

Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: Middle District of Tennessee
 Case number 3:18-bk-05675

FILED

NOV 06 2018

U.S. BANKRUPTCY COURT
 MIDDLE DISTRICT OF TN

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?

Covidien Sales LLC dba Given Imaging
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Given Imaging

2. Has this claim been acquired from someone else?

☒ No

☐ 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?

Covidien Sales LLC dba Given Imaging

Name 3555 Koger Blvd, Ste. 200

Number Duluth, GA Street 30096

City Duluth State GA ZIP Code 30096

Contact phone 7706620878

Contact email rs.gis-duluth-accounts-receivable@medtronic.com

Where should payments to the creditor be sent? (if different)

Covidien Sales LLC dba Given Imaging

Name PO Box 932928

Number Atlanta, GA Street 31193-2928

City Atlanta State GA ZIP Code 31193-2928

Contact phone 7706620898

Contact email Same

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ 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?

☒ No

☐ 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? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4 9 8 1 8
7. How much is the claim? \$ 25,226.13 Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim? 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 health care information.
Goods Sold
9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
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.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable
10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ 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).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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

10/24/2018
MM DD YYYY

Darla Coman

Signature

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

Name

Darla

Coman

First name

Middle name

Last name

Title

Accounting clerk

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

3555 Koger Blvd, Ste. 200

Number

Street

Duluth

GA

30088

City

State

ZIP Code

Contact phone

770 662-0870

Email

rs.gis-duluth-accounts-receivable@medtronic.com



Covidien Sales LLC
dba Given Imaging
Tel: 770-662-0870
Fax: 770-810-0953
Tax ID: 02-0502162

Remit to:
Covidien Sales LLC
dba Given Imaging
PO BOX 932928
Atlanta, GA 31193-2928

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Page 1 of 1

Date 07/26/2018

Invoice No. 1033007471

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 01631
Purchase Order Date: 07/26/2018
Sales Order Number: 1019012869
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 08/25/2018

Item	Service product & Description	Quantity	Yearly Price	Amount
10	80372 HRM Catheter Extended Warranty, 1 Coverage period: 07/25/2019 - 07/24/2020 Serial No.: EAZ6970	1 EA	2,500.00	2,500.00
			Total Price	2,500.00
			MS State and Local Sales / Use Tax	0.00
			Total due USD	2,500.00

PRODUCTS COVERED BY THIS INVOICE MAY BE SUBJECT TO DISCOUNT/REBATE TERMS WHICH MAY REQUIRE YOU TO DISCLOSE THE VALUE OF THE DISCOUNT, REBATE, OR OTHER REDUCTION IN PRICE TO MEDICARE, MEDICAID, OR OTHER FEDERAL HEALTHCARE PROGRAMS. CONSULT AGREEMENT OR PAYOR RULES FOR DISCLOSURE OBLIGATIONS.

Seller conveys no right of return to Customer and no returns will be accepted without the Customer first having obtained a Return Material Authorization from Seller's Customer Service. Return Material Authorizations will be issued when the provisions of section of the terms and conditions apply. Customer shall be responsible for all costs of such return shipments and shall bear the risk of loss until shipment is received by Seller at the F.O.B. point. No returns will be accepted unless there is a shipping error or the item is damaged upon receipt. Shortages must be reported to Customer Service within 48 hours.

Trade Controls. Customer agrees to fully comply with all applicable export control and economic sanctions laws, and will not export Products contrary to U.S. law. Customer warrants that it is not set forth on, nor owned or controlled by any person set forth on, a restricted party list maintained by the U.S. or other governments.

Sale of Goods Outside the United States. The rights and obligations of the Customer and Seller shall not be governed by the provisions of the 1980 U.N. Convention on Contracts for the International Sale of Goods; rather, their rights and obligations shall be



Covidien Sales LLC
dba Given Imaging
Tel: 770-662-0870
Fax: 770-810-0953
Tax ID: 02-0502162

Remit to:
Covidien Sales LLC
dba Given Imaging
PO BOX 932928
Atlanta, GA 31193-2928

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Page 1 of 1

Date 03/02/2018

Invoice No. 1030447624

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 754-6681267
Purchase Order Date: 03/01/2018
Packing List Number: 1020489027
Sales Order Number: 1010421949
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 04/01/2018
Incoterms: PPA
Tracking num: 771684117569

Item	Material & Description	Quantity	Unit Price	Amount
1	FGS-0312 Bravo® pH capsule delivery dev, Batch No.: 38686Q	1 EA	1,355.00 USD	1,355.00
2	US1-6034-3 Bravo pH Monitoring Patient Broch	5 EA	0.00	0.00
Total Price				1,355.00
Shipping & Handling				28.32
Total				1,383.32
MS State and Local Sales / Use Tax				0.00
Total due USD				1,383.32

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Fax: 770-810-0953
Tax ID: 02-0502162

Remit to:
Covidien Sales LLC
dba Given Imaging
PO BOX 932928
Atlanta, GA 31193-2928

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Date 05/03/2018

Invoice No. 1030459140

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

* Attention: Accounts Payable

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 00662
Purchase Order Date: 05/02/2018
Packing List Number: 1020501444
Sales Order Number: 1010432759
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 06/02/2018
Incoterms: PPA
Tracking num: 780801504195

Item	Material & Description	Quantity	Unit Price	Amount
1	FGS-0312 Bravo® pH capsule delivery dev, Batch No.: 40129Q	1 EA	1,355.00 USD	1,355.00
2	US1-6034-3 Bravo pH Monitoring Patient Broch	5 EA	0.00	0.00
Total Price				1,355.00
Shipping & Handling				56.47
Total				1,411.47
MS State and Local Sales / Use Tax				0.00
Total due USD				1,411.47

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PO BOX 932928
Atlanta, GA 31193-2928

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Page 1 of 1

Date 05/17/2018

Invoice No. 1030461678

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 00836
Purchase Order Date: 05/16/2018
Packing List Number: 1020504186
Sales Order Number: 1010435396
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 06/16/2018
Incoterms: PPA
Tracking num: 781007392371

Item	Material & Description	Quantity	Unit Price	Amount
1	FGS-0312 Bravo® pH capsule delivery dev, Batch No.: 40142Q	1 EA	1,355.00 USD	1,355.00
2	US1-6034-3 Bravo pH Monitoring Patient Broch	5 EA	0.00	0.00
Total Price				1,355.00
Shipping & Handling				56.47
Total				1,411.47
MS State and Local Sales / Use Tax				0.00
Total due USD				1,411.47

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Remit to:
Covidien Sales LLC
dba Given Imaging
PO BOX 932928
Atlanta, GA 31193-2928

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Page 1 of 1

Date 05/18/2018

Invoice No. 1030462011

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

* Attention: Accounts Payable

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 00857
Purchase Order Date: 05/18/2018
Packing List Number: 1020504526
Sales Order Number: 1010435728
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 06/17/2018
Incoterms: PPA
Tracking num: 781026297104

Item	Material & Description	Quantity	Unit Price	Amount
1	E05-09 E0509 Bipolar generator cable Batch No.: 1709093X	1 CS	55.00 USD	55.00
Total Price				55.00
Shipping & Handling				43.64
Total				98.64
MS State and Local Sales / Use Tax				0.00
Total due USD				98.64

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Tel: 770-662-0870
Fax: 770-810-0953
Tax ID: 02-0502162

Remit to:
Covidien Sales LLC
dba Given Imaging
PO BOX 932928
Atlanta, GA 31193-2928

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Date 06/05/2018

Invoice No. 1030465146

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

* Attention: Accounts Payable

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 00986
Purchase Order Date: 06/05/2018
Packing List Number: 1020507888
Sales Order Number: 1010438695
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 07/05/2018
Incoterms: PPA
Tracking num: 781280840685

Item	Material & Description	Quantity	Unit Price	Amount
1	FGS-0312 Bravo® pH capsule delivery dev, Batch No.: 40542Q	1 EA	1,355.00 USD	1,355.00
2	US1-6034-3 Bravo pH Monitoring Patient Broch	5 EA	0.00	0.00
Total Price				1,355.00
Shipping & Handling				56.47
Total				1,411.47
MS State and Local Sales / Use Tax				0.00
Total due USD				1,411.47

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PO BOX 932928
Atlanta, GA 31193-2928

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Page 1 of 1

Date 06/18/2018

Invoice No. 1030467528

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

General details

Purchase Order No.: 01152
Purchase Order Date: 06/18/2018
Packing List Number: 1020510421
Sales Order Number: 1010440898
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 07/18/2018
Incoterms: PPA
Tracking num: 781467403791

Item	Material & Description	Quantity	Unit Price	Amount
1	FGS-0302 Buffer, pH 7.01, 500 ml Batch No.: 1803E21	1 EA	25.00 USD	25.00
2	FGS-0303 Buffer, pH 1.07, 500 ml Batch No.: 1803F60	1 EA	25.00 USD	25.00
Total Price				50.00
Shipping & Handling				52.76
Total				102.76
MS State and Local Sales / Use Tax				0.00
Total due USD				102.76

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Tel: 770-662-0870
Fax: 770-810-0953
Tax ID: 02-0502162

Remit to:
Covidien Sales LLC
dba Given Imaging
PO BOX 932928
Atlanta, GA 31193-2928

Original

Page 1 of 1

Date 07/26/2018

Invoice No. 1030474838

Bill to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500

Ship to:

Amory Regional Medical Center
D/B/A Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory MS 38821-5500
Tel. 662-259-6052

General details

Purchase Order No.: 01631
Purchase Order Date: 07/25/2018
Packing List Number: 1020518090
Sales Order Number: 1010447746
Customer - Sold-to: 49818
Customer - Payer: 49818

Currency: USD
Payment Terms: Net due in 30 days
Due Date: 08/25/2018
Incoterms: PPA
Tracking num: 782006147204

Item	Material & Description	Quantity	Unit Price	Amount
1	3890 ManoScan ESO Z Catheter Serial No.: EAZ6970 Discount - Value	1 EA	17,961.00 USD	17,961.00
		1,077 USD/EA		1,077.66-
			Total Price	17,961.00
			Total Discount	1,077.66-
			Total Net	16,883.34
			Shipping & Handling	23.66
			Total	16,907.00
			MS State and Local Sales / Use Tax	0.00
			Total due USD	16,907.00

PRODUCTS COVERED BY THIS INVOICE MAY BE SUBJECT TO DISCOUNT/REBATE TERMS WHICH MAY REQUIRE YOU TO DISCLOSE THE VALUE OF THE DISCOUNT, REBATE, OR OTHER REDUCTION IN PRICE TO MEDICARE, MEDICAID, OR OTHER FEDERAL HEALTHCARE PROGRAMS. CONSULT AGREEMENT OR PAYOR RULES FOR DISCLOSURE OBLIGATIONS.

Seller conveys no right of return to Customer and no returns will be accepted without the Customer first having obtained a Return Material Authorization from Seller's Customer Service. Return Material Authorizations will be issued when the provisions of section of the terms and conditions apply. Customer shall be responsible for all costs of such return shipments and shall bear the risk of loss until shipment is received by Seller at the F.O.B. point. No returns will be accepted unless there is a shipping error or the item is damaged upon receipt. Shortages must be reported to Customer Service within 48 hours.

Trade Controls. Customer agrees to fully comply with all applicable export control and economic sanctions laws, and will not divert Products contrary to U.S. law. Customer warrants that it is not set forth on, nor owned or controlled by any person set forth on, a restricted party list maintained by the U.S. or other governments.

Sale of Goods Outside the United States. The rights and obligations of the Customer and Seller shall not be governed by the provisions of the 1980 U.N. Convention on Contracts for the International Sale of Goods; rather, their rights and obligations shall be

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05675 Amory Regional Medical Center, Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6779770)
COVIDIEN SALES LLC DBA
GIVEN IMAGING
3555 KOGER BLVD STE 200
DULUTH GA 30096

Claim No: 8
Original Filed
Date: 11/06/2018
Original Entered
Date: 11/06/2018

Status:
Filed by: CR
Entered by: Intake2
Modified:

Amount claimed: \$25226.13

History:

[Details](#) [8-1](#) 11/06/2018 Claim #8 filed by COVIDIEN SALES LLC DBA GIVEN IMAGING, Amount claimed: \$25226.13 (Intake2)

Description: (8-1) GOODS SOLD

Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.

Case Number: 3:18-bk-05675

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$25226.13
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		