UNITED STATES BA MIDDLE DISTRIC (NASHVILLI	503(b)(9) ADMINISTRATIVE EXPENSE CLAIM		
In re: Curae Health, Inc.  Debtor.		Chapter 11 Case No. 18-05665	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used only by expense claim arising under 11 U.S.C. § for any other types of claim.  Name of creditor: (The person or other entity to whom the debtor owed money or property.)  GE Precision Healthcare LLC aka GE Healthcare IITS USA Corp.	Name of de (The entity Curae Amory Inc. Batesv Center Clarks Center Amory LLC Clarks	ebtor: owing money or property) Health, Inc. Regional Medical Center, ille Regional Medical , Inc. dale Regional Medical	JAN 16 2019  U.S. BANKRUPTCY COUR MIDDLE DISTRICT OF TN
Name and addresses where notices should be sent: c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150	anyone claim Attach particu Check receive bankru Check from t	box if you are aware that e else has filed a proof of relating to your claim. a copy of statement giving ulars.  box if you have never ed any notices from the aptcy court in this case.  box if your address differs the address on the envelope you by the court.	THIS SPACE IS FOR COURT USE ONLY
Telephone number: 513-247-7407  Email: michaelb@dehaan-bach.com  Last four digits of account or other number reditor identifies debtor:  0547  1. Basis for claim:  ☑ Goods sold ☑ Services performed ☐ Other (describe briefly)	per by which	Check this box if filed claim. Claim number (if know Filed on:  2. Date debt was incur 8/21/2018	
3. Date goods were received by debtor 4. Total amount of claim as of the date	0/21/201		1

Check this box if the request includes interest or other charges in addition Attach itemized statement of all interest or additional charges.	to the principal amount of the request.
5. Brief description of claim (attach any additional information):	
Type(s) of goods received by debtor within twenty (20) days before the Augus	st 24, 2018 petition date; software systems
Shipment date of goods: 8/21/2018	
Place of delivery of goods: Clarksdale Regional Medical Center fka Northwe 1970 Hospital Drive, Clarksdale, MS 38614 Method of delivery of goods:	st Mississippi Medical Center,
Name of carrier of goods:	
Value of goods: \$80,320.00	
Whether the value of goods listed in this claim relates to services and goods:	Goods
The percentage of value related to services and the percentage of value related	to goods: 80% goods 20% services
Whether claimant has filed any other claim against debtor relating to goods un	nderlying this claim: No
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 reducted copies of supporting documents, orders, invoices, itemized statements of running accounts, or contracts.	such as promissory notes, purchaser
All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i of lading, and similar materials identifying the goods underlying the claim; (ii under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the good debtor.	) any demand to reclaim the goods
Any claimant asserting a 503(b)(9) claim must certify that the goods were solutioness.	d in the ordinary course of the debtor's
Do not send original documents. Attached documents may be destroyed after available, explain. If the documents are voluminous, attach a summary.	scanning. If the documents are not
9. Date-stamped copy: To receive an acknowledgement of the filing of your claim in a self-addressed, stamped return envelope along with your original cl. Signature:	
Check the appropriate box.	
☐ I am the creditor.	
☐ I am the creditor's authorized agent.	Rule 3004)
<ul> <li>□ I am the trustee, or the debtor, or their authorized agent (see Bankruptcy</li> <li>□ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rul</li> </ul>	
I declare under penalty of perjury that the information provided in this claim knowledge, information, and reasonable belief.	

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Print name: Michael B. Bach Title: Authorized Agent Company: DeHaan & Bach, LPA		38	1/15/2019
Address and telephone number (if different from notice address above):	(Signature)	(Date)	
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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### **GE Healthcare** INVOICE

Sold To:

CLARKSDALE REGIONAL MEDICAL CENTER INC

Bill To:

CLARKSDALE REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE

DBA NORTHWEST MISSISSIPPI MEDICAL CENTER

PO BOX 1218

CLARKSDALE MS 38614-1218

United States

**United States** 

Ship To:

CLARKSDALE REGIONAL MEDICAL CENTER INC 1970 HOSPITAL DR REGIONAL MEDICAL CENTER CLARKSDALE MS 38614-7202

1 of 2 Page: 030586288 Invoice Number: Invoice Date: Sep 11, 2018 547/2 Sold-To Customer: Bill-To Customer: `547 / 1

Ship-To Customer: 547/2 PACS/CVIT **Business Segment:** 

PO Number:

AMOUNT DUE:

TERMS: DUE UPON RECEIPT

Remit payment to: GE Healthcare IITS USA Corp. 15724 Collections Center Drive Chicago IL 60693 **United States** 

16882

108,680.00 USD

Please remit invoice numbers with your payment.

Line	Order/Contract	Item	Description	Quantity	Net Amount
1	Q-00494272 CA-0000000743462	K2300J	ITPS PROJECT MGMT 1 HR Aug 21, 2018 20% Installation	38.00	2,584.00
.2	Q-00494272 CA-0000000743462	K2300J	ITPS PROJECT MGMT 1 HR Aug 21, 2018 80% Delivery	38.00	10,336.00
3	Q-00494272 CA-0000000743462	K2007BF	CCG 9.3 BASE 2012 DB Aug 21, 2018 20% Installation	1.00	8,280.00
4	Q-00494272 CA-0000000743462	K2300JS	SVC ENG LABOR STD HRS Aug 21, 2018 20% Installation	8.00	440.00
5	Q-00494272 CA-0000000743462	K2300JS	SVC ENG LABOR STD HRS Aug 21, 2018 80% Delivery	8.00	1,760.00
6	Q-00494272 CA-0000000743462	K2045J	GE PACS DATA MIGRATION SERVICES Aug 21, 2018 20% Installation	5.00	3,500.00
7	Q-00494272 CA-0000000743462	K2045J	GE PACS DATA MIGRATION SERVICES Aug 21, 2018 80% Delivery	5.00	14,000.00
8 .	Q-00494272 CA-0000000743462	K2001T	CCG INTERFACE - ONE (1) Aug 21, 2018 20% Installation	3,00	8,340.00.
9	Q-00494272 CA-0000000743462	K2001T	CCG INTERFACE - ONE (1) Aug 21, 2018 80% Delivery	3.00	33,360.00
10	Q-00494272 CA-0000000743462	K2001TB	CCG TEST SYS INTEGRATION Aug 21, 2018 20% Installation	1.00	530.00
11	Q-00494272 CA-0000000743462	K2001TB	CCG TEST SYS INTEGRATION Aug 21, 2018 80% Delivery	1.00	2,120.00
12	Q-00494272 CA-0000000743462	K2300JB	INTERFACE INTEGRATION SERVICES Aug 21, 2018 20% Installation	4.00	2,520.00

The prices on this invoice may reflect discounts. To the extent required by 42 C.F.R. \$ 1001.952(h) (the Anti-Kickback Statute discount safe harbor regulations) or other applicable laws and regulations, you must fully and accurately reflect in cost reports or other submissions to federal healthcare programs all such discounts and, upon request by the Secretary of the U.S. Department of Health and Human Services or a state agency, must make available information provided to you by GE Healthcare concerning the discounts.

GE Healthcare IITS USA Corp. 40 IDX Drive

South Burlington, VT 05403 United States

FEIN: 03-0363612 GST: 87644 2104 For billing questions please contact: Accounts Receivables Department

Phone: 1-800-581-5600



# GE Healthcare

Page: Invoice Number: Invoice Date: 2 of 2 030586288 Sep 11, 2018

Sold-To Customer: Bill-To Customer: Ship-To Customer: p 11, 2018 547 / 2 547 / 1 547 / 2

Sold To:

CLARKSDALE REGIONAL MEDICAL CENTER INC

Business Segment: PO Number:

PACS/CVIT 6882

	MEDICAL CEL	A L E K HAO	i O ivalibor.		
Line	Order/Contract	Item	Description	Quantity	Net Amount
13	Q-00494272 CA-0000000743462	K2300JB	INTERFACE INTEGRATION SERVICES Aug 21, 2018 80%	4.00	10,080.00
14	Q-00494272 CA-0000000743462	K2300JL	Delivery DICOM SERVICES Aug 21, 2018 20% Installation	1.00	78.00
15	Q-00494272 CA-0000000743462	K2300JL	DICOM SERVICES Aug 21, 2018 80% Delivery	1.00	312.00
16	Q-00494272 CA-0000000743462	K2400JG	HL7 OFF HOURS SATAYS Aug 21, 2018 20% Installation	4.00	392.00
17.	Q-00494272 CA-0000000743462	K2400JG	HL7 OFF HOURS SATAYS Aug 21, 2018 80% Delivery	4.00	1,568.00
18	Q-00494272 CA-0000000743462	K2300ZC	CLINICAL WKFL CONFIG Aug 21, 2018 20% Installation	4.00	1,696.00
19	Q-00494272 CA-0000000743462	K2300ZC	CLINICÁL WKFL CONFIG Aug 21, 2018 80% Delivery	4.00	6,784.00

Subtotal:

108,680.00

TOTAL AMOUNT DUE:

108,680.00

The prices on this invoice may reflect discounts. To the extent required by 42 C.F.R. \$ 1001.952(h) (the Anti-Kickback Statute discount safe harbor regulations) or other applicable laws and regulations, you must fully and accurately reflect in cost reports or other submissions to federal healthcare programs all such discounts and, upon request by the Secretary of the U.S. Department of Health and Human Services or a state agency, must make available information provided to you by GE Healthcare concerning the discounts.

GE Healthcare IITS USA Corp. 40 IDX Drive

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Phone: 1-800-581-5600

United States Case 3:18-bk-05665 Claim 194-1 Filed 01/16/19 Desc Main Document

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## 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

Date: 01/16/2019

Trustee: Last Date to file (Govt):

Creditor: (6822936) Claim No: 194 Status:
GE PRECISION Original Filed Filed by: CR
HEALTHCARE LLC IITS USA Date: 01/16/2019 Entered by: Intake3
(ADMINISTRATIVE) Original Entered Modified:

C O MICHAEL B BACH AUTHORIZED AGENT DEHAAN & BACH LPA 25 WHITNEY DRIVE SUITE

106

MILFORD OHIO 45150 Admin claimed: \$108680.00

History:

Details 194- 01/16/2019 Claim #194 filed by GE PRECISION HEALTHCARE LLC IITS USA, Admin claimed: \$108680.00 (Intake3)

Description: (194-1) Goods sold 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.

	Claimed	Allowed
Secured		
Priority		
Administrative	\$108680.00	

<sup>\*</sup>Includes general unsecured claims