

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
1/17/2019
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

1. Who is the current creditor?	<u>Philips Healthcare</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Philips Healthcare</u> Name c/o Bruce J. Borrus Fox Rothschild LLP 1001 4th Ave. Suite 4500 Seattle, WA 98154 Contact phone <u>206-624-3600</u> Contact email <u>bborrus@foxrothschild.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: center;">9610</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>8946.29</u></div><div>Does this amount include interest or other charges? <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>
8. What is the basis of the claim?	<p>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.</p> <p>Medical equipment, goods, and services. See attached invoices.</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <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>Basis for perfection: _____</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 style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* 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 1/17/2019
 MM / DD / YYYY

/s/ Christopher Edgerton

Signature


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

Name	<u>Christopher Edgerton</u>		
	First name	Middle name	Last name
Title	<u>Senior Credit Risk Manager</u>		
Company	<u>Philips Global Business Services, North America</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer <u>511 Union Street, Suite 900</u> <hr/> Number Street <u>Nashville, TN 37219</u> <hr/> City State ZIP Code _____		
Contact phone	_____		Email _____

94049610 Curae Health Inc d/b/a Northwest Mississippi Medic.

Invoices

936267371	\$	338.72
936382271	\$	444.68
936464571	\$	332.88
936505521	\$	1,068.00
936590804	\$	308.79
936612173	\$	718.61
936650316	\$	326.31
936674131	\$	518.32
936713563	\$	1,084.08
936785480	\$	332.88
936863484	\$	42.34
937107828	\$	332.88
937135724	\$	84.68
937202380	\$	348.00
937211205	\$	684.00
937233812	\$	1,463.76
937234403	\$	169.36
937420696	\$	348.00
	\$	<u>8,946.29</u>

 <h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>		Issue Date 03/09/2018	Invoice number 936267371	Page 1 / 3
		Due Date 04/08/2018	Order Date 03/05/2018	Order number 6304193877
		Purchase Order Number: 749-6683170		
		Payment terms: Net 30 Days		
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756		
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305		
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments		
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION		
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD) Total amount (USD)
0220	989803137631 Fetal Spiral Electrode	4	BX	116.00 464.00
	989803137631 Agreement Discount			-27.00 % -125.28
	Net Value Not Including Freight			338.72
	Bill of Lading: 081024313334404 Ship Date : Route : Carrier : FEDEX			
	Commodity code : 9018119000 Agreement #: GTLHT00039			
				Total Gross Value 464.00
				Discount Amount -125.28
				Net Value 338.72



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
03/09/2018

Invoice number
936267371

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Due Date
04/08/2018

Order Date
03/05/2018

Order number
6304193877

Purchase Order Number:
749-6683170

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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Total 338.72



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
03/09/2018

Invoice number
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04/08/2018

Order Date
03/05/2018

Order number
6304193877

Purchase Order Number:
749-6683170

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at <http://www.usa.philips.com/healthcare/about> ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:
These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Health Care Providers are reminded that if the purchase of goods or services includes a discount, such as a price reduction or a loan of goods at reduced cost, they must fully and accurately report such discount on cost reports or other applicable claims for payment submitted under any Federal Health Care Program, including but not limited to Medicare and Medicaid as required by Federal law (see 42 USA 1320a - 7(b)(3) and 42 CFR 1001.952(h)).

 PHILIPS Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355		Issue Date 03/29/2018	Invoice number 936382271	Page 1 / 3
		Due Date 04/28/2018	Order Date 03/26/2018	Order number 6304247035
		Purchase Order Number: 749-6698475		
		Payment terms: Net 30 Days		
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756		
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305		
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments		
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION		
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD) Total amount (USD)
0230	989803138171 Defibrillator Chemical/Thermal Paper	2	BX	58.00
	989803138171 Agreement Discount			-27.00 %
	Net Value Not Including Freight			84.68
	Bill of Lading: 081024313419477			
	Ship Date :			
	Route :			
	Carrier : FEDEX			
	Commodity code : 4811909030			
	Agreement #: GTLHT00039			
0240	M3713A HeartStart Adult/Child Plus Pads	1	CAS	290.00
	989803107781 HeartStart Adult/Child Plus Pads			
	Adult pads for emergency use. Multi-function, defibrillation, pacing cardio-version and monitoring. 10 pads/per case.			



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
03/29/2018

Invoice number
936382271

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04/28/2018

Order Date
03/26/2018

Order number
6304247035

Purchase Order Number:
749-6698475

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
	Optimized for ACLS responders.				
	Agreement Discount			-40.00 %	-116.00
	Net Value Not Including Freight				174.00
	Bill of Lading: 081024313419477				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code : 9018907580				
	Agreement #: GTLHT00039				
0250 M3717A 989803107821	HeartStart Infant Plus Pads	2	BX	155.00	310.00
	HeartStart Infant Plus Pads				
	Multi-function, defibrillation, pacing cardioversion and monitoring. 5 pads pairs per case.				
	Agreement Discount			-40.00 %	-124.00
	Net Value Not Including Freight				186.00
	Bill of Lading: 081024313419477				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code : 9018907580				
	Agreement #: GTLHT00039				
				Total Gross Value	716.00
				Discount Amount	-271.32
				Net Value	444.68
				Total	444.68



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
03/29/2018

Invoice number
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Due Date
04/28/2018

Order Date
03/26/2018

Order number
6304247035

Purchase Order Number:
749-6698475

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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 PHILIPS Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355	Issue Date 04/12/2018		Invoice number 936464571		Page 1 / 3
	Due Date 05/12/2018		Order Date 04/09/2018	Order number 6304272523	
	Purchase Order Number: 749-6708244				
	Payment terms: Net 30 Days				
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756				
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES				Customer Number 94068305
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments				
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION			
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0260 13943B 989803100441	Solid Gel Tab Electrode, Resting ECG	6	CAS	76.00	456.00
	Agreement Discount			-27.00 %	-123.12
	Net Value Not Including Freight				332.88
	Bill of Lading: 081024313477583 Ship Date : Route : Carrier : FEDEX				
	Commodity code : 9018119000 Agreement #: GTLHT00039				
				Total Gross Value	456.00
				Discount Amount	-123.12
				Net Value	332.88



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
04/12/2018

Invoice number
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Order Date
04/09/2018

Order number
6304272523

Purchase Order Number:
749-6708244

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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				Total	332.88
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Philips Healthcare
3000 Minuteman Road, MS 2214
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Issue Date
04/12/2018

Invoice number
936464571

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Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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 PHILIPS Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355		Issue Date 04/19/2018	Invoice number 936505521	Page 1 / 3	
		Due Date 05/19/2018	Order Date 04/16/2018	Order number 6304285574	
		Purchase Order Number: 749-6713529			
		Payment terms: Net 30 Days			
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756			
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305			
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments			
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION			
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0270 M3713A 989803107781	HeartStart Adult/Child Plus Pads	4	CAS	290.00	1,160.00
	HeartStart Adult/Child Plus Pads				
	Adult pads for emergency use. Multi-function, defibrillation, pacing cardio-version and monitoring. 10 pads/per case. Optimized for ACLS responders.				
	Agreement Discount			-40.00 %	-464.00
	Net Value Not Including Freight				696.00
	Bill of Lading: 081024313507426				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code : 9018907580				





PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
04/19/2018

Invoice number
936505521

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Due Date
05/19/2018

Order Date
04/16/2018

Order number
6304285574

Purchase Order Number:
749-6713529

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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 PHILIPS Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355	Issue Date 05/03/2018	Invoice number 936590804		Page 1 / 3	
	Due Date 06/02/2018	Order Date 04/27/2018	Order number 6304308953		
	Purchase Order Number: 749-6721962				
	Payment terms: Net 30 Days				
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756				
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305				
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments				
Federal EIN: 13-3429115					
Shipping Terms: FOB DESTINATION					
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0290 M2526A 989803129781	SMART CAPNOLINE plus, ADULT, intermed	1	BX	423.00	423.00
	1 ST = 1 Case of 25				
	Non-Intubated, Single Purpose Circuits. 25 Smart Capnolines per case. For use on adult patients >55kg.				
	Agreement Discount			-27.00 %	-114.21
	Net Value Not Including Freight				308.79
	Bill of Lading: 081024313570116				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code :	3917330000			
	Agreement #:	GTLHT00039			



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/03/2018

Invoice number
936590804

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Due Date
06/02/2018

Order Date
04/27/2018


Order number
6304308953

Purchase Order Number:
749-6721962

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
				Total Gross Value	423.00
				Discount Amount	-114.21
				Net Value	308.79
				Total	308.79

 <h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810</p>	Issue Date 05/03/2018	Invoice number 936590804		Page 3 / 3							
	Due Date 06/02/2018	Order Date 04/27/2018	Order number 6304308953								
	Purchase Order Number: 749-6721962										
INVOICE REPRINT	Payment terms: Net 30 Days										
<table border="1"> <thead> <tr> <th>Item</th> <th>Article - / type number / description</th> <th>Qty</th> <th>Unit</th> <th>Unit Amt (USD)</th> <th>Total amount (USD)</th> </tr> </thead> </table>	Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)					
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)						
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Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0300	M2522A 989803129751	2	SET	460.00	920.00
	1 ST = 1 Case of 25				
	Non-Intubated, dual Purpose Circuits. 25 Smart Capnolines per case. For use on adult patients >55kg.				
	Agreement Discount			-27.00 %	-248.40
	Net Value Not Including Freight				671.60
	Bill of Lading: 780853935620				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code :			9018199560	
	Agreement #:			GTLHT00039	



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/08/2018

Invoice number
936612173

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Due Date
06/07/2018

Order Date
05/07/2018

Order number
6304323260

Purchase Order Number:
749-6706810

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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Total Gross Value 920.00

Discount Amount -248.40

Net Value 671.60

Total tax 47.01

Total 718.61



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/08/2018

Invoice number
936612173

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Due Date
06/07/2018

Order Date
05/07/2018

Order number
6304323260

Purchase Order Number:
749-6706810

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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 <h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>		Issue Date 05/15/2018	Invoice number 936650316	Page 1 / 3	
		Due Date 06/14/2018	Order Date 05/10/2018	Order number 6304331031	
		Purchase Order Number: 749-6730283			
		Payment terms: Net 30 Days			
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT			
		Contact Person: Josue M 1-800-456-9756			
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305			
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments			
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION			
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0310 M1921A 989803105541	FilterLine H Set Adult/Pedi	1	CAS	447.00	447.00
	1 PCE = 1 Case of 25 sets				
	25 sets per case. Each set includes one M1926A filter line sensor and M1990A adapter. Recommended for ventilated patients.				
	Agreement Discount			-27.00 %	-120.69
	Net Value Not Including Freight				326.31
	Bill of Lading: 081024313610089				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code :	3917330000			
	Agreement #:	GTLHT00039			



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/15/2018

Invoice number
936650316

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Due Date
06/14/2018

Order Date
05/10/2018

Order number
6304331031

Purchase Order Number:
749-6730283

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
				Total Gross Value	447.00
				Discount Amount	-120.69
				Net Value	326.31
				Total	326.31



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/15/2018

Invoice number
936650316

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Due Date
06/14/2018

Order Date
05/10/2018

Order number
6304331031

Purchase Order Number:
749-6730283

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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	<h1>PHILIPS</h1>	Issue Date 05/18/2018	Invoice number 936674131		Page 1 / 3
Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355		Due Date 06/17/2018	Order Date 05/16/2018	Order number 6304341655	
Purchase Order Number: 749-6734350		Payment terms: Net 30 Days			
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756			
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305			
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments			
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION			
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0320 989803139771 989803139771	Attachment Electrode Agreement Discount	2	BX	12.00 -33.00 %	24.00 -7.92
	Net Value Not Including Freight				16.08
	Bill of Lading: 081024313633231 Ship Date : Route : Carrier : FEDEX				
	Commodity code : 9018119000 Agreement #: GTLHT00039				
0330 989803137631 989803137631	Fetal Spiral Electrode Agreement Discount	2	BX	116.00 -27.00 %	232.00 -62.64
	Net Value Not Including Freight				169.36



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/18/2018

Invoice number
936674131

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Due Date
06/17/2018

Order Date
05/16/2018

Order number
6304341655

Purchase Order Number:
749-6734350

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
<p>Bill of Lading: 081024313633231 Ship Date : Route : Carrier : FEDEX</p> <p>Commodity code : 9018119000 Agreement #: GTLHT00039</p>					
0340	13943B 989803100441	6	CAS	76.00	456.00
	Agreement Discount			-27.00 %	-123.12
	Net Value Not Including Freight				332.88
<p>Bill of Lading: 081024313633231 Ship Date : Route : Carrier : FEDEX</p> <p>Commodity code : 9018119000 Agreement #: GTLHT00039</p>					
				Total Gross Value	712.00
				Discount Amount	-193.68
				Net Value	518.32
				Total	518.32



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
05/18/2018

Invoice number
936674131

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Due Date
06/17/2018

Order Date
05/16/2018

Order number
6304341655

Purchase Order Number:
749-6734350

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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	<h1>PHILIPS</h1>	Issue Date 05/25/2018	Invoice number 936713563		Page 1 / 3
Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355		Due Date 06/24/2018	Order Date 05/23/2018	Order number 6304354209	
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Purchase Order Number: 749-6738967			
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Payment terms: Net 30 Days			
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756 Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305			
Special Comments					
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION			
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0350	989803139771 Attachment Electrode 989803139771	2	BX	12.00	24.00
	Agreement Discount			-33.00 %	-7.92
	Net Value Not Including Freight				16.08
	Bill of Lading: 081024313659941				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code : 9018119000 Agreement #: GTLHT00039				
0360	M3713A HeartStart Adult/Child Plus Pads 989803107781	4	CAS	290.00	1,160.00
	HeartStart Adult/Child Plus Pads				
	Adult pads for emergency use. Multi-function, defibrillation, pacing cardio-version and monitoring. 10 pads/per case.				

 PHILIPS Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810		Issue Date 05/25/2018		Invoice number 936713563		Page 2 / 3	
		Due Date 06/24/2018		Order Date 05/23/2018		Order number 6304354209	
		Purchase Order Number: 749-6738967					
INVOICE REPRINT		Payment terms: Net 30 Days					

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
	Optimized for ACLS responders.				
	Agreement Discount			-40.00 %	-464.00
	Net Value Not Including Freight				696.00
	Bill of Lading: 081024313659941 Ship Date : Route : Carrier : FEDEX Commodity code : 9018907580 Agreement #: GTLHT00039				
0370	M3717A	4	BX	155.00	620.00
	989803107821				
	HeartStart Infant Plus Pads				
	Multi-function, defibrillation, pacing cardioversion and monitoring. 5 pads pairs per case.				
	Agreement Discount			-40.00 %	-248.00
	Net Value Not Including Freight				372.00
	Bill of Lading: 081024313659941 Ship Date : Route : Carrier : FEDEX Commodity code : 9018907580 Agreement #: GTLHT00039				
				Total Gross Value	1,804.00
				Discount Amount	-719.92
				Net Value	1,084.08
				Total	1,084.08



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date

05/25/2018

Invoice number

936713563

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Due Date

06/24/2018

Order Date

05/23/2018

Order number

6304354209

Purchase Order Number:

749-6738967

INVOICE

REPRINT

Payment terms:

Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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 PHILIPS Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355		Issue Date 06/06/2018		Invoice number 936785480		Page 1 / 3						
		Due Date 07/06/2018		Order Date 06/04/2018		Order number 6304374133						
		Purchase Order Number: 749-6745430										
		Payment terms: Net 30 Days										
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756										
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305										
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments										
Federal EIN: 13-3429115				Shipping Terms: FOB DESTINATION								
Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)							
0380 13943B 989803100441	Solid Gel Tab Electrode, Resting ECG	6	CAS	76.00	456.00							
	Agreement Discount			-27.00 %	-123.12							
	Net Value Not Including Freight				332.88							
	Bill of Lading: 081024313701459 Ship Date : Route : Carrier : FEDEX											
	Commodity code : 9018119000 Agreement #: GTLHT00039											
				Total Gross Value	456.00							
				Discount Amount	-123.12							
				Net Value	332.88							



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
06/06/2018

Invoice number
936785480

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Due Date
07/06/2018

Order Date
06/04/2018

Order number
6304374133

Purchase Order Number:
749-6745430

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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				Total	332.88
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PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
06/06/2018

Invoice number
936785480

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Due Date
07/06/2018

Order Date
06/04/2018

Order number
6304374133

Purchase Order Number:
749-6745430

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810
Remit To Address
Philips Healthcare
PO Box 100355
Atlanta, GA 30384-0355

Issue Date
06/20/2018

Invoice number
936863484

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Due Date
07/20/2018

Order Date
06/18/2018

Order number
6304401456

Purchase Order Number:
749-6754407

Payment terms:
Net 30 Days

Ship to: 94049610

Curae Health Inc d/b/a Northwest
Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614-7202
UNITED STATES

INVOICE
REPRINT

Contact Person:
Josue M 1-800-456-9756

Sold to: 94049610

Curae Health Inc d/b/a Northwest
Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614-7202
UNITED STATES

Invoice to:

Attn : Accounts Payable
Merit Health Northwest Mississippi
PO Box 1218
CLARKSDALE MS 38614-1218
UNITED STATES

Customer Number
94068305

ACH/EFT funds to:

Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms: FOB DESTINATION

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
0390	989803138171 Defibrillator Chemical/Thermal Paper	1	BX	58.00	58.00
	989803138171				
	Agreement Discount			-27.00 %	-15.66
	Net Value Not Including Freight				42.34
	Bill of Lading: 081024313761361				
	Ship Date :				
	Route :				
	Carrier : FEDEX				
	Commodity code : 4811909030				
	Agreement #: GTLHT00039				
	Total Gross Value				58.00
	Discount Amount				-15.66
	Net Value				42.34



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
06/20/2018

Invoice number
936863484

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07/20/2018

Order Date
06/18/2018

Order number
6304401456

Purchase Order Number:
749-6754407

INVOICE
REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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Total 42.34



PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
06/20/2018

Invoice number
936863484

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06/18/2018

Order number
6304401456

Purchase Order Number:
749-6754407

INVOICE REPRINT

Payment terms:
Net 30 Days

Item	Article - / type number / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
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Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

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<h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>	Issue Date 08/01/2018		Invoice number 937107828		Page 1 / 2	
	Due Date 08/31/2018		Order Date 07/27/2018	Order number 6304475233		
	Purchase Order Number: 749-6776671					
	Payment terms: Net 30 Days					
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		INVOICE REPRINT Contact Person: Josue M 1-800-456-9756				
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES		Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES			Customer Number 94068305	
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.		Special Comments				
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION				
#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0410 13943B 989803100441		Solid Gel Tab Electrode, Resting ECG	6	CAS	55.48	332.88
		Agreement Discount included in net -27.000 %				
		Net Value Not Including Freight				332.88
		-103.18 difference in the sum of the Total Net values and the Net price is due to system rounding.				
		Commodity code :	9018119000			
		Agreement #:	GTLHT00039			
					Total Gross Value	456.00
					Discount Amount	-123.12
					Net Value	332.88
					Total	332.88

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
08/01/2018

Invoice number
937107828

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Due Date
08/31/2018

Order Date
07/27/2018

Order number
6304475233

Purchase Order Number:
749-6776671

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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<h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>	Issue Date 08/06/2018	Invoice number 937135724		Page 1 / 2		
	Due Date 09/05/2018	Order Date 08/01/2018	Order number 6304482898			
	Purchase Order Number: 749-6779168					
	Payment terms: Net 30 Days					
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756					
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES			Customer Number 94068305		
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments					
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION				
#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0420 40453A 989803101481		CHART PAPER	4	BX	21.17	84.68
		Agreement Discount included in net -27.000 %				
		Net Value Not Including Freight				84.68
		Commodity code :	3703906000			
		Agreement #:	GTLHT00039			
					Total Gross Value	116.00
					Discount Amount	-31.32
					Net Value	84.68
					Total	84.68

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
08/06/2018

Invoice number
937135724

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Due Date
09/05/2018

Order Date
08/01/2018

Order number
6304482898

Purchase Order Number:
749-6779168

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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<h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>	Issue Date 08/17/2018		Invoice number 937202380		Page 1 / 3	
	Due Date 09/16/2018		Order Date 08/15/2018	Order number 6304508705		
	Purchase Order Number: 749-6787166					
	Payment terms: Net 30 Days					
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756					
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305					
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments					
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION				
#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0430	M3713A	HeartStart Adult/Child Plus Pads	2	CAS	174.00	348.00
	989803107781	HeartStart Adult/Child Plus Pads				
		Adult pads for emergency use. Multi-function, defibrillation, pacing cardio-version and monitoring. 10 pads/per case. Optimized for ACLS responders.				
		Agreement Discount included in net -40.000 %				
		Net Value Not Including Freight				348.00
		-84.68 difference in the sum of the Total Net values and the Net price is due to system rounding.				
		Commodity code :	9018907580			
		Agreement #:	GTLHT00039			
					Total Gross Value	580.00
					Discount Amount	-232.00

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
08/17/2018

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09/16/2018

Order Date
08/15/2018

Order number
6304508705

Purchase Order Number:
749-6787166

INVOICE
REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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					Net Value	348.00
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					Total	348.00
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PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
08/17/2018

Invoice number
937202380

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Due Date
09/16/2018

Order Date
08/15/2018

Order number
6304508705

Purchase Order Number:
749-6787166

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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<h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>	Issue Date 08/20/2018		Invoice number 937211205		Page 1 / 3	
	Due Date 09/19/2018		Order Date 08/15/2018	Order number 6304509256		
	Purchase Order Number: 749-6786970					
	Payment terms: Net 30 Days					
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Med Ctr 749-6786970 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756					
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi Curae Accounting PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305					
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments Price/pay terms per contract. 302064 OBSOLETE					
Federal EIN: 13-3429115		Shipping Terms: FOB DESTINATION				
#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0440 1012624 989805610141		M Performatrak W/Hgr-Disp-Dom	10	PCE	22.80	228.00
		Agreement Discount included in net -14.500 %				
		Net Value Not Including Freight				228.00
		Commodity code : 9019200000 Agreement #: GTLHT00039				
0450 1012572 989805610101		L Performatrak W/Hgr-Disp-Dom	10	PCE	22.80	228.00
		Agreement Discount included in net -14.500 %				
		Net Value Not Including Freight				228.00

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
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Invoice number
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Due Date
09/19/2018

Order Date
08/15/2018

Order number
6304509256

Purchase Order Number:
749-6786970

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
		Commodity code : 9019200000 Agreement #: GTLHT00039				
0460	1012623 989805610131	S Performatrak W/Hgr-Disp-Dom	10	PCE	22.80	228.00
		Agreement Discount included in net -14.500 %				
		Net Value Not Including Freight				228.00
		Commodity code : 9019200000 Agreement #: GTLHT00039				
					Total Gross Value	800.10
					Discount Amount	-116.10
					Net Value	684.00
					Total	684.00

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
08/20/2018

Invoice number
937211205

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09/19/2018

Order Date
08/15/2018

Order number
6304509256

Purchase Order Number:
749-6786970

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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<h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>	Issue Date 08/23/2018		Invoice number 937233812		Page 1 / 3	
	Due Date 09/22/2018		Order Date 08/21/2018	Order number 6304518417		
	Purchase Order Number: 749-6789775					
	Payment terms: Net 30 Days					
Ship to: 94049610 Curae Health Inc d/b/a Northwest PO#749-6789775/ RECEIVING 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756					
Sold to: 94068305 Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305					
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments					
Federal EIN: 13-3429115 Shipping Terms: FOB DESTINATION						
#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0470	1012623 989805610131	S Performatrak W/Hgr-Disp-Dom	20	PCE	22.80	456.00
		Agreement Discount included in net -14.500 %				
		Net Value Not Including Freight				456.00
		Commodity code : 9019200000 Agreement #: GTLHT00039				
0480	1012624 989805610141	M Performatrak W/Hgr-Disp-Dom	20	PCE	22.80	456.00
		Agreement Discount included in net -14.500 %				
		Net Value Not Including Freight				456.00

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
08/23/2018

Invoice number
937233812

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Due Date
09/22/2018

Order Date
08/21/2018


Order number
6304518417

Purchase Order Number:
749-6789775

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
		Commodity code : 9019200000 Agreement #: GTLHT00039				
0490	1012572 989805610101	L Performatrak W/Hgr-Disp-Dom	20	PCE	22.80	456.00
		Agreement Discount included in net -14.500 %				
		Net Value Not Including Freight				456.00
		Commodity code : 9019200000 Agreement #: GTLHT00039				
					Total Gross Value	1,600.20
					Discount Amount	-232.20
					Net Value	1,368.00
					Total tax	95.76
					Total	1,463.76

 Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810	Issue Date 08/23/2018	Invoice number 937233812		Page 3 / 3	
	Due Date 09/22/2018	Order Date 08/21/2018	Order number 6304518417		
	Purchase Order Number: 749-6789775				
INVOICE REPRINT	Payment terms: Net 30 Days				
#	Product	Description	Qty	UoM	Unit Net Total Net Currency USD
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PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810
Remit To Address
Philips Healthcare
PO Box 100355
Atlanta, GA 30384-0355

Issue Date
08/23/2018

Invoice number
937234403

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Due Date
09/22/2018

Order Date
08/20/2018

Order number
6304516147

Purchase Order Number:
749-6789322

Payment terms:
Net 30 Days

Ship to: 94049610

Curae Health Inc d/b/a Northwest
Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614-7202
UNITED STATES

INVOICE REPRINT

Contact Person:
Josue M 1-800-456-9756

Sold to: 94049610

Curae Health Inc d/b/a Northwest
Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614-7202
UNITED STATES

Invoice to:

Attn : Accounts Payable
Merit Health Northwest Mississippi
PO Box 1218
CLARKSDALE MS 38614-1218
UNITED STATES

Customer Number
94068305

ACH/EFT funds to:

Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms: FOB DESTINATION

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0500	989803138171	Defibrillator Chemical/Thermal Paper	4	BX	42.34	169.36
	989803138171					
		Agreement Discount included in net -27.000 %				
		Net Value Not Including Freight				169.36
		Commodity code :		4811909030		
		Agreement #:		GTLHT00039		
					Total Gross Value	232.00
					Discount Amount	-62.64
					Net Value	169.36
					Total	169.36

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date

08/23/2018

Invoice number

937234403

Page 2 / 2

Due Date

09/22/2018

Order Date

08/20/2018

Order number

6304516147

Purchase Order Number:

749-6789322

INVOICE

REPRINT

Payment terms:

Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at <http://www.usa.philips.com/healthcare/about> ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Health Care Providers are reminded that if the purchase of goods or services includes a discount, such as a price reduction or a loan of goods at reduced cost, they must fully and accurately report such discount on cost reports or other applicable claims for payment submitted under any Federal Health Care Program, including but not limited to Medicare and Medicaid as required by Federal law (see 42 USA 1320a - 7(b)(3) and 42 CFR 1001.952(h)).

<h1>PHILIPS</h1> <p>Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355</p>	Issue Date 09/24/2018		Invoice number 937420696		Page 1 / 3	
	Due Date 10/24/2018		Order Date 08/20/2018	Order number 6304516147		
	Purchase Order Number: 749-6789322					
	Payment terms: Net 30 Days					
Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr. CLARKSDALE MS 38614-7202 UNITED STATES	INVOICE REPRINT Contact Person: Josue M 1-800-456-9756					
Sold to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES	Invoice to: Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES Customer Number 94068305					
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.	Special Comments					
Federal EIN: 13-3429115						
Shipping Terms: FOB DESTINATION						
#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0510	M3713A	HeartStart Adult/Child Plus Pads	2	CAS	174.00	348.00
	989803107781	HeartStart Adult/Child Plus Pads				
		Adult pads for emergency use. Multi-function, defibrillation, pacing cardio-version and monitoring. 10 pads/per case. Optimized for ACLS responders.				
		Agreement Discount included in net -40.000 %				
		Net Value Not Including Freight				348.00
		-169.36 difference in the sum of the Total Net values and the Net price is due to system rounding.				
		Commodity code :	9018907580			
		Agreement #:	GTLHT00039			
					Total Gross Value	580.00
					Discount Amount	-232.00

PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
09/24/2018

Invoice number
937420696

Page 2 / 3

Due Date
10/24/2018

Order Date
08/20/2018

Order number
6304516147

Purchase Order Number:
749-6789322

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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						Net Value	348.00
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						Total	348.00
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PHILIPS

Philips Healthcare
3000 Minuteman Road, MS 2214
Andover, MA 01810

Issue Date
09/24/2018

Invoice number
937420696

Page 3 / 3

Due Date
10/24/2018

Order Date
08/20/2018

Order number
6304516147

Purchase Order Number:
749-6789322

INVOICE REPRINT

Payment terms:
Net 30 Days

#	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
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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: (6823853) **Claim No:** 212 *Status:*
Philips Healthcare *Original Filed* *Filed by:* CR
c/o Bruce J. Borrus *Date:* 01/17/2019 *Entered by:* admin
Fox Rothschild LLP *Original Entered* *Modified:*
1001 4th Ave. Suite 4500 *Date:* 01/17/2019
Seattle, WA 98154

Amount claimed: \$8946.29

History:

[Details](#) [212-1](#) 01/17/2019 Claim #212 filed by Philips Healthcare, Amount claimed: \$8946.29 (admin)

Description:

Remarks: (212-1) Account Number (last 4 digits):9610

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*	\$8946.29
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		