

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Curae Health, Inc.	Chapter 11	FILED JAN 16 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN THIS SPACE IS FOR COURT USE ONLY
Debtor.	Case No. 18-05665	
NOTE: This form should be used <u>only</u> by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used 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 debtor: (The entity owing money or property) <input type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input checked="" type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
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 Telephone number: 513-247-7407 Email: michaelb@dehaan-bach.com	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor: 0547	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____. Filed on: _____	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: 8/21/2018	
3. Date goods were received by debtor: 8/21/2018		
4. Total amount of claim as of the date the debt was incurred: 108,680.00		

66130571.3

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

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

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

Shipment date of goods: 8/21/2018

Place of delivery of goods: Clarksdale Regional Medical Center fka Northwest Mississippi Medical Center, 1970 Hospital Drive, Clarksdale, MS 38614

Method of delivery of goods:

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

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

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

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

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

10. Signature:

Check the appropriate box.

☐ I am the creditor.

☒ I am the creditor's authorized agent.

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

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

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



GE Healthcare

INVOICE

Sold To: CLARKSDALE REGIONAL
MEDICAL CENTER INC

Page: 1 of 2
Invoice Number: 030586288
Invoice Date: Sep 11, 2018
Sold-To Customer: 547 / 2
Bill-To Customer: 547 / 1
Ship-To Customer: 547 / 2
Business Segment: PACS/CVIT
PO Number: i6882

Bill To:

CLARKSDALE REGIONAL MEDICAL CENTER INC
ATTN: ACCOUNTS PAYABLE
DBA NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614-1218
United States

AMOUNT DUE: 108,680.00 USD

TERMS: DUE UPON RECEIPT

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

Ship To:

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

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
INVOICE

Page: 2 of 2
Invoice Number: 030586288
Invoice Date: Sep 11, 2018
Sold-To Customer: 547 / 2
Bill-To Customer: 547 / 1
Ship-To Customer: 547 / 2
Business Segment: PACS/CVIT
PO Number: 6882

Sold To: CLARKSDALE REGIONAL
MEDICAL CENTER INC

Line	Order/Contract	Item	Description	Quantity	Net Amount
13	Q-00494272 CA-0000000743462	K2300JB	INTERFACE INTEGRATION SERVICES Aug 21, 2018 80% Delivery	4.00	10,080.00
14	Q-00494272 CA-0000000743462	K2300JL	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	CLINICAL 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.

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40 IDX Drive
South Burlington, VT 05403
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FEIN: 03-0363612
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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

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

Date: 01/16/2019

AUTHORIZED AGENT

DEHAAN & BACH LPA

25 WHITNEY DRIVE SUITE

106

MILFORD OHIO 45150

Admin claimed: \$108680.00

History:

[Details](#) [194-1](#) 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*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative	\$108680.00	