term "electronic transmission" means and refers to any form of communication not directly involving the physical transmission of paper that creates a record that may be retained, retrieved and reviewed by a recipient of the communication, and that may be directly reproduced in paper form by such a recipient through an automated process.

TERMINATION. 8.

8.1 Termination.

a) Material Breach. Alliance or Client may terminate this Agreement if the other party breaches any material covenant, term or provision of this Agreement and the material breach is not cured within sixty (60) days following provision of notice to the breaching party specifying

the alleged material breach.
b) Bankruptcy. Alliance or Client may terminate this Agreement if the other party commits or suffers (voluntarily or involuntarily) an act of bankruptcy,

receivership, liquidation or similar event.

8.2 Termination, Alliance. Alliance may terminate

this Agreement or suspend service if:

a) Payment Default. Client fails to make any payment to Alliance when due and such failure continues for ten (10) days following notice to Client. In the case of any payment default, Alliance may, without notice, cease providing services hereunder after three (3) days following a payment due date after three linecure with respect to Client's ability or willingness to make payment.

b) Inability to Cover Costs. Alliance is unable to cover its costs on the services provided hereunder, provided that the parties have negotiated in good faith to modify the terms of this Agreement to eliminate such inability and a period of sixty (60) days has elapsed since Alliance originally notified Client of such condition. In lieu of termination, Alliance may reduce the number of days of service provided.

c) Mobile Route. Alliance's mobile route for service on the Unit to all Alliance clients (including but not limited to Client) should fall below four full days of

contracted service per week.

8.3 Default. In the event that this Agreement terminates due to a default by Client under Section 8.1(a), Section 8.1(b), Section 8.2(a), or Section 9.4 of this Agreement, Alliance may take any action at law or in equity, including, but not limited to, collecting from Client payments then due and to become due under the remaining term of the Agreement had the Agreement not early terminated. Alliance and Client hereby agree that, in the event of Client's default of this Agreement and Alliance's subsequent termination of this Agreement, damages shall be calculated by using the greater of: (i) the average monthly procedure volumes by Client over the twelve-month period (or such lesser period if Alliance did not provide at least twelve (12) months of service to Client prior to termination) immediately prior to termination of this Agreement; or (ii) the procedure volume benchmarks set forth in the cover page(s) to this Agreement. The foregoing remedies are in addition to any provided by law. Neither party shall have an obligation to exercise any remedy and the exercise of the remedy shall not release the parties for any obligation hereunder. All remedies shall be cumulative, and other right to which either party may be entitled.

The termination of this Agreement shall not

discharge Client from any liability associated with services rendered prior to the termination of this Agreement. Client agrees that at the time of termination, all balances owed

Alliance must be paid in full.

ALLIANCE HEALTHCARE SERVICES

. COMPLIANCE WITH LAWS.

9.1 Compliance with Current Laws. The parties agree that it is their understanding and intent that this Agreement, including any exhibits and other attachments, complies as of the effective date hereof with all applicable federal and state laws and regulations, including, but not limited to, self-referral and anti-kickback laws. Further, the parties agree that they shall comply with all such laws and regulations, as may be amended from time to time. Client represents and warrants that it has not relied on any billing or reimbursement advice that it may have directly or indirectly received from Alliance, and that Client has and shall consult with Client's own billing and reimbursement experts and attorneys with respect to billing under this Agreement. Further, Client warrants and agrees that, throughout the term of this Agreement, Client shall comply with all applicable billing laws, regulations and rules, as may be amended from time to time.

9.2 No Inducement. This Agreement has been negotiated in good faith through arms' length negotiations. Nothing contained in this Agreement, including any compensation paid or payable, is intended or shall be construed: (i) to require, influence or otherwise induce or solicit either party regarding referrals of business, or recommending the ordering of any items or services, of any kind whatsoever to the other party or any of its affiliates, or to any other person, or otherwise generate business between the parties, or (ii) to interfere with a patient's right to choose his or her own health care provider, or with a physician's medical judgment regarding the ordering of any items or services.

judgment regarding the ordering of any items or services.

9.3 Change in Law. If any change in any applicable federal, state or local government laws, rules or regulations (each, a "Law" and, collectively, "Laws") would render unlawful the conduct under this Agreement of either party hereto, then the parties shall negotiate in good faith to restructure the business arrangement between the parties to conform with the then existing Laws. If the parties have not reached an agreement regarding the material terms of the restructured business arrangement within forty-five (45) days

of the change in such Law or by the effective date of such Law, whichever is sconer, then this Agreement may be cancelled by either party upon thirty (30) days' written notice to the other party or upon such effective date, whichever is sconer.

9.4 No Federal Health Care Program Exclusion. Each party represents and warrants to the other party that: (i) neither the representing party nor any of its officers, directors, or employees or contractors providing services under this Agreement are currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the "Federal health care programs"); (ii) neither the representing party nor any of its officers, directors, or employees or contractors providing services under this Agreement have ever been convicted of a criminal offense related to health care; and (iii) the representing party is not aware of any circumstances which may result in the representing party or any of its officers, directors, or employees or contractors providing services under this Agreement being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement, and each party shall immediately notify the other party of any change in status of the representation and warranty set forth in this Section. In the event a party or any of its officers, directors, or employees or contractors providing services under this Agreement become excluded, debarred, or otherwise ineligible to participate in the Federal health care programs, that party shall be considered in default of this Agreement, and the other party may immediately terminate this Agreement for cause; provided, however, a party can prevent such termination if that party is not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs and immediately terminates its relationship with any of its officers, directors, or employees or contractors providing services under this Agreement who become excluded, debarred, or otherwise ineligible to participate in the Federal health care programs.

[END OF GENERAL TERMS AND CONDITIONS]

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.Alliancelmaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

03/31/2018

Invoice Number:

INV0417512

Amount Due:

\$18,425.00

Amount Paid:

(

Customer Comments:

Chicago, IL 60693-6485

Alliance HealthCare Services

PO Box 96485

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No. 03/31/2018 INV0417512

Customer No.

INV0417512 All-22672

Terms Region Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

LINE PATIENT NAME I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	TRUOMA
1 118457	BLCROSS	72148	L-Spine W/O	03/01/2018 Thu	0	\$275.00 \$275.00
2 16952	CIGNA	72141	C-Spine W/O	03/01/2018 Thu	.0	\$275.00
3 16952	CIGNA	73221	Upper Ext w/o	03/01/2018 Thu	.0.	\$275.00
4 8421	BLCROSS	72148	L-Spine W/O	03/01/2018 Thu	0	\$0.00
5	10	73221	Upper Ext w/o	03/01/2018 Thu	٥.	\$275.00
6 19283		70551	Brain W/O Con	03/01/2018 Thu		\$275.00
7 68031	MEDICARE	73721	Lower Ext, Joint w/o	03/01/2018 Thu	٥.	100000
	MEDICARE	72141	C-Spine W/O	03/01/2018 Thu	0	\$275.00
8 72866		72148	L-Spine W/O	03/01/2018 Thu	. 0	\$0.00
		72148	L-Spine W/O	03/01/2018 Thu	0	\$0.00
11 118479	MEDICARE	73221	Upper Ext w/o	03/02/2018 Fri	0	\$275.00
	Gallagher 8	72148	L-Spine W/O	03/02/2018 Fri	0	\$275.00
	BLCROSS	73721	Lower Ext, Joint w/o	03/02/2018 Fri	0	\$275.00
	MEDICARE	73221	Upper Ext w/o	03/02/2018 Fri	0	\$275.00
14 111413	MEDIONIC	73718	Lower Ext Other w/o	03/02/2018 Fri	O	\$0.00
15	1. 1. 1.	72148	L-Spine W/O	03/02/2018 Fri	0	\$0.00
16		72146	T-Spine W/O	03/02/2018 Fri	0	\$0.00
17	MEDIOADE	72148	L-Spine W/O	03/05/2018 Mon	0	\$275.00
18 82180	MEDICARE	72148	L-Spine W & W/O	03/05/2018 Mon	0	\$275.00
19 111713	MEDICARE	73721	Lower Ext, Joint w/o	03/05/2018 Mon	0	\$275.00
20 62534	BLCROSS		Abdomen w & wlo	03/05/2018 Mon	0	\$275.00
21 83261	MEDICARE	74183	L-Spine W/O	03/05/2018 Mon	0	\$275.00
22 21743	MEDICARE	72148	L-Spine W/O	03/08/2018 Thu	0	\$275.00
23 24931	BLCROSS	72148		03/08/2018 Thu	0	\$275.00
24 23422	BLCROSS	72148	L-Spine W/O	03/08/2018 Thu	0	\$275.00
25 82896	BLCROSS	72148	L-Spine W/O	03/08/2018 Thu	0	\$0.00
26		73721	Lower Ext, Join! w/o	03/08/2018 Thu	0	\$0.00
27		72148	L-Spine W/O			\$0.00
28		72148	L-Spine W/O	03/08/2018 Thu	Ö	\$275.00
29 118557	MEDICARE	72148	L-Spine W/O	03/08/2018 Thu	0	DE13.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No.

03/31/2018 INV0417512

Customer No. Terms

All-22672 Net 30

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AND DATIENT MAIGE	LO.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	NO.	TNUOMA
LINE PATIENT NAME		4 78 7 28 7 3	TOCK!	Brain W/O Con	03/08/2018 Thu	0	\$275.00
30	113998	Magnolia	70551	Brain W/O Con	03/09/2018 Fri	0	\$275.00
31	111833	MEDICARE	70551	L-Spine W/O	03/09/2018 Fri	0	\$275.00
32	20229	BLCROSS	72148	Lower Ext, Joint w/o	03/09/2018 Fri	0	\$275.00
33	65993	UNITEDHL	73721	C-Spine W/O	03/09/2018 Fri	0	\$0.00
34	\$2.22 PE (1)	6 316	72141	L-Spine W/O	03/09/2018 Fri	0	\$0.00
35			72148	L-Spine W/O	03/09/2018 Fri	0	\$0.00
36			72148	T-Spine W/O	03/09/2018 Fri	0	\$0.00
37			72146		03/09/2018 Fri	0	\$0.00
38			72148	L-Spine W/O	03/09/2018 Fri	0	\$0.00
39			72146	T-Spine W/O	03/12/2018 Mon	0	\$275.00
40	41527	MEDICARE	72148	L-Spine W/O	03/12/2018 Mon	0	\$275.00
41	17163	BLCROSS	72148	L-Spine W/O	03/12/2018 Mon	0	\$275.00
42	8850	BLCROSS	72148	L-Spine W/O	03/12/2018 Mon	0	\$275.00
43	45812	MEDICARE	72148	L-Spine W/O	03/12/2018 Mon	0	\$0.00
44			72148	L-Spine W/O	03/12/2018 Mon	0	\$275.00
45	40595	MEDICARE	72148	L-Spine W/O	03/12/2018 Mon	0	\$275.00
46	118260	BLCROSS	73718	Lower Ext Other w/o	03/12/2018 Mon	0	\$0.00
47			72148	L-Spine W/O	03/15/2018 Thu	0	\$275.00
48	27259	Ambetter	70551	Brain W/O Con	03/15/2018 Thu	0	\$275.00
49	19214	MEDICARE	72148	L-Spirie W/O	03/15/2018 Thu		\$275.00
50	20069	., , , , , , , , , , , , , , , , , , ,	70551	Brain W/O Con	03/15/2018 Thu	0	\$275.00
51	3893		72148	L-Spine W/O	03/15/2018 Thu	0	\$0.00
52			72148	L-Spine W/O	03/15/2018 Thu	0	\$0.00
53			72148	L-Spine W/O	03/15/2018 Thu	0	\$275.00
54	2145	UNITEDHL	72148	L-Spine W/O	03/15/2018 Thu	0	\$275.00
55	27149	MEDICARE	72141	C-Spine W/O	03/15/2018 Thu	0	\$275.00
56	27149	MEDICARE	72148	L-Spine W/O	03/15/2018 Thu	0	\$0.00
57	118260		73718	Lower Ext Other w/o	03/16/2018 Fri	0	\$275.00
58		MEDICARE	72148	L-Spine W/O	03/16/2018 Fri	0	\$275.00
59		MEDICARE	72148	L-Spine W/O	03/16/2018 Fri	1	\$275.00
60		MEDICARE	70551	Brain W/O Con	03/19/2018 Mon	o	0075.00
61	65210	BLCROSS	73221	Upper Ext w/o	03/19/2018 Mon	0	
62	65210	BLCROSS	73221	Upper Ext w/o	03/19/2018 Mon	0	
63	34189	MEDICARE	70551	Brain W/O Con	03/22/2018 Thu	0	
6/	4109722	MEDICARE	72148	L-Spine W/O	03/22/2018 Thu	0	2077.00
64	4109771	WKRSCOMP	73221	Upper Ext w/o	03/22/2018 Thu		\$275.00
	2126119	SELF PAY	70551	Brain W/O Con	03/22/2018 Thu	!	
62	4109439	MEDICARE	72148	L-Spine W/O			
64	4109728	BLCROSS	72158	L-Spine W & W/O	03/22/2018 Thu		\$275.00
66 67 68 69 70	118741	MEDICARE	70551	Brain W/O Con	03/22/2018 Thu		
7/	64934	MEDICARE	72141	C-Spine W/O	03/23/2018 Fri		000000
70	62182	York Claims	72146	T-Spine W/O	03/23/2018 Fri	_ (
2011	62182	York Claims	73221	Upper Ext w/o	03/23/2018 Fri		
7	20229	BLCROSS	72149	L-Spine W/Con	03/23/2018 Fri		, 42,0,00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.
Case 3:18-bk-05665 Claim 17:

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

03/31/2018

Invoice No.

INV0417512

Customer No. Terms

All-22672 Net 30

Region

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LINE PATIENT NAME	la l o ssal	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	MO	AMOUNT
74	44411	CCMSI	70551	Brain W/O Con	03/23/2018 Fri	0	\$275.00
75	9207	BLCROSS	73221	Upper Ext w/o	03/23/2018 Fri	0	\$275.00
76	9207	BLCROSS	73221	Upper Ext w/o	03/23/2018 Fri	0	\$275.00
77	4099	MEDICARE	72141	C-Spine W/O	03/26/2018 Mon	0	\$275.00
78	102545	BLCROSS	72141	C-Spine W/O	03/26/2018 Mon	0	\$275.00
79	25755	BLCROSS	73718	Lower Ext Other w/o	03/29/2018 Thu	0	\$275.00
79	24852	BLCROSS	73222	Joint/Up Ext w	03/29/2018 Thu	0	\$275.00
	64934	MEDICARE	72141	C-Spine W/O	03/29/2018 Thu	0	\$0.00
81	04334	MECHONIC	72148	L-Spine W/O	03/29/2018 Thu	0	\$0.00
82		research to the second	72141	C-Spine W/O	03/29/2018 Thu	0	\$0.00
83	118818	MEDICARE	73721	Lower Ext, Joint w/o	03/29/2018 Thu	0	\$275.00
84	110010	MEDIONICE	72148	L-Spine W/O	03/29/2018 Thu	0.	\$0.00
85			72146	T-Spine W/O	03/29/2018 Thu	0	\$0.00
86		MEDICARE	72148	L-Spine W/O	03/30/2018 Fri	0	\$275.00
87	40057	BLCROSS	70551	Brain W/O Con	03/30/2018 Fri	0	\$275.00
88	16257	Qual Choice	72148	L-Spine W/O	03/30/2018 Fri	0	\$275.00
89	Account terms for the	MEDICARE	73721	Lower Ext, Joint w/o	03/30/2018 Fri	0	\$275.00
90	00004	WEDICARE	72158	L-Spine W & W/O	03/30/2018 Fri	0	\$275.00
91 92	25824 15888	MEDICARE	72148	L-Spine W/O	03/30/2018 Fri	0	\$275.00

Total

\$18,425.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

04/15/2018

Invoice Number:

INV0418284

Amount Due:

\$9,900.00

Amount Paid:

\$

Customer Comments:

Alliance HealthCare Services

Chicago, IL 60693-6485

PO Box 96485

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No.

04/15/2018 INV0418284

Customer No.

All-22672

Terms Region Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

LINE PATIENT NAME	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
	BLCROSS	72148	L-Spine W/O	04/02/2018 Mon	0	\$275.00
1 16047	BLCROSS	72141	C-Spine W/O	04/02/2018 Mon	0	\$275.00
	BLCROSS	72148	L-Spine W/O	04/02/2018 Mon	0	\$275.00
3 16047 98107	WKRSCOMP	72148	L-Spine W/O	04/02/2018 Mon	0	\$275.00
	WKRSCOMP	72146	T-Spine W/O	04/02/2018 Mon	0	\$275.00
5 98107	***************************************	73221	Upper Ext w/o	04/02/2018 Mon	O	\$0.00
		73221	Upper Ext w/o	04/02/2018 Mon	0	\$0.00
	* **********	72148	L-Spine W/O	04/02/2018 Mon	0	\$0.00
8	UNITEDHL	70551	Brain W/O Con	04/05/2018 Thu	0	\$275.00
	Ambetter	70553	Brain W & W/O	04/05/2018 Thu	0	\$275.00
TV AND BUILDING THE STREET, ST	Attibutes	70553	Brain W & W/O	04/05/2018 Thu	. 1	\$275.00
	BLCROSS	72148	L-Spine W/O	04/05/2018 Thu	0	\$275.00
12	BLCROSS	72148	L-Spine W/O	04/05/2018 Thu	0.	\$275.00
13	BLONOBO	72148	L-Spine W/O	04/05/2018 Thu	. 0	\$275.00
14 15 50461	Windsor	73221	Upper Ext w/o	04/06/2018 Fri	0	\$275.00
27.	MEDICARE	72148	L-Spine W/O	04/06/2018 Fri	0	\$275.00
16 110173	MEDICARE	70551	Brain W/O Con	04/06/2018 Fri	0	\$275.00
17 76698	BLCROSS	72158	L-Spine W & W/O	04/06/2018 Fri	0	\$275.00
18 62202	MEDICARE	72141	C-Spine W/O	04/06/2018 Fri	0	\$275.00
19 13266	MEDICARE	70551	Brain W/O Con	04/06/2018 Fri	0	\$275.00
20 13266	BLCROSS	73221	Upper Ext w/o	04/05/2018 Fri	O	\$275.00
21		72148	L-Spine W/O	04/09/2018 Mon	0	\$275.00
22	BLCROSS	72146	L-Spine W/O	04/09/2018 Mon	0	\$275.00
23	MEDICARE	72141	C-Spine W/O	04/09/2018 Mon	O	\$275.00
24	MEDICARE	72141	L-Spine W/O	04/09/2018 Mon	0	\$275.00
25	MEDICARE	73221	Upper Ext w/o	04/09/2018 Mon	0	\$275.00
26.	WKRSCOMP	72146	T-Spine W/O	04/09/2018 Mon	0	\$275.00
27	WKRSCOMP	72146 73218E	Upper Ext w/o	04/12/2018 Thu	0	\$275.00
28	UNITEDHL	107277	Upper Ext w/o	04/12/2018 Thu	0	\$275.00
29	BLCROSS	73221	Oppor Ext 470			

PLEASE PAY PROMPTLY. FINANCE CHARGES are assessed on past due balances in accordance with your contract.

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

04/15/2018

Invoice No.

INV0418284

Customer No.

All-22672

Terms

Net 30

Reg	ion	

777

IE PATIENT NAME	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
	MEDICAID	72148	L-Spine W/O	04/12/2018 Thu	.0	\$275.00
** ** *** *** ***	BLCROSS	73721	Lower Ext, Joint w/o	04/12/2018 Thu	0	\$275.00
1.0000000000000000000000000000000000000	UNITEDHL	72141	C-Spine W/O	04/12/2018 Thu	0	\$275.00
NAME OF TAXABLE PARTY.	UNITEDHL	70551	Brain W/O Con	04/12/2018 Thu	O	\$275.00
	HUMANAHLT	72141	C-Spine W/O	04/13/2018 Fri	0	\$275.00
140 to 1	HUMANAHLT	72148	L-Spine W/O	04/13/2018 Fri	0	\$275.00
	HUMANAHLT	72146	T-Spine W/O	04/13/2018 Fri	0	\$275.00
	MEDICAID	73721	Lower Ext, Joint w/o	04/13/2018 Fri	0	\$275.00
	47.000	72148	L-Spine W/O	04/13/2018 Fri	0	\$275.00
	VETADM WKRSCOMP	73721	Lower Ext, Joint w/o	04/13/2018 Fri	0.	\$275.00

Total

\$9,900.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

04/30/2018

Invoice Number:

INV0419191

Amount Due:

\$10,725.00

Amount Paid:

LÆ.

Customer Comments:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

PQ Box 19532, - Irvlne, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No. 04/30/2018 INV0419191

Customer No.

INV0419191 All-22672

Terms Region Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60593-6485

LINE PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
early of the true, or	1	WKRSCOMP	73721	Lower Ext, Joint w/o	04/16/2018 Mon	0	\$275.00
		MEDICARE	73221	Upper Ext w/o	04/16/2018 Mon	0	\$275.00
2.		HUMANAHLT	72148	L-Spine W/O	04/16/2018 Mon	0	\$275.00
3		MEDICARE	72141	C-Spine W/O	04/16/2018 Mon	0	\$275.00
4.		WKRSCOMP	73721	Lower Ext, Joint w/o	04/16/2018 Mon	0	\$275.00
5		UNITEDHL	72148	L-Spine W/O	04/16/2018 Mon	0	\$275.00
6	A RECERCISE A TELEVISION	ONTICEARE	72141	C-Spine W/O	04/19/2018 Thu	0	\$0.00
7	40000		70551	Brain W/O Con	04/19/2 0 18 Thu		\$275.00
8	12686		70547	MRA Neck w/o	04/19/2018 Thu	1	\$0.00
9.	12686	1.0	70551	Brain W/O Con	04/19/2018 Thu	0	\$0.00
10			72146	T-Spine W/O	04/19/2018 Thu	0	\$0.00
11			72148	L-Spine W/O	04/19/2018 Thu	. 0	\$0.00
12		U Ch	70551	Brain W/O Con	04/19/2018 Thu	.0	\$275.00
13	113858	Humana Ch	72148	L-Spine W/O	04/19/2018 Thu	O	\$275.00
14	81664	MEDICARE	70553-59	MRI Pitultary / IAC	04/19/2018 Thu	0	\$275.00
15	District Francisco	Boon	70551	Brain W/O Con	04/19/2018 Thu	0	\$275.00
16	40087	MEDICARE	72148	L-Spine W/O	04/20/2018 Fri	0	\$275.00
17	1000124	UNITEDHL		L-Spine W/O	04/20/2018 Fri	0	\$275.00
18	100560		72148	Upper Ext w/o	04/20/2018 Fri	0	\$275.00
19	1000135	Sedgewick	73221	L-Spine W/O	04/20/2018 Fri	0	\$275.00
20	15216	MEDICARE	72148	Brain W/O Con	04/20/2018 Fri	0	\$275.00
21	15216	MEDICARE	70551	C-Spine W/O	04/23/2018 Mon	0	\$275.00
22		BLCROSS	72141	L-Spine W/O	04/23/2018 Mon	0	\$275.00
23	Appropriate the state	HUMANAHLT	72148	Upper Ext w/o	04/23/2018 Mon	0	\$275.00
24		BLCROSS	73221		04/23/2018 Mon	0	\$275.00
25		BLCROSS	73721	Lower Ext, Joint w/o Brain W/O Con	04/23/2018 Mon	0	\$275.00
26	1000000 00 00000	Humana Gold	70551		04/23/2018 Mon	0	\$275.00
27			72148	L-Spine W/O	04/23/2018 Mon	0	\$275.00
28	4	MEDICARE	72148	L-Spine W/O	04/23/2018 Mon	0	\$275.00
29			72148	L-Spine W/O	····	1127	750640

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STATEMENT FOR SERVICES RENDERED

Invoice Date

04/30/2018

Invoice No.

INV0419191

Customer No.

Terms

All-22672 Net 30

Region

777

LINE PATIENT NAME	lb.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
30			70551	Brain W/O Con	04/23/2018 Mon	1	\$0.00
31		92	70551	Brain W/O Con	04/23/2018 Mon	1	\$0.00
32			70547	MRA Neck w/o	04/23/2018 Mon		\$0.00
33	36404	UNITEDHL	72148	L-Spine W/O	04/26/2018 Thu	O	\$275.00
34		BLCROSS	72146	T-Spine W/O	04/26/2018 Thu	0	\$275.00
35		MEDICARE	72148	L-Spine W/O	04/26/2018 Thu	0	\$275 00
36			72148	L-Spine W/O	04/26/2018 Thu	0	\$0.00
37	510102		70551	Brain W/O Con	04/26/2018 Thu	1	\$275.00
38		MEDICARE	70551	Brain W/O Con	04/26/2018 Thu	0	\$275.00
39	5100920	BLCROSS	73218	Upper Ext w/o	04/26/2018 Thu	0	\$275.00
40		BLCROSS	72148	L-Spine W/O	04/26/2018 Thu	0	\$275.00
41	************	MEDICARE	72148	L-Spine W/O	04/27/2018 Fri	0	\$275.00
42		BLCROSS	72141	G-Spine W/O	04/27/2018 Fri	0	\$275.00
43			72148	L-Spine W/O	04/27/2018 Fri	0	\$0.00
44		MEDICARE	73221	Upper Ext w/o	04/27/2018 Fri	0	\$275.00
45		MEDICARE	70551	Brain W/O Con	04/27/2018 Fri	0	\$275.00
46		The state of the s	72148	L-Spine W/O	04/27/2018 Fri	0	\$0.00
47			70553	Brain W & W/O	04/27/2018 Fri	0	\$0.00
48	5 (1 min 1 m	HUMANA	73221	Upper Ext w/o	04/30/2018 Mon	0	\$275.00
49		BLCROSS	73221	Upper Ext w/o	04/30/2018 Mon	0	\$275.00
50		SELF PAY	72141	C-Spine W/O	04/30/2018 Mon	0	\$275.00
51		Magnolia	73721	Lower Ext, Joint w/o	04/30/2018 Mon	0	\$275.00
	ans &			-			040 707 00

Total

\$10,725.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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Chicago, IL 60693-6485

PO Box 96485

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

05/15/2018

Invoice Number:

INV0419957

Amount Due:

\$8,525.00

Amount Paid:

Customer Comments:

Case 3:18-bk-05665 Claim 171-1 Filed 01/07/19 Desc Main Document 45

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

05/15/2018

Invoice No.

INV0419957

Customer No.

All-22672

Terms

Net 30

Region

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MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

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Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

LINE PATIENT NAME	ID.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
1	99914	Magnolia	72148	L-Spine W/O	05/03/2018 Thu	.0.	\$275.00
2	28932	BLCROSS	70553	Brain W & W/O	05/03/2018 Thu	0	\$275.00
3	49423	MEDICARE	73222	Joint/Up Ext w	05/03/2018 Thu	0	\$275.00
	66228	MEDICARE	70553	Brain W & W/O	05/03/2018 Thu	0	\$275.00
	66228	MEDICARE	72195	Pelvis w/o	05/03/2018 Thu	0	\$275.00
		SELF PAY	73221	Upper Ext w/o	05/04/2018 Fri	0	\$275.00
		Magnolia	73221	Upper Ext w/o	05/04/2018 Fri	0.	\$275.00
		Magnolia	73221	Upper Ext w/o	05/04/2018 Fri	0	\$275.00
		BLCROSS	73221	Upper Ext w/o	05/04/2018 Fri	0	\$275.00
0			70553	Brain W & W/O	05/04/2018 Fri	0	\$0.00
in the same of the	3-44-6	MEDICARE	72148	L-Spine W/O	05/04/2018 Fri	0	\$275.00
12		BLCROSS	72146	T-Spine W/O	05/04/2018 Fri	0	\$275.00
3		PHCS	72148	L-Spine W/O	05/07/2018 Mon	0	\$275.00
		11100	70551	Brain W/O Con	05/07/2018 Mon	- 1	\$275.00
4		and the second	70553	Brain W & W/O	05/07/2018 Mon	1	\$275.00
5			73221	Upper Ext w/o	05/07/2018 Mon	0	\$0.00
6		e enemalis i	72148	L-Spine W/O	05/07/2018 Mon	0	\$0.00
7			73721	Lower Ext, Joint w/o	05/07/2018 Mon	0	\$275.00
8	The second second	5.5	72148	L-Spine W/O	05/07/2018 Mon	0	\$0,00
9	No.		72148	L-Spine WIO	05/07/2018 Mon	0	\$0.00
20			72148	L-Spine W/O	05/10/2018 Thu	0	\$0.00
The second with the second	40,4000	BLCROSS	70551	Brain W/O Con	05/10/2018 Thu	0	\$275.00
2 /	104099	MEDICARE	70553	Brain W & W/O	05/10/2018 Thu	0	\$275.00
23	63628	MEDICARE	72148	L-Spine W/O	05/10/2018 Thu	0	\$0.00
24	-		70551	Brain W/O Con	05/10/2018 Thu	0	\$0.00
25			73721	Lower Ext. Joint w/o	05/10/2018 Thu	0	\$0.00
26	Specimen in the	DI CDOCC	72146	T-Spine W/O	05/11/2018 Fri	0	\$275.00
27	+-	BLCROSS		L-Spine W/O	05/11/2018 Fri	0	\$275.00
28 29		BLCROSS	72148 72141	C-Spine W/O	05/11/2018 Fri	0	\$275.00

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STATEMENT FOR SERVICES RENDERED

Invoice Date

05/15/2018

Invoice No.

INV0419957

Customer No.

All-22672

Terms Region Net 30 777

NE PATIENT NAME	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
	TRICARE	70553	Brain W & W/O	05/11/2018 Fri	0	\$275.00
2.1122	INOAKE	72146	T-Spine W/O	05/11/2018 Fri	.1.	\$275.00
	22 4 4 4 4 4	72148	L-Spine W/O	05/11/2018 Fri	1	\$275.00
	ESIS	73221	Upper Ext w/o	05/14/2018 Mon	0	\$275.00
3	TRICARE	72148	L-Spine W/O	05/14/2018 Mon	0	\$275.00
	MEDICARE	73221	Upper Ext w/o	05/14/2018 Mon	0	\$275.00
	MEDICARE	72148	L-Spine W/O	05/14/2018 Mon	0	\$275.00
	MEDICARE	72148	L-Spine W/O	05/14/2018 Mon	0	\$275.00
	MEDICARE	73721	Lower Ext, Joint w/o	05/14/2018 Mon	O	\$275.00
9	WEDICARL	70553	Brain W & W/O	05/14/2018 Mon	I	\$275.00
9	S	72148	L-Spine W/O	05/14/2018 Mon	0	\$275.00

Total

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349

e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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Alliance HealthCare Services

Chicago, IL 60693-6485

PO Box 96485

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

05/31/2018

Invoice Number:

INV0420853

Amount Due:

\$7,425.00

Amount Paid:

5

(1-107 E) / /

Customer Comments:

Case 3:18-bk-05665 Claim 171-1 Filed 01/07/19 Desc Main Document Page 26 of

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No. Customer No. 05/31/2018 INV0420853

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All-22672 Net 30

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MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

PATIENT NAME	ID.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
ASS CONTRACTOR			72148	L-Spine W/O	05/17/2018 Thu	0	\$275.00
			72148	L-Spine W/O	05/17/2018 Thu	0	\$275.00
			73721	Lower Ext, Joint w/o	05/17/2018 Thu	0	\$275.00
		* * **** ***	72148	L-Spine W/O	05/17/2018 Thu	.0	\$275.0
	TALL ALL DESCRIPTION	MEDICARE	70551	Brain W/O Con	05/18/2018 Fri	0	\$275.0
	*****	MEDICARE	73221	Upper Ext w/o	05/18/2018 Fri	0	\$275.0
		MEDICARE	72158	L-Spine W & W/O	05/18/2018 Fri	0	\$275.0
		MEDICAID	72148	L-Spine W/O	05/18/2018 Fri	0	\$275.0
		MEDICARE	72148	L-Spine W/O	05/18/2018 Fri	0.	\$275.0
		MEDICARE	72148	L-Spine W/O	05/18/2018 Fri	0	\$275.0
	k = 122	MEDICARE	73721	Lower Ext, Joint w/o	05/18/2018 Fri	0	\$275.0
	Assets 1	MEDICARE	73221	Upper Ext w/o	05/18/2018 Fri	0	\$275.0
5		BLCROSS	72146	T-Spine W/O	05/21/2018 Mon	0	\$275.0
		Magnolia	70553	Brain W & W/O	05/21/2018 Mon	0	\$275.0
		MEDICARE	72141	C-Spine W/O	05/21/2018 Mon	0	\$275.
		MEDICARE	73221	Upper Ext w/o	05/21/2018 Mon	0	\$275.0
		UHC Hawk	72141	C-Spine W/O	05/24/2018 Thu	0	\$0.0
	1000000	MEDICARE	72148	L-Spine W/O	05/24/2018 Thu	0.	\$275.
		MEDIONIC	72141	C-Spine W/O	05/24/2018 Thu	0	\$275.
	4 × 222		73721	Lower Ext, Joint w/o	05/24/2018 Thu	0	\$0.
	- 201532 C	AND A PERSON	70553	Brain W & W/O	05/24/2018 Thu	0	\$0.
	(1988 SA)		72148	L-Spine W/O	05/24/2018 Thu	0	\$0.
	44.00		72148	L-Spine W/O	05/24/2018 Thu	0	\$0.
		UHC Hawk	70553	Brain W & W/O	05/25/2018 Fri	0	\$275.
	4 4 4	UHC Hawk	72148	L-Spine W/O	05/25/2018 Fri	0	\$275.
			73721	Lower Ext, Joint w/o	05/25/2018 Fri	0	\$275.
		CorVel	72141	C-Spine W/O	05/25/2018 Fri	0	\$0.
Ea			70553	Brain W & W/O	05/25/2018 Fri	0	\$0
	1.00	Y 12 4	70555	L-Spine W/O	05/25/2018 Fri	0	\$0.

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

05/31/2018

Invoice No.

Customer No.

INV0420853

Terms

All-22672 Net 30

Region

777

NE PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	IIO.	AMOUNT
			70553	Brain W & W/O	05/25/2018 Fri	0	\$0.00
0	4004070	UMR	72158	L-Spine W & W/O	05/31/2018 Thu	O	\$275.00
	1001873	AETNA	72148	L-Spine W/O	05/31/2018 Thu	.0	\$275.00
2	1001844		70553	Brain W & W/O	05/31/2018 Thu	. 1	\$275.00
3	5103305	AETNA	72148	L-Spine W/O	05/31/2018 Thu	0	\$275.00
4	7027	BLCROSS	73221	Upper Ext w/o	05/31/2018 Thu	0	\$275.00
5	23344	BEGROSS	72148	L-Spine W/O	05/31/2018 Thu	0	\$0.00
	a er exectencia	4 4 6	72148	L-Spine W/O	05/31/2018 Thu	0	\$0.00
7			72148	L-Spine W/O	05/31/2018 Thu	0	\$0.00
8	41099	MEDICARE	72148	L-Spine W/O	05/31/2018 Thu	0	\$275.00

\$7,425.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

06/15/2018

Invoice Number:

INV0421613

Amount Due:

\$10,450.00

Amount Paid:

\$

Customer Comments:

PO Box 96485 Chicago, IL 60693-6485

Alliance HealthCare Services

PO Box 19532. - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No. 06/15/2018 INV0421613

Customer No.

All-22672

Region

Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical CIr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, It. 60693-6485

LINE PATIENT NAME I.D.		INSURANCE	CPTCODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
1		MEDICARE	73221	Upper Ext w/o	06/01/2018 Fri	0	\$275.00
2		BLCROSS	72141	C-Spine W/O	06/01/2018 Fri	0	\$275.00
3		MEDICARE	72141	C-Spine W/O	06/01/2018 Fri	0	\$275.00
4			72148	L-Spine W/O	06/01/2018 Fri	0	\$0.00
5			72146	T-Spine W/O	06/01/2018 Fri	0	\$0.00
6		14	70553	Brain W & W/O	06/01/2018 Fri	0	\$0.00
7		BLCROSS	72148	L-Spine W/O	06/01/2018 Fri	0	\$0.00
		BLCROSS	73223	Joint/Up Ex	06/04/2018 Mon	0	\$275.00
8	exercis percentation	BLCROSS	73221	Upper Ext w/o	06/04/2018 Mon	0	\$275.00
10		BLCROSS	72141	C-Spine W/O	06/04/2018 Mon	0	\$275.00
11	31 TO 100 OFF	BLCROSS	72141	C-Spine W/O	06/04/2018 Mon	0	\$275.00
		BLCROSS	72148	L-Spine W/O	06/04/2018 Mon	0	\$275.00
12	1 14 47 19	MEDICARE	72148	L-Spine W/O	D6/04/2018 Mon	0	\$275.00
14	F F 74	UHC Hawk	72141	C-Spine W/O	06/04/2018 Mon	0	\$275.00
)1380	MEDICARE	73721	Lower Ext, Joint w/o	06/07/2018 Thu	0.	\$275.00
	1380	MEDICARE	72141	C-Spine W/O	06/07/2018 Thu	0	\$275.00
17 270		UNITEDHL	72148	L-Spine W/O	06/07/2018 Thu	0	\$275.00
		HUM HMO	72148	L-Spine W/O	06/07/2018 Thu	0	\$275.00
232	.00	TRICARE	70553	Brain W & W/O	06/07/2018 Thu	0	\$275.00
19		BLCROSS	72141	C-Spine W/O	06/08/2018 Fri	0	\$275.00
20	* * * * * * * ****	MEDICARE	72141	C-Spine W/O	06/08/2018 Fri	0	\$275.00
21 5 7 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7		MEDICARE	70553	Brain W & W/O	06/08/2018 Fri	0	\$275.00
22		MEDIONINE	72158	L-Spine W & W/O	06/08/2018 Fri	0	\$0.00
23			70553	Brain W & W/O	06/08/2018 Fri	0	\$0.00
24			70553	Brain W & W/O	06/08/2018 Fri	0	\$0.00
25		MEDICARE	72141	C-Spine W/O	06/11/2018 Mon	0	\$275.00
26	3	MEDICARE	70553	Brain W & W/O	06/11/2018 Mon	0	\$275.00
27		MEDICARE	72148	L-Spine W/O	06/11/2018 Man	0	\$275.00
28	3.75 (1) 17	MEDICARE	70551	Brain W/O Con	06/11/2018 Mon	0	\$275.00
29		MICDIOANE	7,001			1 1 1	

PLEASE PAY PROMPTLY. FINANCE CHARGES are assessed on past due balances in accordance with your contract.

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

06/15/2018

Involce No.

INV0421613

Customer No.

All-22672

Terms Region Net 30 777

E PATIENT NAME	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
And the second s	MEDICARE	72158	L-Spine W & W/O	06/11/2018 Mon	0	\$275.00
	BLCROSS	72148	L-Spine W/O	06/14/2018 Thu	0	\$275.00
the state of the s	UHC Hawk	74181	Abdomen w/o	06/14/2018 Thu	0	\$275.00
	UMR	72148	L-Spine WIO	06/14/2018 Thu	0	\$275.00
A MARKAL IN LANGUAGE CONTROL	Humana Ch	72156	C-Spine W & W/O	06/14/2018 Thu	0	\$275.00
Discourse of the C	Humana Ch	72158	L-Spine W & W/O	06/14/2018 Thu	0	\$275.00
PARAMETERS OF THE PER	ridinaria on	72148	L-Spine W/O	06/14/2018 Thu	0	\$275.00
	VA Central	73721	Lower Ext, Joint w/o	06/14/2018 Thu	0	\$275.00
	AN Central	73721	Lower Ext, Joint w/o	06/14/2018 Thu	0	\$275.00
g g gar i gra sav a	a reserve	73721	Lower Ext, Joint w/o	06/14/2018 Thu	0	\$275.00
		72148	L-Spine W/O	06/15/2018 Fri	.0.	\$275.00
	MEDICARE	73221	Upper Ext wio	06/15/2018 Fri	Q	\$275.00
	MEDICARE	73221	Upper Ext w/o	06/15/2018 Fri	0	\$275.0
e and east to	CommCare	73221	Upper Ext w/o	06/15/2018 Fri	0	\$275.00
s and the second se	MEDICARE		Brain W & W/O	06/15/2018 Fri	0	\$275.0
1	Magnolia	70553	L-Spine W & W/O	06/15/2018 Fri	0	\$275.0
5	BLCROSS	72158	L. Copino . 1 & Co.			

Total

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349

e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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Please remit lower portion with payment.

Alliance HealthCare Services

Chicago, IL 60693-6485

PO Box 96485

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

06/30/2018

Invoice Number:

INV0422511

Amount Due:

\$9,350.00

Amount Paid:

Customer Comments:

Case 3:18-bk-05665 Claim 171-1 Filed 01/07/19 Desc Main Document

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No.

06/30/2018 INV0422511

Customer No.

All-22672

Terms Region Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

NE PATIENT NAME	· J.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
and the second of the second	12 N R W 75 N	100	72148	L-Spine W/O	06/18/2018 Mon	0	\$275.00
		MEDICARE .	73221	Upper Ext w/o	06/18/2018 Mon	0	\$275.00
		MEDICARE	70551	Brain W/O Con	06/18/2018 Mon	0	\$275.00
		MEDICARE	73221	Upper Ext w/o	06/18/2018 Mon	.0	\$0.00
表 (5) (5)			72148	L-Spine W/O	06/18/2018 Mon	0	\$0.00
6 H	444 4 - 4 - 4 - 4 - 4 - 4	****	72148	L-Spine W/O	06/18/2018 Mon	. 0	\$0.00
	2 1777 1671 - 0		73721	Lower Ext, Joint w/o	06/18/2018 Mon	0	\$0.00
70 25		11.	72148	L-Spine W/O	06/18/2018 Mon	0	\$275.00
		HUMANA	72141	C-Spine W/O	06/21/2018 Thu	0.	\$275.00
		MEDICARE	72195	Pelvis w/o	06/21/2018 Thu	0	\$275.00
			72148	L-Spine W/O	06/21/2018 Thu	0	\$275.00
		MEDICARE	70544	MRA Brain w/o	06/21/2018 Thu		\$275.00
7		MEDICADE	72141	C-Spine W/O	06/21/2018 Thu	0	\$275.0
	2	MEDICARE	72148	L-Spine W/O	06/21/2018 Thu	0	\$275.0
		CCMSI	73721	Lower Ext, Joint w/o	06/21/2018 Thu	0	\$275.0
	42.4.4.4.4.4	MEDICAID	72148	L-Spine W/O	06/21/2018 Thu	0	\$275.0
		BCBS Smart	72195	Pelvis w/o	06/21/2018 Thu	0	\$275.0
		BCBS Smart		L-Spine W/O	06/21/2018 Thu	0	\$0.0
			72148 72148	L-Spine W/O	06/21/2018 Thu	0	\$0.0
				Abdomen w & w/o	06/21/2018 Thu	1	\$0.0
		12 17 1 7 2 9 9	74183	Abdomen w & w/o	06/22/2018 Fri	1	\$275.0
	4.44.49.41 127.727.117		74183	L-Spine W/O	06/22/2018 Fri	0	\$275.0
	earle (et et		72148	C-Spine W/O	06/22/2018 Fri	0	\$275.0
	*****		72141	L-Spine W/O	06/22/2018 Fri	0	\$275.
			72148	C-Spine W/O	06/25/2018 Mon	0	\$275.
5	62094	BLCROSS	72141	Lower Ext, Joint w/o	06/25/2018 Mon	0	\$275.
3	69158	BLCROSS	73721		06/25/2018 Mon	0	\$0.
7	67612		70551	Brain W/O Con	06/25/2018 Mon	0	
8	28818	BLCROSS	72148	L-Spine W/O	06/25/2018 Mon	0	
9	21536	Humana Ch	73221	Upper Ext w/o	UUIZUIZU S MOII		

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

06/30/2018

Invoice No.

INV0422511

Customer No.

All-22672

Terms

Net 30

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LINE PATIENT NAME	i.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	110	AMOUNT
30	99873	MEDICARE	72148	L-Spine W/O	06/25/2018 Mon	0	\$275.00
31	55231	BLCROSS	72148	L-Spine W/O	06/25/2018 Mon	0	\$275.00
32	55231	BLCROSS	73221	Upper Ext w/o	06/25/2018 Mon	0	\$275.00
33	117882	MEDICARE	73721	Lower Ext, Joint w/o	06/28/2018 Thu	0	\$275.00
34	117882	MEDICARE	73721	Lower Ext, Joint w/o	06/28/2018 Thu	0	\$275.00
35	6526	MEDICARE	72195	Pelvis w/o	06/28/2018 Thu	0	\$275.00
36	113811	WellCare	70551	Brain W/O Con	06/28/2018 Thu	0.	\$275.00
37	14114	BLCROSS	74183	Abdomen w & w/o	06/28/2018 Thu	0	\$275.00
38	14114	BLCROSS	72197	Pelvis w & w/o	06/28/2018 Thu	O	\$275.00
39			72148	L-Spine W/O	06/28/2018 Thu	0	\$0.00
40	108137	MEDICARE	72141	C-Spine W/O	06/28/2018 Thu	0	\$275.00
41	108137	MEDICARE	73221	Upper Ext w/o	06/28/2018 Thu	. 0	\$275.00
42	5687	MEDICARE	73221	Upper Ext w/o	06/28/2018 Thu	0	\$275.00
43	76209	UNITEDHL	73721	Lower Ext, Joint w/o	06/28/2018 Thu	0	\$275.00

Total

\$9,350.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

07/15/2018

Invoice Number:

INV0423272

Amount Due:

\$5,500.00

Amount Paid:

\$

Customer Comments:

PO Box 96485 Chicago, IL 60693-6485

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

07/15/2018

Invoice No. Customer No. INV0423272

Terms

All-22672

Region

Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606 SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

LINE PATIENT NAME	(,D,	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
	8660	Magnolia	70553	Brain W & W/O	07/02/2018 Mon	0	\$275.00
	25161	BLCROSS	72148	L-Spine W/O	07/02/2018 Mon	0	\$275.00
2		BLCROSS	73221	Upper Ext w/o	07/02/2018 Mon	0	\$275.00
3	31821 72508	MEDICARE	70553	Brain W & W/O	07/02/2018 Mon	1	\$275.00
4	38896	MEDICAID	72141	C-Spine W/O	07/02/2018 Mon	0	\$275.00
5	19969	BLCROSS	70551	Brain W/O Con	07/02/2018 Mon	0	\$275.00
6	19909	DECINOCO	72148	L-Spine W/O	07/02/2018 Mon	0	\$0.00
7.	6700	MEDICARE	72141	C-Spine W/O	07/02/2018 Mon	0	\$275.00
8	6700	WILDIONAGE	72195	Pelvis w/o	07/02/2018 Mon	0	\$0.00
9	2531	MEDICARE	72148	L-Spine W/O	07/05/2018 Thu	0	\$275.00
10	2531	MEDICARE	72148	L-Spine W/O	07/05/2018 Thu	0	\$275.00
11		MEDICARE	70551	Brain W/O Con	07/05/2018 Thu	0	\$275.00
12	41402	MEDICAGE	72146	T-Spine W/O	07/05/2018 Thu	0	\$0.00
13			73718	Lower Ext Other w/o	07/05/2018 Thu	0	\$0.00
14	4000004	MEDICARE	72148	L-Spine W/O	07/05/2018 Thu	0	\$275.00
15	1002584	MEDICARE	72141	C-Spine W/O	07/05/2018 Thu	0	\$0.00
16			73721	Lower Ext, Joint w/o	07/05/2018 Thu	0	\$0.00
17	Company of the	LILINAANIA	72148	L-Spine W/O	07/09/2018 Mon	0	\$275.00
18	7583	HUMANA	73721	Lower Ext. Joint w/o	07/09/2018 Mon	0	\$275.00
19	99059	MEDICARE	72141	C-Spine W/O	07/09/2018 Mon	0	\$0.00
20	38.0		72148	L-Spine W/O	07/09/2018 Mon	0	\$0.00
21 10 100 101 100 101 101 101 101			72148	L-Spine W & W/O	07/09/2018 Mon	0	\$275.00
22	1002654	MEDICARE	70551	Brain W/O Con	07/09/2018 Mon	0	\$275.00
23	1002687	BLCROSS	73721	Lower Ext, Joint w/o	07/09/2018 Mon	0	\$275.00
24 page to the state of the state of	50529	BLCROSS	72141	C-Spine W/O	07/12/2018 Thu	0	\$0.00
25				C-Spine W/O	07/12/2018 Thu	0	\$0.00
26			72141	Brain W/O Con	07/12/2018 Thu	0	\$0.00
27			70551	Brain W/O Con	07/12/2018 Thu	0	\$275.00
28	10576	UNITEDHL	70551	A State of the sta	07/12/2018 Thu	0	\$275.00
29	67023	BLCROSS	72148	L-Spine W/O			

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

07/15/2018

Invoice No.

INV0423272

Customer No.

All-22672

Terms

Net 30

Region

777

LINE PATIENT NAME	I.D.	INSURANCE	CPTCODE	DESCRIPTION	DATE OF SERVICE	1/0	TRUOMA
30	. 41136 . 118383	BLCROSS	72148 72195	L-Spine W/O Pelvis w/o	07/12/2018 Thu 07/12/2018 Thu	0	\$275.00 \$275.00
					Total		\$5,500.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349

e-mail: sdeman@allianceimaging.com

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

07/31/2018

Invoice Number:

INV0424163

Amount Due:

\$11,000.00

2.44

\$

Amount Paid:

Customer Comments:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date Invoice No.

07/31/2018 INV0424163

Customer No.

All-22672

Terms Region Net 30 777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center 303 Medical Cfr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

INE PATIENT NAME	Jo.	INSURANCE	CPTCODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
	69286	Service Control of the Control of th	72141	C-Spine W/O	07/16/2018 Mon	0	\$275.00
2	1002742		72148	L-Spine W/O	07/16/2018 Mon	0	\$275.00
3	5108632		72148	L-Spine W/O	07/16/2018 Mon	0	\$275.00
建 6年以至1940年			73721	Lower Ext, Joint w/o	07/16/2018 Mon	0	\$0.00
5	5109063		72148	L-Spine W/O	07/16/2018 Mon	0	\$0.00
3	5108447		72148	L-Spine W/O	07/16/2018 Mon	0	\$275.00
	1000168	Triwest	72148	L-Spine W/O	07/19/2018 Thu	0	\$275.00
	1000168	Triwest	73721	Lower Ext, Joint w/o	07/19/2018 Thu	0	\$275.00
	35580	MEDICARE	70551	Brain W/O Con	07/19/2018 Thu	0	\$275.00
0	39171	MEDICARE	70551	Brain W/O Con	07/19/2018 Thu	0	\$275.00
1	103273	Freedom	72141	C-Spine W/O	07/19/2018 Thu	0	\$275.00
2	103273	Freedom	72146	T-Spine W/O	07/19/2018 Thu	0	\$275.00
3	103273	Freedom	72148	L-Spine W/O	07/19/2018 Thu	0	\$275.0
4	100610	n bilemann r	73221	Upper Ext w/o	07/19/2018 Thu	0	\$0.0
5	97088	MEDICARE	70551	Brain W/O Con	07/20/2018 Fri	0	\$275.0
* 180	25923	MEDICARE	72148	L-Spine W/O	07/20/2018 Fri	0	\$275.0
6 7	13613	MEDICARE	70551	Brain W/O Con	07/20/2018 Fri	0	\$275.0
8	80142	BLCROSS	72148	L-Spine W/O	07/20/2018 Fri	0	\$275.0
9	113246	MEDICARE	70551	Brain W/O Con	07/20/2018 Fri	0	\$275.0
Est of the later o	113246	MEDICARE	72148	L-Spine W/O	07/20/2018 Fri	0	\$275.0
0	1002838	Humana Ch	70553	Brain W & W/O	07/20/2018 Fri	0	\$275.0
1	20670	MEDICARE	72141	C-Spine W/O	07/23/2018 Mon	0	\$275.0
2		TRICARE	73721	Lower Ext, Joint w/o	07/23/2018 Mon	0	\$275.0
3	23675	MEDICARE	72158	L-Spine W & W/O	07/23/2018 Mon	0	\$275.0
24	92582	UNITEDHL	72148	L-Spine W/O	07/23/2018 Mon	0	\$275.0
25	9839	ONLIEDIE.	70551	Brain W/O Con	07/23/2018 Mon	1	\$275.0
26	44795	BLCROSS	70551	Brain W/O Con	07/23/2018 Mon	0	\$275.0
7	94553	MEDICARE	72148	L-Spine W/O	07/23/2018 Mon	0	\$275.0
28 14 14 14 14 14 14 14 14 14 14 14 14 14	1002880	MEDICARE	72148	L-Spine W/O	07/26/2018 Thu	0	\$275.0

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

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STATEMENT FOR SERVICES RENDERED

Invoice Date

07/31/2018

Invoice No.

INV0424163

Customer No.

Terms

All-22672 Net 30

Region

777

LINE PATIENT NAME I.D.	INSURANCE	CPTCODE	DESCRIPTION	DATE OF SERVICE	1/0	AMOUNT
30 000036559		73218	Upper Ext w/o	07/26/2018 Thu	0	\$275.00
	MEDICAID	72148	L-Spine W/O	07/26/2018 Thu	0	\$275.00
31 000112471	WEDIOTAS	72148	L-Spine W/O	07/26/2018 Thu	0	\$275.00
32 001002925 001002934	MEDICAID	70553	Brain W & W/O	07/27/2018 Fri	0	\$275.00
	BLCROSS	72148	L-Spine W/O	07/27/2018 Fri	0	\$275.00
34 000001510	MEDICARE	73718	Lower Ext Other w/o	07/27/2018 Fri	0.	\$275.00
35 001002926	BLCROSS	72148	L-Spine W/O	07/27/2018 Fri	0	\$275.00
36 000078412	Prickoss	72148	L-Spine W/O	07/27/2018 Fri	0	\$275.00
37 000038696	MEDICADE	72141	C-Spine W/O	07/27/2018 Fri	0	\$275.00
38 000082393	MEDICARE	73218	Upper Ext w/o	07/27/2018 Fri	0	\$275.00
39 000082393	MEDICARE	72148	L-Spine W/O	07/30/2018 Mon	0	\$0.00
40	(((0.41)))	72141	C-Spine W/O	07/30/2018 Mon	0	\$275.00
41 73232	HUM HMO	72148	L-Spine W/O	07/30/2018 Mon	0	\$275.00
73232	HUM HMO	- 사용하다 하는 그리	Brain W/O Con	07/30/2018 Mon	0	\$275,00
43 70585 44 12685	AETNA BLCROSS	70551 70551	Brain W/O Con	07/30/2018 Mon	Ο,	\$275.00

Total

\$11,000.00

If you have any questions, please contact Deman, Sylvia Phone: (949) 242-5349 e-mail: sdeman@allianceimaging.com Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

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Alliance HealthCare Services

Chicago, IL 60693-6485

PO Box 96485

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Customer Number:

AII-22672

Customer Name:

Panola Medical Center

Invoice Date:

08/15/2018

Invoice Number:

INV0424901

Amount Due:

\$8,525.00

Amount Paid:

\$

Customer Comments:

Case 3:18-bk-05665 Claim 171-1 Filed 01/07/19 Desc Main Document

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Involce Date Invoice No.

08/15/2018 INV0424901

Customer No. Terms Region

All-22672 Net 30

777

MRI

BILLING ADDRESS:

Panola Medical Center 303 Medical Center Dr Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center 303 Medical Ctr. Dr. Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services PO Box 96485 Chicago, IL 60693-6485

LINE PATIENT NAME	I.D. 44	INSURANCE	CPTCODE	DESCRIPTION	DATE OF SERVICE	110	AMOUNT
1	000006077 000081792	WKRSCOMP BLCROSS	73218 73718	Upper Ext W/o Lower Ext Other w/o	08/02/2018 Thu 08/02/2018 Thu	0	\$275.00 \$275.00
3,4		MEDICARE MEDICARE	70551 73718	Brain W/O Con Lower Ext Other w/o L-Spine W/O	08/02/2018 Thu 08/02/2018 Thu 08/02/2018 Thu	0 0	\$0.00 \$0.00 \$0.00
5	113090	MEDICARE MEDICARE	72148 72141 73721	C-Spine W/O Lower Ext, Joint w/o	08/03/2018 Fri 08/03/2018 Fri	0	\$275.00 \$275.00
7 8 9	13844 1003083	MEDICARE MEDICAID	72141 72146	C-Spine W/O T-Spine W/O	08/03/2018 Fri 08/03/2018 Fri 08/03/2018 Fri	0	\$275.00 \$275.00 \$275.00
10	001003083 5111224	MEDICAID	72148 70551 72146	L-Spine W/O Brain W/O Con T-Spine W/O	08/06/2018 Mon 08/06/2018 Mon	 O	\$275.00 \$275.00
12 13 🕷	118371 118371 06719		72158 72141	L-Spine W & W/O C-Spine W/O	08/06/2018 Mon 08/06/2018 Mon	0	\$275.00 \$275.00
15 16	511068 5111376	BLCROSS MEDICARE	72141 72141	C-Spine W/O C-Spine W/O L-Spine W/O	08/09/2018 Thu 08/09/2018 Thu	0	\$275.00 \$275.00 \$275.00
17 18	5111376 1002838	MEDICARE	72148 73721 72141	Lower Ext. Joint w/o C-Spine W/O	08/09/2018 Thu 08/09/2018 Thu	0	\$275.00 \$275.00
19 20 21	21111	BLCROSS BLCROSS	73721 73718	Lower Ext, Joint w/o Lower Ext Other w/o	08/09/2018 Thu 08/09/2018 Thu 08/09/2018 Thu	0	\$275.00 \$275.00 \$275.00
22 23	028429 028429	BCBS BCBS	72141 70551 72148	C-Spine W/O Brain W/O Con L-Spine W/O	08/09/2018 Thu 08/09/2018 Thu	0.0	\$275.00 \$275.00
24	5111560 5111560 068334	4	73721 73221	Lower Ext, Joint w/o Upper Ext w/o	08/09/2018 Thu 08/10/2018 Fri	0	\$275.00 \$275.00
27 28 29	016563 40800 1003185	Allied MEDICARE MEDICARE	72148 70551 72141	L-Spine W/O Brain W/O Con C-Spine W/O	08/10/2018 Fri 08/10/2018 Fri 08/10/2018 Fri	0	\$275.00 \$275.00 \$275.00

PLEASE PAY PROMPTLY. FINANCE CHARGES are assessed on past due balances in accordance with your contract.

PO Box 19532, - Irvine, CA 92623 (949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date

08/15/2018

Invoice No.

INV0424901

Customer No.

Total

AII-22672

Terms

Net 30

Region

777

30	1003185	MEDICARE	73221	Upper Ext w/o	 08/10/2018 Fri	. 0	\$275.00
1	79233	BLCROSS	72148	L-Spine W/O	 08/10/2018 Fri	0	\$275.00
2		MEDICARE	72148	L-Spine W/O	08/10/2018 Fri	0	\$275.00
3	19453		72141	C-Spine W/O	 08/10/2018 Fri	0	\$275.00
4	19453	UNITEDHL	72146	T-Spine W/O	08/10/2018 Fri	0	\$275.00

Paperless Count:

Print Count:

10

Remittance Count:

10

Remittance Total:

\$99,825.00



18201 Von Karman, Suite 600 Irvine, California 92612

April 20, 2018

VIA OVERNIGHT DELIVERY

Mr. Wayne Thompson CEO/CFO Panola Medical Center 303 Medical Center Drive Batesville, Mississippi 38606

SUBJECT: MRI Master Services Agreement, fully executed on March 22, 2018 ("Agreement") between Alliance HealthCare Services d/b/a Alliance HealthCare Radiology ("Alliance") and Panola Medical Center ("Panola").

Dear Mr. Thompson:

Pursuant to Section 8.2(a) of the Agreement, Alliance is immediately suspending MRI services ("Services") for nonpayment and Alliance's insecurity with respect to Panola's ability or willingness to make payment for the Services provided by Alliance. Alliance would be willing to lift the suspension upon full payment to Alliance of all amounts owed for Services. According to our records, Alliance has not received payment for the following invoices for

Invoice Number	Invoice Date	Amount Due
INV0407757	10/31/2017	\$4,075.00
INV0409436	11/30/2017	\$1,525.00
INV0412557	12/31/2017	\$17,050.00
INV0414218	1/31/2018	\$14,575.00
INV0415849	2/28/2018	\$22,000.00
INV0417512	3/31/2018	\$18,425.00
INV0418284	4/15/2018	\$9,900.00
Total Amount Due Allia	ance:	\$87,550.00

Please know that suspension of Services does not terminate the Agreement. Pursuant to Section 2.12 of the Agreement, Panola will continue to be prohibited from utilizing another source for the remaining term of the Agreement. Therefore, we will reserve the right to seek additional damages from any third party which interferes with the Agreement.

Furthermore, please be aware that suspension of Services shall not discharge Panola from any liability under the Agreement. Thus, Alliance will be entitled to seek damages for any outstanding balances, accrued finance charges, value of remaining term of the Agreement, and all costs associated with Alliance's collection efforts (i.e. court expenses and attorney fees).

Alliance values its relationship with Panola. At the same time, Alliance is unwilling to continue permitting Panola's account to remain in arrears. I hope that we can work together to resolve this matter so that we can re-establish a positive working relationship between Panola and Alliance.

Nothing in this letter shall be construed as a waiver of any breach by Panola under the Agreement or any rights and remedies that Alliance has under the Agreement.

If you have any questions, please do not hesitate to contact me at (330) 705-0780.

Tom Gaston

Regional VP of Operations

22672 / 008659

Tom Gaston

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: (6817096) Claim No: 171 Status:
ALLIANCE HEALTHCARE Original Filed Filed by: CR
SERVICES INC Date: 01/07/2019 Entered by: Intake2
(ADMINISTRATIVE) Original Entered Modified:

ATTN LEGAL DEPARTMENT Date: 01/07/2019

PO BOX 19532 IRVINE CA 92623

Admin claimed: \$90125.00

History:

<u>Details</u> 171- 01/07/2019 Claim #171 filed by ALLIANCE HEALTHCARE SERVICES INC, Admin claimed:

\$90125.00 (Intake2)

Description: (171-1) Services performed

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*	
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	\$90125.00	