

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Curae Health, Inc.	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019
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 OEC	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	<p style="text-align: center;">FILED</p> <p style="text-align: center;">JAN 16 2019</p> <p style="text-align: center;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</p>
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: 5471	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	THIS SPACE IS FOR COURT USE ONLY
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: 8/6/2018	
3. Date goods were received by debtor: 8/6/2018		
4. Total amount of claim as of the date the debt was incurred: 799.00		

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: parts

Shipment date of goods: 8/6/2018

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: \$799.00

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: 100%

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: Yes

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.

Print name: Michael B. Bach
 Title: Authorized Agent
 Company: DeHaan & Bach, LPA
 Address and telephone number (if different from notice address above):

 Telephone number: _____ Email: _____

36
 _____ 1/15/2019
 _____ (Signature) (Date)

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.

503B9



GE HEALTHCARE

DBA: OEC Medical Systems Inc.

FEDERAL ID# 94-2538512

REMIT INVOICE NUMBER: 395

INVOICE DATE: 06-AUG-18

CUSTOMER ACCT: 4713

GE REFERENCE#: 7731

CUSTOMER PO#: SpringBowlin

AMOUNT DUE:	799.00 (US DOLLARS)
DUE DATE:	05-SEP-18
Remit to:	OEC Medical Systems Inc.
US MAIL:	2984 Collections Center Drive * CHICAGO IL 60693
Wire/EFT information:	ABA 021001033 ACCOUNT 00389650
If Wire/EFT, please email remittance advice to: Remit.Healthcare@ge.com	

SOLD TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE, MS 38614-1218

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Payment Terms: 30 Net	SR #: 1-442228407731	Customer Acct: 294713
FE Name:	ProdLine:	
GE Sales Rep or FE: FS-CONTRACT SALES	Serv Manager:	

Inquiries regarding this Invoice should be directed to: 1-800-581-5600

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	PART: Serial#:82-2634, ATO MODEL, 9800, 12 INCH MEDIUM CARM, 9800PLUS, Problem Descr: System batteries failed during PM procedure. Reference to PM SR 1-255602816073., Line Comment: ,Part - 5305184	1.00	799.00	799.00
Special Instructions:				
Please include the Invoice / Credit Memo number for proper credit: 33481395			TOTAL	799.00
			Tax	0.00
			SHIPPING/HANDLING	0.00
			Total Amount	799.00
PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.		Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.		

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):**

<i>Creditor:</i> (6822936)	Claim No: 195	<i>Status:</i>
GE PRECISION	<i>Original Filed</i>	<i>Filed by:</i> CR
HEALTHCARE LLC IITS USA	<i>Date:</i> 01/16/2019	<i>Entered by:</i> Intake3
(ADMINISTRATIVE)	<i>Original Entered</i>	<i>Modified:</i>
C O MICHAEL B BACH	<i>Date:</i> 01/16/2019	
AUTHORIZED AGENT		
DEHAAN & BACH LPA		
25 WHITNEY DRIVE SUITE		
106		
MILFORD OHIO 45150		

Admin claimed: \$799.00

History:

[Details](#) [195-1](#) 01/16/2019 Claim #195 filed by GE PRECISION HEALTHCARE LLC IITS USA, Admin claimed: \$799.00 (Intake3)

Description: (195-1) Goods sold

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	\$799.00	