

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		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 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.)  Cardinal Health 110, LLC f/k/a Cardinal Health 110, Inc.	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input 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	THIS SPACE IS FOR COURT USE ONLY
Name and addresses where notices should be sent:  Debra A. Willet, Vice President, Assoc. General Counsel 7000 Cardinal Place Dublin, OH 43017  Telephone number: 614.757.3428  Email: Debra.Willet@ Cardinalhealth.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:	<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): <u>233</u> Filed on: <u>1/18/2019</u>	
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:  VARIOUS	
3. Date goods were received by debtor: <u>VARIOUS</u>		
4. Total amount of claim as of the date the debt was incurred: <u>\$173,432.80</u>		

<input type="checkbox"/> 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): <b>See Rider attached.</b>  Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: <b>Pharmaceutical products</b> Shipment date of goods: <b>Various</b> Place of delivery of goods: <b>Amory, Batesville, and Clarksdale Medical Centers</b> Method of delivery of goods: <b>Ground Delivery</b> Name of carrier of goods: <b>Hackbarth Delivery</b> Value of goods: <b>173,432.80</b> Whether the value of goods listed in this claim relates to services and goods: <b>No.</b>  The percentage of value related to services and the percentage of value related to goods: <b>100% goods.</b>  Whether claimant has filed any other claim against debtor relating to goods underlying this claim: <b>General unsecured claim is being filed herewith and claims are being filed against other debtors.</b> <u>Attach supporting materials required by field 8 and instructions below.</u>	
6. Credits, setoffs, and counterclaims: All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon. <input checked="" type="checkbox"/> This claim is subject to setoff or counterclaim as follows: <b>Potential recoupment and/or setoff of certain credits</b>	7. Assignment: <input type="checkbox"/> Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.
8. Supporting documents: <u>Attach redacted copies of supporting documents</u> , such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.  <u>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.</u>  <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u>  <u>Do not send original documents. Attached documents may be destroyed after scanning.</u> 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. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> 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: Brad K Phister  
 Title: Credit Advisor  
 Company: Cardinal Health  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

(Signature) Brad K Phister (Date) 5/9/19

*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.

5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) 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.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by January 21, 2019. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before January 21, 2019, to the following address:

Office of the Clerk of the United States Bankruptcy Court  
for the Middle District of Tennessee  
(Nashville Division)  
Customs House Room 170  
701 Broadway  
Nashville, TN 37203

Items to be completed in proof of claim form.

**Creditor's name and address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Debtor's name:**

Check the box next to the debtor from whom the debt is owed.

**Account or other number by which creditor identifies debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**1. Basis for claim:**

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

**2. Date debt was incurred:**

State the date or dates on which the debt was incurred.

**3. Date goods received by debtor:**

State the date or dates on which the goods underlying the claim were received by the debtor.

**4. Total amount of claim as of the date the debt was incurred:**

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

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

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

**6. Credits, setoffs, and counterclaims:**

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

**7. Assignment:**

Check box and include copy of assignment if claimant obtained claim by way of assignment.

**8. Supporting documents:**

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves, FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

**9. Date and signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**CURAE HEALTH, INC.**  
**Case No. 18-05665**  
**Chapter 11**

**Amended Rider to 503(b)(9) Proof of Claim of Cardinal Health 110, LLC**

This supplement to the 503(b)(9) administrative claim of Cardinal Health 110, LLC f/k/a Cardinal Health 110, Inc. (“CH 110”) against Curae Health, Inc. (“Curae”), in the amount of \$173,432.80, is being filed to further clarify the nature and extent of CH 110’s claims against Curae, and to provide certain proofs of delivery in connection with the CH 110 503(b)(9) claim. CH 110’s 530(b)(9) claims arises out of the following circumstances.

Cardinal Health, Inc. (“Cardinal Health”) is an approximately \$130 billion global company that specializes in medical and pharmaceutical distribution, technologies and supply services to various health organizations including, but not limited to, hospitals, pharmacies, nursing homes, imaging centers and clinics. Cardinal Health employs more than 30,000 people in over ten countries, and has numerous facilities worldwide. CH 110, a subsidiary of Cardinal Health, provides certain pharmaceutical products and distribution services to various entities, including, but not limited to, hospitals, clinics, and nursing homes. Curae executed the Group Commitment Agreement, with a commencement date of May 1, 2017 (the “GCA”), in connection with its request that CH 110 provide certain pharmaceutical products to it and its affiliates. The GCA is not attached here because it contains a confidentiality provision between CH 110 and Curae prohibiting the disclosure of its terms. CH 110 will provide a copy of the GCA to any interested party upon request and the provision of the appropriate protections to prevent further disclosure. As of the Petition Date, Curae owed CH 110 \$173,432.80 for unpaid pharmaceutical products shipped to Batesville, Amory, and Clarksdale Regional Medical Centers in the twenty days prior

to Curae's bankruptcy filing (the "CH 110 503(b)(9) Claim").<sup>1</sup> The accounting is as follows:

Facility	Pre-Petition Debt	Credits	Net	503(B)(9) Claim
Batesville	\$73,667.23	(\$94,279.72)	(\$20,612.49)	\$24,673.95
Amory	\$285,757.47	(\$16,772.64)	\$268,984.83	\$83,160.36
Clarksdale	\$334,422.51	(\$4,448.33)	\$329,974.18	\$65,598.49
<b>TOTAL</b>	<b>\$693,847.21</b>	<b>(\$115,500.69)</b>	<b>\$578,346.52</b>	<b>\$173,432.80</b>

All goods were sold to Curae's affiliates in the ordinary course of their business. A summary chart reflecting the invoices comprising the CH 110 503(b)(9) Claim was attached to the original Proof of Claim as **Exhibit A**. By way of supplement, proof of delivery to the various facilities, to the extent available, is attached here as **Exhibit B**.

Simultaneously herewith, CH 110 is filing a general unsecured claim in the total amount of \$693,847.21 for unpaid pharmaceutical products and services provided to Curae and its affiliates pre-petition (the "Total Pre-Petition Claim"). CH 110 is not seeking a double-recovery; to the extent that CH 110's 503(b)(9) Claim is paid, CH 110's Total Pre-Petition Claim should be reduced accordingly. Thus, if CH 110's 503(b)(9) Claim is paid in full, CH 110's total pre-petition claim will be reduced to \$520,414.4, less any credits which CH 110 may recoup or be permitted to set off. However, to the extent that CH 110's 503(b)(9) Claim is not paid in full as an administrative expense, CH 110 reserves the right to seek payment of the Total Pre-Petition Claim.

CH 110, and its affiliates, reserve their rights to amend and supplement this Proof of Claim and/or to file additional proofs of claim for additional claims or administrative claims, as they may

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<sup>1</sup> CH 110 has filed general unsecured and 503(b)(9) administrative claims in the bankruptcy proceedings of Amory and Clarksdale Regional Medical Center. CH 110 is not seeking a double recovery. To the extent that a distribution is made on CH 110's claims in the bankruptcy cases of any of Curae's debtor affiliates, CH 110's claims against Curae should be reduced accordingly.

deem appropriate. The filing of this Proof of Claim by CH 110 is not intended as, and shall not be construed as CH 110's consent to the determination of the Debtor's liability to CH 110 by any particular court, including, without limitation, the Bankruptcy Court.



# **EXHIBIT B**

Proofs of Delivery from Cardinal Health 110 to Amory Regional Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
C brown	2018-08-07T10:13:24	26	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-08T09:53:03	23	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-09T09:39:01	11	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
d taylor	2018-08-10T09:36:05	10	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-13T09:55:16	3	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-14T09:59:28	26	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-15T10:20:04	5	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-16T09:53:54	14	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-17T09:56:04	4	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-21T09:58:12	31	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Amory Regional Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
L Harmon	2018-08-22T10:00:15	8	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-23T09:58:04	16	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-24T10:03:15	7	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Batesville Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
k jossette	2018-08-06T08:27:52	2	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
n jossette	2018-08-07T08:36:23	8	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
t jossette	2018-08-08T09:00:40	5	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
v jossette	2018-08-09T08:38:49	3	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
p jossette	2018-08-10T08:05:41	5	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
t jossette	2018-08-13T08:02:20	3	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
m jossette	2018-08-14T08:30:37	4	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
s jossette	2018-08-15T08:23:38	9	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
c jossette	2018-08-16T08:32:40	4	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
m jossette	2018-08-17T08:19:14	7	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Batesville Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
s jossette	2018-08-21T08:11:16	9	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
k ashley	2018-08-22T08:23:53	4	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
m jossette	2018-08-23T09:37:54	6	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
k jossette	2018-08-24T09:37:15	3	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Clarksdale Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
l alen	2018-08-06T11:09:23	1	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
s suddith	2018-08-07T11:38:27	5	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c diaz	2018-08-08T12:22:16	15	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
m caudillo	2018-08-09T10:34:41	4	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-10T10:35:26	3	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-14T10:39:11	12	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
l suddeth	2018-08-15T10:50:00	7	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-16T10:35:47	10	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-17T10:31:53	8	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
l suddeth	2018-08-21T10:23:22	13	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Clarksdale Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
m caudilla	2018-08-22T11:06:05	17	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-23T10:42:06	1	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
l suddeth	2018-08-24T10:20:40	11	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM

# 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):**

<p><i>Creditor:</i> (6717912)          CARDINAL HEALTH 110, LLC          PO BOX 402605          ATLANTA, GA 30384-          2605</p>	<p><b>Claim No: 233</b>  <i>Original Filed</i>          Date: 01/18/2019  <i>Original Entered</i>          Date: 01/18/2019  <i>Last Amendment</i>          Filed: 05/09/2019  <i>Last Amendment</i>          Entered: 05/09/2019</p>	<p><i>Status:</i>          Filed by: CR          Entered by: DANIEL HAYS          PURYEAR          Modified:</p>
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Amount claimed: \$173432.80  
 Secured claimed: \$0.00  
 Priority claimed: \$173432.80

*History:*

- [Details](#)    [233-1](#)    01/18/2019 Claim #233 filed by CARDINAL HEALTH 110, LLC, Amount claimed: \$173432.80 (PURYEAR, DANIEL )
- [Details](#)    [233-2](#)    05/09/2019 Amended Claim #233 filed by CARDINAL HEALTH 110, LLC, Amount claimed: \$173432.80 (PURYEAR, DANIEL )

*Description:* (233-1) 503(b)(9) Claim  
*Remarks:*

## Claims Register Summary

**Case Name:** Curae Health Inc.  
**Case Number:** 3:18-bk-05665  
**Chapter:** 11  
**Date Filed:** 08/24/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$173432.80
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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



	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>	\$0.00	
<b>Priority</b>	\$173432.80	
<b>Administrative</b>		