

**Fill in this information to identify the case:**

Debtor 1 Curae Health Inc.  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE  
 Case number: 18-05665

FILED

U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE

1/10/2019

MATTHEW T. LOUGHNEY, Clerk

## Official Form 410

### Proof of Claim

04/16

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

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

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

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

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>Medtronic USA, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Medtronic USA, Inc.</u> Name <u>c/o Archer &amp; Greiner, P.C.</u> <u>Attn: Jeffrey Traurig, Esq.</u> <u>630 Third Avenue, 7th Floor</u> <u>New York, NY 10017</u> Contact phone <u>(212) 682-4940</u> Contact email <u>jtraurig@archerlaw.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> <u>Medtronic USA, Inc.</u> Name <u>Attn: Mr. Bob Zbylicki</u> <u>800 53rd Avenue Northeast MS SLK 27</u> <u>Columbia Heights, MN 55421</u> Contact phone <u>(763) 505-5116</u> Contact email <u>bob.zbylicki@medtronic.com</u>
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

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

<b>6. Do you have any number you use to identify the debtor?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</div>
<b>7. How much is the claim?</b>	<div><div>\$ 357851.57</div><div><b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
<b>8. What is the basis of the claim?</b>	<div>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 healthcare information.</div> <div>Goods delivered. _____</div>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div><b>Basis for perfection:</b> _____</div> <div>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.)</div> <div><b>Value of property:</b> \$ _____</div> <div><b>Amount of the claim that is secured:</b> \$ _____</div> <div><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</div> <div><b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<b>Amount entitled to priority</b>
		<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
		<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
		<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
		<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
		<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 834.60
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.			

### Part 3: Sign Below

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

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

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

Check the appropriate box:

- ☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 1/10/2019  
MM / DD / YYYY

/s/ Bob Zbylicki  
\_\_\_\_\_  
Signature

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

Name	<u>Bob Zbylicki</u>		
	First name	Middle name	Last name
Title	<u>Senior Credit Services Manager</u>		
Company	<u>Medtronic USA, Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>800 53rd Avenue Northeast MS SLK 27</u>		
	Number Street		
	<u>Columbia Heights, MN 55421</u>		
	City	State	ZIP Code
Contact phone	<u>(763) 505-5116</u>		Email <u>bob.zbylicki@medtronic.com</u>

**Clarksdale Regional Medical Center Inc., Clarksdale Regional Physicians, LLC  
and Curae Health Inc. Chapter 11 Case Nos. 18-05678, 18-05682 and 18-05665**

**ATTACHMENT TO PROOF OF CLAIM  
OF MEDTRONIC USA, INC.**

1. This Proof of Claim (the “Proof of Claim”) is made by Medtronic USA, Inc. (“Medtronic”) against Clarksdale Regional Medical Center Inc. d/b/a Northwest Mississippi Medical Center (“Clarksdale Medical”) (Case No. 18-05678), Clarksdale Regional Physicians, LLC (“Clarksdale Physicians”) (Case No. 18-05682) and Curae Health Inc. (“Curae” and together with Clarksdale Medical and Clarksdale Physicians, the “Debtors”) (Case No. 18-05665).

2. A schedule of the unpaid invoices owed to Medtronic by the Debtors is attached hereto as **Exhibit A**. Attached hereto as **Exhibit B** are unpaid invoices aggregating \$357,851.57 asserted against the Debtors in connection with medical devices delivered by Medtronic to Clarksdale Medical, including \$834.60 asserted as an administrative expense claim pursuant to section 503(b)(9) of the Bankruptcy Code. Medtronic understands that the claim is properly asserted against Clarksdale Medical but is also being filed against Clarksdale Physicians and Curae, to the extent that the medical devices were delivered to Clarksdale Physicians and/or Curae.

3. Reservation of Rights

- a. To the extent that the Debtors or a trustee assert claims against Medtronic of any kind, Medtronic reserves the right to assert that such claims by the Debtors are subject to rights of setoff or recoupment, which rights may be treated as secured claims under the Bankruptcy Code. To the extent that the Trustee or any other party takes any action that would give rise to a

counterclaim, cross claim or other claims against the Debtors or a trustee, Medtronic reserves all rights to assert such claim.

- b. Medtronic reserves the right to (i) amend, clarify, modify, update or supplement this Proof of Claim at any time and in any respect, including without limitation to assert additional claims and requests for payment or additional grounds for his claims, or to specify the amount of Medtronic's contingent, unmatured or unliquidated claims as they become non-contingent, matured or liquidated; (ii) file additional proofs of claim at any time and in any respect; or (iii) file a request for payment of administrative or priority expenses in accordance with 11 U.S.C. §§ 503(b) and 507(a). By virtue of the filing of this Proof of Claim, Medtronic does not waive, and hereby expressly reserves, its right to pursue claims and requests for payment, including, but not limited to, the claims and requests for payment described herein against the estates based upon alternative legal theories.
- c. By filing this Proof of Claim, Medtronic does not waive, and specifically preserves, its procedural and substantive defenses to any claim that may be asserted against Medtronic by the Debtors, by any trustee of their estates, or any other party.
- d. Medtronic also reserves all rights accruing to it against the Debtors' estates, and the filing of this Proof of Claim is not intended to be and shall not be construed as (a) an election of remedies or (b) a waiver or limitation

of any rights of Medtronic. Medtronic reserves the right to withdraw this Proof of Claim with respect to any claims for any reason whatsoever.

- e. This Proof of Claim shall not be deemed to be a waiver of Medtronic's right (i) to have final orders in non-core matters entered only after *de novo* review by a District Court Judge, (ii) to trial by jury in any proceeding so triable in these cases or any case, controversy, or proceeding related to these cases, (iii) to have the District Court withdraw the reference in any matter subject to mandatory or discretionary withdrawal, or (iv) to any other rights, claims, actions, set-offs, or recoupments to which Medtronic is or may be entitled, in law or in equity, all of which rights, claims, actions, defenses, set-offs, and recoupments Landlord expressly reserves.

4. The information contained in this Proof of Claim is based on the best information available to Medtronic at the time of the filing of this Proof of Claim. Medtronic reserves its right to amend this Proof of Claim and/or file a supplement to this Proof of Claim as additional information respecting the amount of the components comprising Claimant's Proof of Claim becomes available.

5. By filing this Proof of Claim, Medtronic is not waiving any rights it has or may have based on this Proof of Claim including, without limitation, any rights to assert that this Proof of Claim or any part of the Proof of Claim is due pursuant to sections 365(d), 503(a) and 507 of the Bankruptcy Code, or to assert the Proof of Claim or any part of the Proof of Claim against third parties (including Debtors' affiliates, officers, directors and employees), or any other rights under the Bankruptcy Code and applicable non-bankruptcy law. The filing of this Proof of Claim is not intended to be

and shall not be construed as (a) an election of remedies, (b) a waiver of any past, present or future defaults or events of default, (c) a waiver or limitation of any rights of Claimant, or (d) a consent to the jurisdiction of this Court. Claimant does not waive its right to dispute the jurisdiction of this Court to hear any proceeding, motion or other matter related to this Proof of Claim or any rights of Claimant apart from the Proof of Claim.

6. Claimant expressly reserves all of its other rights, remedies, claims and defenses against the Debtor and other parties in interest.

7. Notices and other documents addressing, relating or otherwise pertaining to this Proof of Claim should be sent to:

Archer & Greiner, P.C.  
Attn: Jeffrey Traurig, Esq.  
630 Third Ave.  
New York, NY 10017  
Contact Phone (212) 682-4940

-and-

Medtronic USA, Inc.  
Attn: Mr. Bob Zbylicki  
800 53<sup>rd</sup> Avenue Northeast MS SLK 27  
Columbia Heights, MN 55421  
Contact Phone (763) 505-5116  
Contact email – bob.zyblicki@medtronic.com

Exhibit A

Schedule of Claims

Payer Name	Assignment	Doc. Date	Net due dt	Invoice Amount	Unpaid Amount	PO#	Reference	503(b)(9) Claims
Northwest Mississippi Medical Clarksdale	2535847030	03/05/2018	04/04/2018	\$ 21,019.00	\$ 21,019.00	749-6683264	6154564621	
Northwest Mississippi Medical Clarksdale	2536474954	04/12/2018	05/12/2018	\$ 354.64	\$ 354.64	749-6711573	6155729035	
Northwest Mississippi Medical Clarksdale	2536862033	05/03/2018	06/02/2018	\$ 49,701.50	\$ 49,701.50	749-6725962	6156350976	
Northwest Mississippi Medical Clarksdale	2536924696	05/08/2018	06/07/2018	\$ 21,019.00	\$ 21,019.00	749-6728489	6156392077	
Northwest Mississippi Medical Clarksdale	2536968945	05/10/2018	06/09/2018	\$ 21,019.00	\$ 21,019.00	749-6729075	6156178796	
Northwest Mississippi Medical Clarksdale	2537720615	06/26/2018	07/26/2018	\$ 6,895.00	\$ 6,895.00	749-6756389	6157816940	
Northwest Mississippi Medical Clarksdale	2537787246	06/28/2018	07/28/2018	\$ 1,680.31	\$ 1,680.31	749-6761014	6157981428	
Northwest Mississippi Medical Clarksdale	2537834509	07/02/2018	08/01/2018	\$ 1,090.00	\$ 1,090.00	749-6756392	6157728907	
Northwest Mississippi Medical Clarksdale	2537834514	07/02/2018	08/01/2018	\$ 6,895.00	\$ 6,895.00	749-6761285	6158006900	
Northwest Mississippi Medical Clarksdale	2537834520	07/02/2018	08/01/2018	\$ 4,825.00	\$ 4,825.00	749-6760510	6157941835	
Northwest Mississippi Medical Clarksdale	2538255998	07/26/2018	08/25/2018	\$ 23,340.00	\$ 23,340.00	749-6776013	6158602498	
Northwest Mississippi Medical Clarksdale	2538256013	07/26/2018	08/25/2018	\$ 7,185.00	\$ 7,185.00	749-6775963	6158640407	
Northwest Mississippi Medical Clarksdale	2538256036	07/26/2018	08/25/2018	\$ 99,403.00	\$ 99,403.00	749-6775565	6158809480	
Northwest Mississippi Medical Clarksdale	2538288612	07/27/2018	08/26/2018	\$ 28,415.00	\$ 28,415.00	749-0727018	6158866206	
Northwest Mississippi Medical Clarksdale	2538288621	07/27/2018	08/26/2018	\$ 7,185.00	\$ 7,185.00	749-6776316	6158845868	
Northwest Mississippi Medical Clarksdale	2538605096	08/16/2018	09/15/2018	\$ 278.20	\$ 278.20	749-6785978	6159321522	\$ 278.20
Northwest Mississippi Medical Clarksdale	2538624489	08/17/2018	09/16/2018	\$ 556.40	\$ 556.40	749-6785978	6159321522	\$ 556.40
Merit Northwest Clarksdale MS 38614-1218	2526603464	07/28/2016	07/28/2016	\$ (4,514.00)	\$ (4,514.00)	829-5882449	6134779591	
Merit Northwest Clarksdale MS 38614-1218	2533952433	11/02/2017	12/02/2017	\$ 51,841.50	\$ 3,391.50	749-6575066	6151238467	
Merit Northwest Clarksdale MS 38614-1218	2534219505	11/20/2017	12/20/2017	\$ 51,841.50	\$ 3,391.50	749-6591237	6151724862	
Merit Northwest Clarksdale MS 38614-1218	2534707284	12/20/2017	01/19/2018	\$ 103,683.00	\$ 6,783.00	749-6620677	6152606435	
Merit Northwest Clarksdale MS 38614-1218	2534935859	01/08/2018	02/07/2018	\$ 344.72	\$ 344.72	749-6632101	6152907840	
Merit Northwest Clarksdale MS 38614-1218	2535429845	02/06/2018	03/08/2018	\$ 1,112.80	\$ 1,112.80	749-6661536	6153844221	
Merit Northwest Clarksdale MS 38614-1218	2535621145	02/19/2018	03/21/2018	\$ 4,443.00	\$ 4,443.00	749-6661292	6153732879	
Merit Northwest Clarksdale MS 38614-1218	2535621156	02/19/2018	03/21/2018	\$ 21,019.00	\$ 21,019.00	749-6661338	6153748709	
Merit Northwest Clarksdale MS 38614-1218	2535621169	02/19/2018	03/21/2018	\$ 21,019.00	\$ 21,019.00	749-6670702	6154153825	
<b>TOTAL</b>					\$357,851.57			\$834.60

Exhibit B

Invoices

# Invoice

Reprint

Medtronic USA

Page Number: 1 of 2  
 Date: 03/05/2018  
 Invoice Number: 2535847030  
 Purchase Order: 749-6683264

## Mail To

Blocked- Northwest Mississippi Medi  
 Center  
 Attn Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

## Ship To

Northwest Mississippi Medical  
 Center  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6154564621	03/02/2018	04/04/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
EVERAMRXTDRM MEM	EVERA MRI XT DR SYSTEM - MMEM	1.00	EA	21,019.00	21,019.00
00643169720497 DDMB1D4	ICD DDMB1D4 EVERA MRI DR XT DF4 US	1.00	EA		
	Serial : PFZ238259H				
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US	1.00	EA		
	Serial : TDK250279V				
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC	1.00	EA		
	Serial : BBE865775V				

Sub Total	21,019.00
Amount Due:	21,019.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 2 of 2  
**Date:** 03/05/2018  
**Invoice Number:** 2535847030  
**Purchase Order:** 749-6683264

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6154564621	03/02/2018	04/04/2018		hunsuw1-0000128510

Patient Name[REDACTED]

Implant Physician [REDACTED]

Implant Date 03/02/2018

**Terms : Net 30 Days****Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 04/12/2018  
**Invoice Number:** 2536474954  
**Purchase Order:** 749-6711573

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6155729035	04/12/2018	05/12/2018		YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

Pricing documented within this order confirmation is your current pricing; please reach out to your Medtronic sales rep for current price file and update your records for future orders. Thank you

20681490105150	DRESSING 400402 MEROCEL 20PK STD NASAL 8CM	2.00	PK	177.32	354.64
400402	LONG				

Batch:

00020336

Pricing documented within this order confirmation is your current pricing; please reach out to your Medtronic sales rep for current price file and update your records for future orders.  
Thank you

<b>Sub Total</b>	354.64
<b>Amount Due:</b>	354.64

**Terms :** Net 30 Days**Remit To:**

**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

Medtronic USA

Page Number: 1 of 3  
Date: 05/03/2018  
Invoice Number: 2536862033  
Purchase Order: 749-6725962

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving, PO# 749-6725962  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156350976	05/03/2018	06/02/2018		Tasha Muskin

Item #	Description	Quantity	UOM	Unit Price	Extended Price
LINQSYS	LINQ System	10.00	EA	4,645.00	46,450.00
00643169845749 LNQ11	MON LNQ11 REVEAL LINQ USA FW2.0	10.00	EA		
	Serial :				
	RLA513616S				
	RLA513617S				
	RLA513618S				
	RLA513619S				
	RLA513620S				
	RLA513623S				
	RLA513625S				
	RLA513635S				
	RLA513637S				
	RLA513641S				
00643169725362 24950KLQ	MON 24950KLQ MYCARELINK/SVC USA LINQ	10.00	EA		
	Serial :				
	YDM189261B				

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 2 of 3  
 Date: 05/03/2018  
 Invoice Number: 2536862033  
 Purchase Order: 749-6725962

**Mail To**

Blocked- Northwest Mississippi Medi  
 Center  
 Attn Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
 Center  
 Attn Receiving, PO# 749-6725962  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1625719

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156350976	05/03/2018	06/02/2018		Tasha Muskin

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

YDM189439B  
 YDM189535B  
 YDM189784B  
 YDM189790B  
 YDM190173B  
 YDM190587B  
 YDM190623B  
 YDM190649B  
 YDM190706B

00643169574175 BOX PN-M960356A001 LINQSYS  
 PN-M960356A001

10.00 EA

Batch:  
 D

Sub Total	46,450.00
Tax	3,251.50
Amount Due:	49,701.50

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 3 of 3  
**Date:** 05/03/2018  
**Invoice Number:** 2536862033  
**Purchase Order:** 749-6725962

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving, PO# 749-6725962  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156350976	05/03/2018	06/02/2018		Tasha Muskin

**Terms : Net 30 Days****Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 1 of 2  
 Date: 05/08/2018  
 Invoice Number: 2536924696  
 Purchase Order: 749-6728489

**Mail To**

Blocked- Northwest Mississippi Medi  
 Center  
 Attn Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
 Center  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156392077	05/04/2018	06/07/2018		shiveh1-0000109651

Item #	Description	Quantity	UOM	Unit Price	Extended Price
EVERAMRIXDTRM MEM	EVERA MRI XT DR SYSTEM - MMEM	1.00	EA	21,019.00	21,019.00
00643169720497 DDMB1D4	ICD DDMB1D4 EVERA MRI DR XT DF4 US	1.00	EA		
	Serial : PFZ240202H				
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US	1.00	EA		
	Serial : TDK248455V				
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC	1.00	EA		
	Serial : BBE865526V				

Sub Total	21,019.00
Amount Due:	21,019.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

Medtronic USA

Page Number: 2 of 2  
Date: 05/08/2018  
Invoice Number: 2536924696  
Purchase Order: 749-6728489

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156392077	05/04/2018	06/07/2018		shiveh1-0000109651

Patient Name [REDACTED]

Implant Physician [REDACTED] Implant Date 05/04/2018

Terms : Net 30 Days

**Remit To:**

Medtronic USA Inc  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 1 of 2  
 Date: 05/10/2018  
 Invoice Number: 2536968945  
 Purchase Order: 749-6729075

**Mail To**

Blocked- Northwest Mississippi Medi  
 Center  
 Attn Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
 Center  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156178796	04/26/2018	06/09/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
EVERAMRIXDRM MEM	EVERA MRI XT DR SYSTEM - MMEM	1.00	EA	21,019.00	21,019.00
00643169720497 DDMB1D4	ICD DDMB1D4 EVERA MRI DR XT DF4 US	1.00	EA		
	Serial : PFZ240299H				
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US	1.00	EA		
	Serial : TDK251773V				
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC	1.00	EA		
	Serial : BBE865366V				

Sub Total	21,019.00
Amount Due:	21,019.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 2 of 2  
**Date:** 05/10/2018  
**Invoice Number:** 2536968945  
**Purchase Order:** 749-6729075

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156178796	04/26/2018	06/09/2018		hunsuw1-0000128510

**Patient Name** [REDACTED]**Implant Physician** [REDACTED] **Implant Date** 04/26/2018**Terms :** Net 30 Days**Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 06/26/2018  
**Invoice Number:** 2537720615  
**Purchase Order:** 749-6756389

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6157816940	06/25/2018	07/26/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169493377 A2DR01	IPG A2DR01 Advisa DR MRI SureScan US Serial : PVY532731H	1.00	EA	5,805.00	5,805.00
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC Serial : BBE876361V	1.00	EA	515.00	515.00
00643169633766 5076-58	LEAD 5076-58 MRI US RCMCRD Serial : PJN7347638	1.00	EA	575.00	575.00

Sub Total	6,895.00
Amount Due:	6,895.00

**Patient Name [REDACTED]****Implant Physician [REDACTED] Implant Date 06/19/2018****Terms : Net 30 Days****Remit To:**

**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 06/28/2018  
**Invoice Number:** 2537787246  
**Purchase Order:** 749-6761014

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6157981428	06/28/2018	07/28/2018		YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169617179 PS200-040	PLASMA BLADE PS200-040 4.0 MPSS	6.00	EA	261.73	1,570.38

Batch:  
0214749141

<b>Sub Total</b>	1,570.38
<b>Tax</b>	109.93
<b>Amount Due:</b>	<b>1,680.31</b>

**Terms : Net 30 Days**

**Remit To:**  
**Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 1 of 1  
Date: 07/02/2018  
Invoice Number: 2537834509  
Purchase Order: 749-6756392

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6157728907	06/20/2018	08/01/2018		shiveh1-0000109651

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169633766 5076-58	LEAD 5076-58 MRI US RCMCRD  Serial : PJN7333916	1.00	EA	575.00	575.00
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC  Serial : BBE873288V	1.00	EA	515.00	515.00

Sub Total	1,090.00
Amount Due:	1,090.00

Patient Name [REDACTED]

Implant Physician [REDACTED] : Implant Date 06/20/2018

Terms : Net 30 Days

Remit To:  
Medtronic USA Inc

PO Box 409201  
ATLANTA GA 30384-9201  
USA

Sold To

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 07/02/2018  
**Invoice Number:** 2537834514  
**Purchase Order:** 749-6761285

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158006900	06/29/2018	08/01/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169493377 A2DR01	IPG A2DR01 Advisa DR MRI SureScan US  Serial : PVY532967H	1.00	EA	5,805.00	5,805.00
00643169633766 5076-58	LEAD 5076-58 MRI US RCMCRD  Serial : PJN7428935	1.00	EA	575.00	575.00
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC  Serial : BBE873570V	1.00	EA	515.00	515.00

<b>Sub Total</b>	6,895.00
<b>Amount Due:</b>	6,895.00

Patient Name[REDACTED]

Implant Physician [REDACTED] Implant Date 06/28/2018

Terms : Net 30 Days

**Remit To:**  
**Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 07/02/2018  
**Invoice Number:** 2537834520  
**Purchase Order:** 749-6760510

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6157941835	06/27/2018	08/01/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169708624 ADDR01	IPG ADDR01 ADAPTA DR IS-1 US NS	1.00	EA	4,825.00	4,825.00

Serial :

NWB345050H

<b>Sub Total</b>	4,825.00
<b>Amount Due:</b>	4,825.00

**Patient Name [REDACTED]****Implant Physician[REDACTED] Implant Date 06/27/2018****Terms : Net 30 Days****Remit To:**

**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 07/26/2018  
**Invoice Number:** 2538255998  
**Purchase Order:** 749-6776013

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158602498	07/19/2018	08/25/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169720497 DDMB1D4	ICD DDMB1D4 EVERA MRI DR XT DF4 US	1.00	EA	23,340.00	23,340.00

Serial :  
PFZ243820H

<b>Sub Total</b>	23,340.00
<b>Amount Due:</b>	<b>23,340.00</b>

Patient Name[REDACTED]

Implant Physician [REDACTED] Implant Date 07/19/2018

**Terms :** Net 30 Days**Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 07/26/2018  
**Invoice Number:** 2538256013  
**Purchase Order:** 749-6775963

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158640407	07/20/2018	08/25/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169634589 W1DR01	IPG W1DR01 AZURE XT DR MRI WL USA Serial : RNB229498H	1.00	EA	6,095.00	6,095.00
00643169633766 5076-58	LEAD 5076-58 MRI US RCMCRD Serial : PJN7429675	1.00	EA	575.00	575.00
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC Serial : BBE942156V	1.00	EA	515.00	515.00

<b>Sub Total</b>	7,185.00
<b>Amount Due:</b>	7,185.00

**Patient Name**[REDACTED]**Implant Physician**[REDACTED] **Implant Date** 07/20/2018**Terms :** Net 30 Days**Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 1 of 4  
Date: 07/26/2018  
Invoice Number: 2538256036  
Purchase Order: 749-6775565

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving/PO#749-6775565  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158809480	07/26/2018	08/25/2018		John Duxbury

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

LINQSYS	LINQ System	20.00	EA	4,645.00	92,900.00
---------	-------------	-------	----	----------	-----------

00643169845749 MON LNQ11 REVEAL LINQ USA FW2.0  
LNQ11

20.00 EA

## Serial :

RLA539321S  
RLA539328S  
RLA539336S  
RLA539344S  
RLA539347S  
RLA539348S  
RLA539357S  
RLA539364S  
RLA539367S  
RLA539370S  
RLA539372S  
RLA539375S  
RLA539376S  
RLA539377S

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 2 of 4  
 Date: 07/26/2018  
 Invoice Number: 2538256036  
 Purchase Order: 749-6775565

**Mail To**

Blocked- Northwest Mississippi Medi  
 Center  
 Attn Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
 Center  
 Attn Receiving/PO#749-6775565  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1625719

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158809480	07/26/2018	08/25/2018		John Duxbury

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

RLA539383S

RLA539384S

RLA539389S

RLA539391S

RLA539397S

RLA539398S

00763000113995 MON 24950LLQ MYCARELINK/SVC LINQ USA 20.00 EA  
 24950LLQ

**Serial :**

YDM018634U

YDM018638U

YDM018639U

YDM018640U

YDM018644U

YDM018647U

YDM018649U

YDM018651U

YDM018652U

YDM018656U

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 3 of 4  
Date: 07/26/2018  
Invoice Number: 2538256036  
Purchase Order: 749-6775565

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving/PO#749-6775565  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158809480	07/26/2018	08/25/2018		John Duxbury

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

YDM018657U

YDM018658U

YDM018663U

YDM018668U

YDM018677U

YDM018682U

YDM018684U

YDM018685U

YDM018687U

YDM018688U

00643169574175 BOX PN-M960356A001 LINQSYS  
PN-M960356A001

20.00 EA

Batch:

D

Sub Total	92,900.00
Tax	6,503.00
Amount Due:	99,403.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 4 of 4  
**Date:** 07/26/2018  
**Invoice Number:** 2538256036  
**Purchase Order:** 749-6775565

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving/PO#749-6775565  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158809480	07/26/2018	08/25/2018		John Duxbury

**Terms :** 2%/10 net 30 days

Discount available 1,988.06 if paid by 08/05/2018

**Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**  
Reprint

Medtronic USA

Page Number: 1 of 1  
Date: 07/27/2018  
Invoice Number: 2538288612  
Purchase Order: 749-0727018

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1625719

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158866206	07/27/2018	08/26/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC  Serial : BBE873319V	1.00	EA	515.00	515.00
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US  Serial : TDK255872V	1.00	EA	4,560.00	4,560.00
00643169720497 DDMB1D4	ICD DDMB1D4 EVERA MRI DR XT DF4 US  Serial : PFZ238857H	1.00	EA	23,340.00	23,340.00

Sub Total	28,415.00
Amount Due:	28,415.00

Patient Name [REDACTED]

Implant Physician [REDACTED] Implant Date 07/27/2018

Terms : Net 30 Days

Remit To:  
Medtronic USA Inc  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

Sold To  
Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 07/27/2018  
**Invoice Number:** 2538288621  
**Purchase Order:** 749-6776316

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6158845868	07/27/2018	08/26/2018		starnw1-0000127425

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169634589 W1DR01	IPG W1DR01 AZURE XT DR MRI WL USA Serial : RNB228560H	1.00	EA	6,095.00	6,095.00
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC Serial : BBE876649V	1.00	EA	515.00	515.00
00643169633766 5076-58	LEAD 5076-58 MRI US RCMCRD Serial : PJN7361534	1.00	EA	575.00	575.00

<b>Sub Total</b>	7,185.00
<b>Amount Due:</b>	7,185.00

**Patient Name [REDACTED]****Implant Physician [REDACTED] Implant Date 07/26/2018****Terms : Net 30 Days**

**Remit To:**  
**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 08/16/2018  
**Invoice Number:** 2538605096  
**Purchase Order:** 749-6785978

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6159321522	08/14/2018	09/15/2018		TASHA

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

Product 5833SL, is not immediately available. Medtronic is actively working to fill your order. As of 8/14/2018 , the estimated shipping date is TBD, TBD . Please notify your Sales Representative for urgent inventory needs. Thank you.

10821329600200	INTRO 1000093002 OPTISEAL GLBL 7FR 13CM	1.00	PK	260.00	260.00
1000093002					

Batch:

W4286835

Sub Total	260.00
Tax	18.20
Amount Due:	278.20

**Terms : Net 30 Days****Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 08/17/2018  
**Invoice Number:** 2538624489  
**Purchase Order:** 749-6785978

**Mail To**

Blocked- Northwest Mississippi Medi  
Center  
Attn Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1625719****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6159321522	08/14/2018	09/16/2018		TASHA

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

Product 5833SL, is not immediately available. Medtronic is actively working to fill your order. As of 8/14/2018, the estimated shipping date is TBD, TBD. Please notify your Sales Representative for urgent inventory needs. Thank you.

10821329600224	INTRO 1000093004 OPTISEAL GLBL 9FR 13CM	2.00	PK	260.00	520.00
1000093004					

Batch:  
W4286842

<b>Sub Total</b>	520.00
<b>Tax</b>	36.40
<b>Amount Due:</b>	556.40

**Terms : Net 30 Days****Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

Medtronic USA

Page Number: 1 of 1  
Date: 07/28/2016  
Invoice Number: 2526603464  
Purchase Order: 829-5882449

**Mail To**  
Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**  
Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
66540514	07/28/2016			Heather Shivers

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

Credit to invoice #: 2524919036 Reason: Order invoiced with the incorrect product. Rebill on order #: 6138709883

00643169309739	LEAD 6947M72 SPRINT USA DF4 MCRD NG ACI	1.00-	EA	4,514.00-	4,514.00-
6947M72					

Serial :  
TDK199464V

Sub Total	4,514.00-
Amount Due:	4,514.00-

**Remit To:**  
Medtronic USA Inc  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**  
Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 1 of 3  
 Date: 11/02/2017  
 Invoice Number: 2533952433  
 Purchase Order: 749-6575066

**Mail To**

Blocked- Merit Northwest  
 Attn: Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**

Merit Northwest  
 Attn Receiving/ PO 749-6575066  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6151238467	11/02/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
LINQSYS	LINQ System	10.00	EA	4,845.00	48,450.00
00643169845749 LNQ11	MON LNQ11 REVEAL LINQ USA FW2.0	10.00	EA		
	Serial :				
	RLA474318S				
	RLA474322S				
	RLA474324S				
	RLA474332S				
	RLA474334S				
	RLA474337S				
	RLA474338S				
	RLA474340S				
	RLA474342S				
	RLA474344S				
00643169725362 24950KLQ	MON 24950KLQ MYCARELINK/SVC USA LINQ	10.00	EA		
	Serial :				
	YDM126687B				

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 2 of 3  
Date: 11/02/2017  
Invoice Number: 2533952433  
Purchase Order: 749-6575066

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Merit Northwest  
Attn Receiving/ PO 749-6575066  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6151238467	11/02/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

YDM126688B

YDM126689B

YDM126690B

YDM126691B

YDM126692B

YDM126693B

YDM126694B

YDM126695B

YDM126699B

00643169574175

PN-M960356A001

BOX PN-M960356A001 LINQSYS

10.00 EA

Batch:

D

Sub Total	48,450.00
Tax	3,391.50
Amount Due:	51,841.50

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 3 of 3  
**Date:** 11/02/2017  
**Invoice Number:** 2533952433  
**Purchase Order:** 749-6575066

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Merit Northwest  
Attn Receiving/ PO 749-6575066  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1402016****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6151238467	11/02/2017			YATASHA MUSKIN

**Terms :** Net 30 Days**Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Merit Northwest  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 1 of 3  
Date: 11/20/2017  
Invoice Number: 2534219505  
Purchase Order: 749-6591237

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Merit Northwest  
749 CLARKSDALE CURAE STORES/749-659  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6151724862	11/20/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
LINQSYS	LINQ System	10.00	EA	4,845.00	48,450.00

00643169845749 MON LNQ11 REVEAL LINQ USA FW2.0  
LNQ11

10.00 EA

## Serial :

RLA479673S  
RLA479674S  
RLA479675S  
RLA479676S  
RLA479677S  
RLA479678S  
RLA479679S  
RLA479680S  
RLA479681S  
RLA479682S

00643169725386 MON 24950KLQ MYCARELINK/SVC USA LINQ  
24950KLQ

10.00 EA

## Serial :

YDM134216B

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 2 of 3  
Date: 11/20/2017  
Invoice Number: 2534219505  
Purchase Order: 749-6591237

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Merit Northwest  
749 CLARKSDALE CURAE STORES/749-659  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6151724862	11/20/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
	YDM134217B				
	YDM134218B				
	YDM134219B				
	YDM134220B				
	YDM134221B				
	YDM134225B				
	YDM134226B				
	YDM134227B				
	YDM134229B				

00643169574175 BOX PN-M960356A001 LINQSYS  
PN-M960356A001

10.00 EA

Batch:

D

Sub Total	48,450.00
Tax	3,391.50
Amount Due:	51,841.50

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 3 of 3  
Date: 11/20/2017  
Invoice Number: 2534219505  
Purchase Order: 749-6591237

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Merit Northwest  
749 CLARKSDALE CURAE STORES/749-659  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6151724862	11/20/2017			YATASHA MUSKIN

Terms : Net 30 Days

**Remit To:**

Medtronic USA Inc  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Merit Northwest  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 1 of 4  
 Date: 12/20/2017  
 Invoice Number: 2534707284  
 Purchase Order: 749-6620677

**Mail To**

Blocked- Merit Northwest  
 Attn: Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
 Center  
 Attn Receiving  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6152606435	12/20/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

LINQSYS	LINQ System	20.00	EA	4,845.00	96,900.00
---------	-------------	-------	----	----------	-----------

00643169845749 LNQ11	MON LNQ11 REVEAL LINQ USA FW2.0	20.00	EA		
-------------------------	---------------------------------	-------	----	--	--

*Serial :*

RLA489017S  
 RLA489019S  
 RLA489020S  
 RLA489021S  
 RLA489022S  
 RLA489023S  
 RLA489024S  
 RLA489025S  
 RLA489026S  
 RLA489027S  
 RLA489028S  
 RLA489029S  
 RLA489030S  
 RLA489031S

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 2 of 4  
Date: 12/20/2017  
Invoice Number: 2534707284  
Purchase Order: 749-6620677

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6152606435	12/20/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

RLA489032S

RLA489033S

RLA489034S

RLA489035S

RLA489036S

RLA489037S

00643169725362 MON 24950KLQ MYCARELINK/SVC USA LINQ 20.00 EA  
24950KLQ

**Serial :**

YDM154003B

YDM154004B

YDM154006B

YDM154010B

YDM154011B

YDM154012B

YDM154015B

YDM154017B

YDM154042B

YDM154048B

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 3 of 4  
Date: 12/20/2017  
Invoice Number: 2534707284  
Purchase Order: 749-6620677

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn: Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 4066887

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6152606435	12/20/2017			YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

YDM154054B

YDM154080B

YDM154083B

YDM154084B

YDM154085B

YDM154086B

YDM154087B

YDM154089B

YDM154091B

YDM154093B

00643169574175 BOX PN-M960356A001 LINQSYS  
PN-M960356A001

20.00 EA

Batch:

D

Sub Total	96,900.00
Tax	6,783.00
Amount Due:	103,683.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

Page Number: 4 of 4  
Date: 12/20/2017  
Invoice Number: 2534707284  
Purchase Order: 749-6620677

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1402016****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6152606435	12/20/2017			YATASHA MUSKIN

**Terms : Net 30 Days****Remit To:**

**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Merit Northwest  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 01/08/2018  
**Invoice Number:** 2534935859  
**Purchase Order:** 749-6632101

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1402016****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6152907840	01/04/2018	02/07/2018		YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
20681490105211 400410	DRESSING 400410 MEROCEL 20PK STANDARD NASAL 8CM L  Batch: 00020319	1.00	PK	262.88	262.88
20681490112486 440400	DRESSING 440400 MEROCEL 10PK STANDARD NASAL 4.5CM L  Batch: 00020328	1.00	PK	81.84	81.84

<b>Sub Total</b>	344.72
<b>Amount Due:</b>	344.72

**Terms : Net 30 Days****Remit To:**

**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Merit Northwest  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 1 of 1  
**Date:** 02/06/2018  
**Invoice Number:** 2535429845  
**Purchase Order:** 749-6661536

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
Attn Receiving  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1402016****Account # 4066887**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6153844221	02/06/2018	03/08/2018		YATASHA MUSKIN

Item #	Description	Quantity	UOM	Unit Price	Extended Price
10821329600200 1000093002	INTRO 1000093002 OPTISEAL GLBL 7FR 13CM	4.00	PK	260.00	1,040.00

Batch:  
W4050787

<b>Sub Total</b>	1,040.00
<b>Tax</b>	72.80
<b>Amount Due:</b>	1,112.80

**Terms : Net 30 Days**

**Remit To:**  
**Medtronic USA Inc**  
PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Merit Northwest  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 1 of 1  
Date: 02/19/2018  
Invoice Number: 2535621145  
Purchase Order: 749-6661292

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6153732879	02/01/2018	03/21/2018		shiveh1-0000109651

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC  Serial : BBE865574V	1.00	EA	471.00	471.00
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US  Serial : TDK237485V	1.00	EA	3,972.00	3,972.00

Sub Total	4,443.00
Amount Due:	4,443.00

Patient Name [REDACTED]

Implant Physician [REDACTED] Implant Date 02/01/2018

Terms : Net 30 Days

Remit To:  
Medtronic USA Inc

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
Account # 1148432

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# Invoice

Reprint

Medtronic USA

Page Number: 1 of 2  
 Date: 02/19/2018  
 Invoice Number: 2535621156  
 Purchase Order: 749-6661338

**Mail To**  
 Blocked- Merit Northwest  
 Attn: Accounts Payable  
 PO Box 1218  
 CLARKSDALE MS 38614-1218

**Ship To**  
 Northwest Mississippi Medical  
 Center  
 1970 Hospital Dr  
 CLARKSDALE MS 38614-7202

Account # 1402016

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6153748709	02/02/2018	03/21/2018		shiveh1-0000109651

Item #	Description	Quantity	UOM	Unit Price	Extended Price
EVERAMRIXTRM MEM	EVERA MRI XT DR SYSTEM - MMEM	1.00	EA	21,019.00	21,019.00
00643169720497 DDMB1D4	ICD DDMB1D4 EVERA MRI DR XT DF4 US	1.00	EA		
	Serial : PFZ236835H				
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US	1.00	EA		
	Serial : TDK249417V				
00643169410947 457453	LEAD 457453 MRI US BI RCMCRD MVC	1.00	EA		
	Serial : BBE865576V				

Sub Total	21,019.00
Amount Due:	21,019.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 2 of 2  
**Date:** 02/19/2018  
**Invoice Number:** 2535621156  
**Purchase Order:** 749-6661338

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1402016****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6153748709	02/02/2018	03/21/2018		shiveh1-0000109651

**Patient Name**[REDACTED]**Implant Physician** [REDACTED] **Implant Date** 02/01/2018**Terms :** Net 30 Days**Remit To:**  
**Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

Medtronic USA

Page Number: 1 of 2  
Date: 02/19/2018  
Invoice Number: 2535621169  
Purchase Order: 749-6670702

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

Account # 1402016

Account # 1148432

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6154153825	02/16/2018	03/21/2018		hunsuw1-0000128510

Item #	Description	Quantity	UOM	Unit Price	Extended Price
EVERAMRIXTDRM MEM	EVERA MRI XT DR SYSTEM - MMEM	1.00	EA	21,019.00	21,019.00
00763000059491 DDMB1D4	ICD-DR DDMB1D4 EVERA MRI XT US IS1/DF4	1.00	EA		
Serial : PFZ601302S					
00643169356627 6947M62	LEAD 6947M62 QUATTRO SECURE MRI US	1.00	EA		
Serial : TDK246195V					
00643169410831 457453	LEAD 457453 US BI RCMCRD	1.00	EA		
Serial : BBE676681V					

Sub Total	21,019.00
Amount Due:	21,019.00

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

**Invoice**

Reprint

**Medtronic USA**

**Page Number:** 2 of 2  
**Date:** 02/19/2018  
**Invoice Number:** 2535621169  
**Purchase Order:** 749-6670702

**Mail To**

Blocked- Merit Northwest  
Attn: Accounts Payable  
PO Box 1218  
CLARKSDALE MS 38614-1218

**Ship To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202

**Account # 1402016****Account # 1148432**

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6154153825	02/16/2018	03/21/2018		hunsuw1-0000128510

**Patient Name**[REDACTED]**Implant Physician** [REDACTED] **Implant Date** 02/15/2018**Terms :** Net 30 Days**Remit To:****Medtronic USA Inc**

PO Box 409201  
ATLANTA GA 30384-9201  
USA

**Sold To**

Northwest Mississippi Medical  
Center  
1970 Hospital Dr  
CLARKSDALE MS 38614-7202  
**Account # 1148432**

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

# 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:** (6818731)  
Medtronic USA, Inc.  
c/o Archer & Greiner, P.C.  
Attn: Jeffrey Traurig, Esq.  
630 Third Avenue, 7th Floor  
New York, NY 10017

**Claim No:** 177  
*Original Filed*  
*Date:* 01/10/2019  
*Original Entered*  
*Date:* 01/10/2019

*Status:*  
*Filed by:* CR  
*Entered by:* admin  
*Modified:*

Amount claimed: \$357851.57

Priority claimed: \$834.60

*History:*

[Details](#) [177-1](#) 01/10/2019 Claim #177 filed by Medtronic USA, Inc., Amount claimed: \$357851.57 (admin)

*Description:*

*Remarks:*

### Claims Register Summary

**Case Name:** Curae Health Inc.

**Case Number:** 3:18-bk-05665

**Chapter:** 11

**Date Filed:** 08/24/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$357851.57
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$834.60	
<b>Administrative</b>		