#### Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE Case number: 18–05675

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 Clair	n						
1.Who is the current creditor?	C. R. Bard, Inc.						
	Name of the current creditor (the person or entity to be paid for this claim)						
	Other names the creditor used with the debtor	Bard Medical; Davol Inc.; Bard Peripheral Bascular, Inc.; Bard Access Systems, Inc.					
2.Has this claim been acquired from someone else?	<ul> <li>☑ No</li> <li>☑ Yes. From whom?</li> </ul>						
3.Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
creditor be sent?	C. R. Bard, Inc.						
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, NY 10166	Name					
	,						
	Contact phone 212 309 1132	Contact phone					
	Contact email <u>rrich2@huntonak.com</u> Contact email						
	Uniform claim identifier for electronic payments in ch	apter 13 (if you use one):					
4.Does this claim amend one already filed?	<ul><li>No</li><li>Yes. Claim number on court claims registry (if</li></ul>	known) Filed on					
5 Do you know if onyong	☑ No	MM / DD / YYYY					
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?						
Official Form 410	Proof of Clain	n page 1					

6.Do you have any number you use to identify the debtor?		ut the Claim as of the Date No Yes. Last 4 digits of the debtor's a		use to identify th	ne debtor:
7.How much is the claim?	\$		Does this amount inc ☑ No	clude interes	t or other charges?
			Yes. Attach statem other charges requ	ent itemizing ired by Bankr	interest, fees, expenses, or uptcy Rule 3001(c)(2)(A).
8.What is the basis of the claim?	dea Bar Lim	imples: Goods sold, money lo th, or credit card. Attach reda kruptcy Rule 3001(c). it disclosing information that bods sold. Please see attachr	acted copies of any do is entitled to privacy, s	cuments supp	porting the claim required by
9. Is all or part of the claim secured?		Yes. The claim is secured by <b>Nature of property:</b> □ Real estate. If the clai	im is secured by the de	ebtor's princip icial Form 410	al residence, file a <i>Mortgage</i> 0–A) with this <i>Proof of Claim</i> .
		Basis for perfection:			
		Attach redacted copies of c interest (for example, a mo document that shows the li	rtgage, lien, certificate	of title, finance	ce of perfection of a security cing statement, or other
		Value of property:	\$		
		Amount of the claim that secured:	is <u></u> \$		
		Amount of the claim that unsecured:	is <u></u>		(The sum of the secured and —unsecured amounts should match the amount in line 7.)
		Amount necessary to cur date of the petition:	re any default as of th	ne <u>\$</u>	
		Annual Interest Rate (whe	en case was filed)		%
		<ul><li>☐ Fixed</li><li>☐ Variable</li></ul>			
10.Is this claim based on a lease?	<b>⊻</b>	No Yes. <b>Amount necessary t</b>	o cure any default as	s of the date	of the petition.\$
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:			
Official Form 410		Pro	oof of Claim		page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		No Yes. Check all that	t apply.	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example	2	Domestic suppor under 11 U.S.C.	t obligations (including alimony and child support) § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount entitled to priority.	5,	□ Up to \$2,850* of property or servic U.S.C. § 507(a)(	deposits toward purchase, lease, or rental of ces for personal, family, or household use. 11 7).	\$
		180 days before	or commissions (up to \$12,850*) earned within the bankruptcy petition is filed or the debtor's hichever is earlier. 11 U.S.C. § 507(a)(4).	\$
			es owed to governmental units. 11 U.S.C. §	\$
		Contributions to a	an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		Conter. Specify su	ubsection of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to of adjustment.	adjustment on 4/01/19 and every 3 years after that for case	es begun on or after the date
Part 3: Sign Below				
The person completing this proof of claim must	Che	ck the appropriate bo	DX:	
sign and date it. FRBP	$\checkmark$	I am the creditor.		
9011(b).		I am the creditor's a	ttorney or authorized agent.	
If you file this claim electronically, FRBP		I am the trustee, or	the debtor, or their authorized agent. Bankruptcy	Rule 3004.
5005(a)(2) authorizes courts to establish local rules			irety, endorser, or other codebtor. Bankruptcy Rul	
specifying what a signature is.	l und the a	erstand that an authorize mount of the claim, the cl	d signature on this Proof of Claim serves as an acknowledg reditor gave the debtor credit for any payments received tow	ment that when calculating /ard the debt.
A person who files a			on in this Proof of Claim and have a reasonable belief that th	ne information is true
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.		correct. lare under penalty of perj	ury that the foregoing is true and correct.	
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date	1/17/2019	
			MM / DD / YYYY	
	/s/ (	Greg Dadika		
	Sign	ature		
	Prin	t the name of the ner	son who is completing and signing this claim:	
	Nar	•		
	ING		Greg Dadika	
	Title	, ,	First name Middle name Last name	
	THE	;	Authorized Signatory	
	Cor	npany	C. R. Bard, Inc.	
			Identify the corporate servicer as the company if the servicer	e authorized agent is a
	Add	ress	1 Becton Drive	
			Number Street	
			Franklin Lakes, NJ 07417	
			City State ZIP Code	
	Cor	tact phone 212 3	Email rrich2@huntona	ık.com

Official Form 410

Proof of Claim

#### Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc.

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05675

# Official Form 410 Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case.

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>C. R. Bard, Inc.</u> Name of the current creditor (the persor Other names the creditor used with the <u>Access Systems, Inc.</u>		
2.	Has this claim been acquired from someone else?	⊠ No □ Yes. From Whom?		
	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq and - 200 Park Avenue New York, New York 10166 Telephone: (212) 309-1132 Email: rrich2@HuntonAK.com	C. R. Bard, Inc. Attn: Sabina Downing 730 Central Avenue Murray Hill, NJ 07974 Telephone: (908) 277-8000	Where should payments to the creditor be sent? (if different) C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, New York 10166 Telephone number: (212) 309-1132 Email: rrich2@HuntonAK.com
4.	Does this claim amend one already filed?	⊠ No □ Yes. Claim number on court claims r	egistry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	⊠ No □ Yes. Who made the earlier filing?		

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:
7.	How much is the claim?	\$ <u>13,646.38</u>	<ul> <li>Does this amount include interest or other charges?</li> <li>➢ No</li> <li>☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>
8.	What is the basis of the	Examples: Goods sold, money loa	ned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any doc	ments supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is	entitled to privacy, such as health care information.
		Goods sold. Please see attach	<u>nent</u>
9.	Is all or part of the claim secured?	⊠ No □ Yes. The claim is secured by a	lien on property.
		Nature of property:	
			cured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> cial Form 410-A) with this <i>Proof of Claim</i> .
		Motor vehicle	
		Other. Describe:	
		Basis for perfection:	
			nts, if any, that show evidence of perfection of a security interest (for example, a nancing statement, or other document that shows the lien has been filed or
		Value of property:	\$
		Amount of the claim that is secure	i: \$
		Amount of the claim that is unsecu	red: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount necessary to cure any def	ault as of the date of the petition: \$
		Annual Interest Rate (when case v □ Fixed □ Variable	ras filed)%
10	ls this claim based on a lease?	⊠ No □ Yes. Amount necessary to cure	any default as of the date of the petition. \$
11.	ls this claim subject to a right of setoff?	⊠ No □ Yes. Identify the property:	

12. Is all or part of the claim	🖾 No	
entitled to priority under 11 U.S.C. § 507(a)?	□ Yes. Check all that apply.	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
example, in some categories, the law limits the amount entitled to priority.	□ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
	<ul> <li>Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.</li> <li>11 U.S.C. § 507(a)(4).</li> </ul>	\$
	□ 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.	\$
	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or afte	r the date of adjustment.

#### Part 3:

#### Sign Below

specifying what a signature

fraudulent claim could be

18 U.S.C. §§ 152, 157, and

A person who files a

fined up to \$500,000, imprisoned for up to 5 years,

The person completing this	Check the a	ppropriate box:
proof of claim must sign and		

I am the creditor.

FRBP 9011(b).

date it.

is.

or both.

3571.

If you file this claim □ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. electronically, FRBP □ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. 5005(a)(2) authorizes courts to establish local rules

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: January 7, 2019

□ I am the creditor's attorney or authorized agent.

Signature

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

Name	Greg Dadika
Title	Authorized Signatory
Company	C. R. Bard, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer.
Address	730 Central Avenue
	Murray Hill, NJ 07974

#### ATTACHMENT TO PROOF OF CLAIM OF C. R. BARD, INC.

 <u>Debtor</u>. On August 24, 2018 (the "<u>Petition Date</u>"), Amory Regional Medical Center Inc. (the "<u>Debtor</u>") filed for bankruptcy relief in the United States Bankruptcy Court for the Middle District of Tennessee (the "<u>Bankruptcy Court</u>").

2. <u>Basis for Claim</u>. As set forth on the schedule attached hereto as <u>Exhibit 1</u>, prior to the Petition Date, C. R. Bard, Inc. (the "<u>Claimant</u>"), through its Bard Medical division and subsidiaries Bard Access Systems, Inc., Bard Peripheral Vascular, Inc. and Davol Inc., provided medical supplies (the "<u>Medical Supplies</u>") to the Debtor in the aggregate amount of \$13,646.38 (the "<u>Claim Amount</u>"). Copies of the invoices which set forth the Claim Amount are attached hereto as <u>Exhibit 2</u>. As of the date hereof, the Debtor has not paid for the Medical Supplies.

3. <u>Classification of Claim</u>. The Claim Amount is a general unsecured claim pursuant to section 502 of Title 11 of the United States Code, except to the extent that the Claimant may assert the Claim Amount by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates.

4. <u>Separate 503(b)(9) Claim</u>. In accordance with the Bankruptcy Court's order entered on December 11, 2018 (Docket No. 544), the Claimant has asserted additional claims, which are entitled to priority under 11 U.S.C. § 503(b)(9), through a separate proof of claim.

5. <u>Reservation of Rights</u>. This proof of claim is filed with full reservation of rights, including the right to assert additional, supplementary and/or amended proofs of claim and requests for administrative expense reimbursements based on events, information and/or documents obtained from the Debtor or others through discovery or otherwise. Without in any way limiting the foregoing, the Claimant reserves the right to assert any claim it may have against the Debtor or against any other party or property other than the Debtor or the property of its estate. Without in

# Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 4 of 23

any way limiting the foregoing, the Claimant reserves the right to assert this claim by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates against the Claimant. This proof of claim is not intended, nor should it be construed, as the Claimant's consent to jurisdiction in the Bankruptcy Court, or as a waiver of the Claimant's right to a trial by jury in any action or proceeding.

6. Notices. All notices concerning this proof of claim should be sent to:

C. R. Bard, Inc. Attn: Sabina Downing 730 Central Avenue Murray Hill, New Jersey 07974

-and-

Robert A. Rich, Esq. Hunton Andrews Kurth LLP 200 Park Avenue New York, New York 10166

Attorneys for the Claimant

# AMORY REGIONAL MEDICAL CENTER INC CASE # 18-05675

#### Proof of Claim of C. R. Bard, Inc.

Division		Invoice #	Date	<u>PO #</u>	<u>Amount</u>
Bard Access Systems Inc.	00106	45369542	06/12/2018	01097	87.40
Davol Inc.	00109	78150758	06/19/2018	01194	752.50
Bard Peripheral Vascular Inc	00111	78150760	06/19/2018	01195	260.00
Bard Peripheral Vascular Inc	00111	78168888	06/22/2018	01258	260.00
Bard Peripheral Vascular Inc	00111	78186123	06/27/2018	01316	260.00
Bard Medical	00101	78190202	06/27/2018	01293	1,455.90
Bard Access Systems Inc.	00106	45391678	07/05/2018	01410	138.25
Bard Peripheral Vascular Inc	00111	78216301	07/05/2018	01410	358.00
Bard Medical	00101	78224851	07/06/2018	01410	51.33
Bard Peripheral Vascular Inc	00111	78225817	07/09/2018	01428	260.00
Davol Inc.	00109	78226704	07/09/2018	01446	1,400.00
Davol Inc.	00109	78225765	07/09/2018	01410	2,890.00
Davol Inc.	00109	78236875	07/11/2018	01123	3,655.00
Davol Inc.	00109	78248711	07/13/2018	01499	849.30
Davol Inc.	00109	78287785	07/24/2018	01604	119.40
Davol Inc.	00109	78299558	07/26/2018	754-6662116	849.30

13,646.38

# EXHIBIT 2

# **INVOICES**

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BARD ACCESS SYSTEMS 605 NORTH 5600 WEST SALT LAKE CITY, UT 84116

# INVOICE

INVOICE#	INVOICE DA	TE	SAL	ES ORDER #	
45369542 .	06/12/18		S6924329		
SALES REP	SHIP TO		OLD TO	BILL TO	
T5564648	10082709		082709	10161439	
GLN SHIP TO		GLN SOLD TO		GLN BILL TO	
CUSTOMER 9	FRVICE		CUICTON		
1-800-545		CUSTOMER PO # 01097			
	REMIT	TO:	<b>V</b> 1		
	C.R. BARD, I P.O. BOX 75 CHARLOTTE	767	0175	<b>9601</b>	

SHIP TO:

AMORY REGIONAL MEDICAL CTR DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD AMORY, MS 38821

BILL TO:

1

AMORY REGIONAL MEDICAL CTR ATTN: ACCOUNTS PAYABLE DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD AMORY, MS 38821

DATE SHIPPED	SHIPM ORDER NI		SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGH		BILL OF LADING
06/12/18 QUANTITY	- 1	l		FXSTDCOL	-	1	0.00	COLLEC		2321670222
SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN			CRIPTION	UN	ITPRICE	EXTENDED
					EXPEDITED THIRD PART NO 329771482/R	FY BILLIN	S, SHIP FXGRCOL, IG, FEDEX ACCT			AMOUNT
1	CS		0662 1080		SWIS, Y Site, 1.0 in (Sterile)				87.4000	\$87.40
S	SAVE	TIME	£ &	HELP SAVE A TI	REE WIT	H OU	R FREE E-DEL	IVER	Y SERV	/ICE
	ſ	Y ( Conte	ou c	an now receive y is today at <u>COV-</u>	our invoid	ces or	a daily basis b	y e-m	ail.	
	سی سیاسم ریم ۷			is louay at <u>COV-r</u>	vuraper	invs(a	vcrbard.com to	get s	tarted!	
			that th	e product samples that were p the product samples shall not	provided to you a be resold. Any	as identifie use to the	d herein are for your internet contrary must be reported	al use with back to C	your patient	s only.
		5: NE	=1.30				INVOIOE TOTAL			\$87.40
an the value ounts or othe ured, any dis	of any furthe of price redu counts earn	ctions (42 ed, includ	true ne ts becon C.F.R. ling thos	et cost of the above products as oth mes known, Bard will provide custor 1001 952(h)), customer must fully a e items invoiced at no charge.	er discounts, rebet mer with relevant d and accurately repo	es, or price r ocumentatio ort on any cli	eductions (collectively "discount n. Under 42 U.S.C. 1320a-7b(b) aims or cost reports to Medicare	s") may be   (3)(A) and t and any sta	provided to cus he Safe Harbor ite Medicald pro	

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.

Page 1 of 1



AMORY REGIONAL MEDICAL CENTER INC

ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR

DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

## INVOICE

INVOICE #	INVOICE DAT	E SALE	S ORDER #	
78150758	06/19/18	and the second se	244326 SZ	
DIV	SHIP TO	SOLD TO	BILL TO	
109	10161439	10161439	10161439	
GLN SH	IIP TO	GLN B	a manufacture of the second	
CUSTOMER	and the second se	CUSTOM	ER PO #	
800-556	-6275	01194		
	REMITTO	);		
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC	28275	and de la constant d	

BILL TO:

1105 EARL FRYE BLVD

AMORY MS 38821

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP CARRIER SHIPPED CARTONS FREIGHT ORDER NUMBER WEIGHT BILL OF WHSE TERMS 06/19/18 11319015 5300 FEDERAL EXPRESS-2D 1 0.85 LB TPB QUANTITY UOM DIV CATALOG NUMBER/GTIN SHIPPED DESCRIPTION EXTENDED UNIT PRICE т AMOUNT 1.0000 CA 109 5954680 Ventralight ST 6"x8" Ellipse 752.5000 \$752.50 N 00801741031656 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. **PAYMENT TERMS:** Net 30 The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F. R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge. INVOICE TOTAL: 107 Bard Medical 112 Bard Puerto Rico 104 Glens Falls 122 Bard Japan 109 Davol 111 Bard Peripheral Vascular 115 Bard Brachytherapy 106 Bard Access Systems/Dymax 140 Bard Shannon 121 Bard International

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AMORY REGIONAL MEDICAL CENTER INC

DBA GILMORE MEMORIAL REG MEDICAL CTR

ATTN: ACCOUNTS PAYABLE

1105 EARL FRYE BLVD

AMORY MS 38821

# INVOICE

INVOICE #	INVOICE DATE	ATE SALES ORDER #		
78150760	06/19/18			
DIV	SHIP TO	SOLD TO	BILL TO	
111	10161439	10161439	10161439	
GLN SH	ПР ТО	and the second	ILL TO	
CUSTOMER	SERVICE	CUSTON	IER PO #	
800-321	-4254	01195		
	REMIT TO			
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 2	0077	9999946,-19999-1999948-1-1-1-1-2	

BILL TO:

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

SHIPMENT DATE SHIP CARRIER CARTONS FREIGHT SHIPPED ORDER NUMBER WEIGHT BILL OF WHSE TERMS LADING 06/19/18 11319072 5300 FEDERAL EXPRESS-2D 1 1.65 LB TPB QUANTITY UOM DIV CATALOG NUMBER/GTIN SHIPPED DESCRIPTION EXTENDED UNIT PRICE т AMOUNT 1.0000 EA 111 1708000 PPTIfullSP8CFrbINT 260.0000 \$260.00 N 00801741026577 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: Net 30 INVOICE TOTAL: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge. 101 CR Bard Corporate 107 Bard Medical 112 Bard Puerto Rico 122 Bard Japan 104 Glens Falls 109 Davol 111 Bard Peripheral Vascular 115 Bard Brachytherapy 140 Bard Shannon 106 Bard Access Systems/Dymax 121 Bard International

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of 23



AMORY REGIONAL MEDICAL CENTER INC

ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR

### INVOICE

INVOICE #	INVOICE DAT	E	SALES ORDER #		
78168888	06/22/18		7261985 SZ		
DIV	SHIP TO	S	OLD TO	BILL TO	
111	10161439		0161439	10161439	
GLN SH	IP TO		GLN BI		
CUSTOMER	SERVICE		CUSTOM	R PO #	
800-321	-4254	01258			
	REMIT TO	);			
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC	2827	75		

BILL TO:

1105 EARL FRYE BLVD

AMORY MS 38821

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP CARRIER SHIPPED CARTONS FREIGHT BILL OF ORDER NUMBER WEIGHT WHSE TERMS LADING 06/22/18 11341377 5300 FEDERAL EXPRESS-2D 1 1.65 LB TPB QUANTITY UOM DIV CATALOG NUMBER/GTIN EXTENDED AMOUNT SHIPPED DESCRIPTION UNIT PRICE Ť 1.0000 EA 111 1708000 **PPTIfullSP8CFrbINT** 260.0000 \$260.00 N 00801741026577 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: Net 30 INVOICE TOTAL: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicald program, as and when \$260.00 101 CR Bard Corporate **DIVISION LEGEND:** 107 Bard Medical 112 Bard Puerlo Rico 122 Bard Japan 104 Glens Falls 115 Bard Brachytherapy 109 Davol 140 Bard Shannon 106 Bard Access Systems/Dymax 111 Bard Peripheral Vascular 121 Bard International

Page 1 of 1

Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 11 of 23



# INVOICE

INVOICE #	INVOICE DATE	SAL	SALES ORDER #		
78186123	06/27/18		77398 SZ		
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111	10161439	10161439	10161439		
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CUSTOMER	SERVICE	CUSTON	ER PO #		
800-321	-4254	01316			
	REMIT TO:				
	C.R. BARD INC.				
	PO BOX 75767				
	CHARLOTTE NC 2	8275			

BILL TO:

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

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VISION LEGE	IND:	101 104	CR Bai Glens I	d Corporate	107 Bard Medical 109 Davoi 111 Bard Peripheral V		112 Bard Puerto Rid 115 Bard Brachythe 121 Bard Internation	со эгару	122 Bard		

Page 1 of 1

Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 12 of 23



C.R. BARD 8195 INDUSTRIAL BLVD COVINGTON, GA 30014

# INVOICE

INVOICE #	INVOICE DAT	E SA	ES ORDER #	
78190202	06/27/18		268440 SZ	
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101 10161439		10161439	10161439	
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CUSTOMER	SERVICE	CUSTO	MER PO #	
800-526	-4455	01293		
	REMIT TO	);		
	C.R. BARD INC.			
	PO BOX 75767			
	CHARLOTTE NC	28275		

SHIP TO:

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AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

BILL TO:

AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

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Page 1 of 1

Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 13 of 23



BARD ACCESS SYSTEMS 605 NORTH 5600 WEST SALT LAKE CITY, UT 84116

AMORY REGIONAL MEDICAL CTR ATTN: ACCOUNTS PAYABLE DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD AMORY, MS 38821

# INVOICE

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1-800-545	-0890			014		
	REMIT	TO:				
	C.R. BARD, I	NC.				
	P.O. BOX 75					
	CHARLOTTE	NC 2	8275			

SHIP TO:

AMORY REGIONAL MEDICAL CTR DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD AMORY, MS 38821

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Y YMENT above charge	C You acknow Y TERMS	onta wledge ou agre	that the T 30	HELP SAVE A T an now receive y s today at <u>COV-1</u> e product samples that were the product samples shall no at cost of the above products as oth mes known, Bard will provide custor 1001 952(h)), customer must fully a lems invoiced at no charge.	Provided to you a to be resold. Any	ces on invs(a) as identified use to the	a daily basis by crbard.com to herein are for your interna contrary must be reported INVOICE TOTAL:	y e-ma get st al use with back to C.	ail. arted! your patient R. Bard.	s only. \$138.25

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.

Page 1 of 1



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111	10161439	10161439	10161439	
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CUSTOMER	SERVICE	CUSTO	MER PO #	
800-321-	4254	01410		
	REMIT T	0:		
	C.R. BARD INC.			
	PO BOX 75767			
	CHARLOTTE NO	28275		

BILL TO:

SHIP TO:

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AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPPED	SHIPME ORDER NU	MBER		CARR		CARTONS	WEIGHT		IGHT RMS		BILL OF LADING	
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		onta		s today at <u>CC</u>	V-NOPaper	<u>invs@c</u>	rbard.com t	to ge	et sta	arted!		
				product samples that the product samples sha	were provided to you all not be resold. Any	as identified h	erein are for your inte ntrary must be reporte	mal use ed back	with y to C.R	our patien . Bard.	ts only.	
AYMEN	TERM:	5: Ne	t 30				INVOICE TOTAL				\$358.00	
en the value counts or oth uired, any dis	of any furthe of price redu counts earne	reflect the r discoun ctions (42 ed, includ	C.F.R.	cost of the above products les known, Bard will provide 1001 952(h)), customer mus items invoiced at no charg	as other discounts, reba customer with relevant of st fully and accurately rep le.	tes, or price redu focumentation. I ort on any claim	ctions (collectively "discou- Jnder 42 U.S.C. 1320a-7b s or cost reports to Medica	unts") ma b(b)(3)(A) are and a	y be pro and the ny state	vided to cus Safe Harbo Medicaid pr	tomer for such produ r provisions regarding ogram, as and when	ucts. g
ISION LEG		101 104	CR Bar Glens F	d Corporate	107 Bard Medical 109 Davol 111 Bard Peripheral V	******	112 Bard Puerto Rico 115 Bard Brachythera 121 Bard International	ργ		122 Bard 140 Bard	Japan	

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of 23



AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE

DBA GILMORE MEMORIAL REG MEDICAL CTR

C.R. BARD 8195 INDUSTRIAL BLVD COVINGTON, GA 30014

## INVOICE

INVOICE #	INVOICE DAT	E SAL	ES ORDER #	
78224851	07/06/18		303464 SZ	
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CUSTOMER	SERVICE	CUSTO	MER PO #	
800-526	-4455	01410		
	REMIT TO	D:		
	C.R. BARD INC.			
	PO BOX 75767			
	CHARLOTTE NC	28275		

BILL TO:

1105 EARL FRYE BLVD

AMORY MS 38821

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP SHIPPED CARRIER CARTONS FREIGHT BILL OF ORDER NUMBER WEIGHT WHSE TERMS LADING 07/06/18 11398342 5300 FEDERAL EXPRESS-GRD 1 1.56 LB PPD QUANTITY UOM CATALOG NUMBER/GTIN DIV SHIPPED DESCRIPTION EXTENDED UNIT PRICE т AMOUNT 1.0000 CA 107 086024 DrnMalecot4WingPropHead 51.3300 \$51.33 N 10801741023887 24Fr SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs@crbard.com</u> to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: Net 30 INVOICE TOTAL: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medical program, as and when required, any discounts earned, including those items invoiced at no charge. DIVISION LEGEND: 101 CR Bard Corporate 104 Glens Fails 107 Bard Medical 112 Bard Puerto Rico 122 Bard Japań 109 Davol 115 Bard Brachytherapy 140 Bard Shannon 106 Bard Access Systems/Dymax 111 Bard Peripheral Vascular 121 Bard International

Page 1 of 1



AMORY REGIONAL MEDICAL CENTER INC

DBA GILMORE MEMORIAL REG MEDICAL CTR

ATTN: ACCOUNTS PAYABLE

1105 EARL FRYE BLVD

AMORY MS 38821

# INVOICE

INVOICE #	INVOICE DA	INVOICE DATE		S ORDER #	
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800-321	-4254	01428			
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	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO		75	999 - Arristan Barra, ang	

BILL TO:

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

SHIPMENT DATE SHIP CARRIER CARTONS FREIGHT BILL OF WEIGHT SHIPPED ORDER NUMBER WHSE TERMS LADING 07/09/18 11403627 5300 FEDERAL EXPRESS-2D 1 1.65 LB TPB QUANTITY LIOM DIV CATALOG NUMBER/GTIN EXTENDED DESCRIPTION SHIPPED UNIT PRICE AMOUNT 1.0000 EA 111 1708000 PPTIfullSP8CFrbINT 260.0000 \$260.00 N 00801741026577 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: Net 30 INVOICE TOTAL: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge. \$260.00 101 CR Bard Corporate **DIVISION LEGEND:** 107 Bard Medical 112 Bard Puerto Rico 122 Bard Japan 104 Glens Falls 109 Davol 115 Bard Brachytherapy 140 Bard Shannon 106 Bard Access Systems/Dymax 111 Bard Peripheral Vascular 121 Bard International

Page 1 of 1



AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR

DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

# INVOICE

INVOICE #	INVOICE DA1	E SAL	ES ORDER #
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109	10161439	10161439 10161	
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CUSTOMER	SERVICE	CUSTO	IER PO #
800-556	-6275		446
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	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC	28275	an a

BILL TO:

1105 EARL FRYE BLVD

AMORY MS 38821

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP CARRIER FREIGHT CARTONS WEIGHT BILL OF SHIPPED ORDER NUMBER WHSE TERMS LADING 07/09/18 11410456 5300 FEDERAL EXPRESS-2D 1 7.26 LB TPB QUANTITY LIOM DIV CATALOG NUMBER/GTIN EXTENDED DESCRIPTION SHIPPED UNIT PRICE T AMOUNT 1.0000 CA 109 0113230 CAPSURE EIS 30CT 1,400.0000 \$1,400.00 N 10801741094993 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. **PAYMENT TERMS:** Net 30 INVOICE TOTAL: \$1,400.00 The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts eamed, including those items invoiced at no charge. 101 CR Bard Corporate DIVISION LEGEND: 107 Bard Medical 112 Bard Puerto Rico 122 Bard Japan 109 Davol 104 Glens Falis 115 Bard Brachytherapy 140 Bard Shannon 106 Bard Access Systems/Dymax 111 Bard Peripheral Vascular 121 Bard International

Page 1 of 1

Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1

of 23

ment 1 Page 18



AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR

DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

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and an address of the second se	10161439	10161439	10161439	
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800-556		CUSTON	IER PO #	
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	REMIT TO:			
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28	3275		

BILL TO:

1105 EARL FRYE BLVD

AMORY MS 38821

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP SHIPPED ORDER NUMBER WHSE CARRIER CARTONS FREIGHT WEIGHT BILL OF 07/06/18 11399717 5300 FEDERAL EXPRESS-SO TERMS LADING 2 44.25 LB QUANTITY TPB UOM DIV CATALOG NUMBER/GTIN SHIPPED DESCRIPTION EXTENDED UNIT PRICE т AMOUNT 1.0000 CA 109 5954680 Ventralight ST 6"x8" Ellipse 00801741031656 752.5000 \$752.50 N 1.0000 CA 109 0113116 ENHANCED SORBFX LAP 30 TACKS 2,137.5000 10801741016704 \$2.137.50 N SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts earned, including those items involced at no charge. 104 Glens Falls 109 Davol 122 Bard Japan 106 Bard Access Systems/Dymax 115 Bard Brachytherapy 111 Bard Peripheral Vascular 140 Bard Shannon 121 Bard International

Page 1 of 1

Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 19 of 23



AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE

DBA GILMORE MEMORIAL REG MEDICAL CTR

DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

### INVOICE

INVOICE #	INVOICE DATE	ATE SALES ORDER #		
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DIV	SHIP TO	SOLD TO	BILL TO	
109	10161439	10161439 10161439 1010		
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800-556-	6275	01	and the second sec	
	REMIT TO	1:		
	C.R. BARD INC.			
	PO BOX 75767			
	CHARLOTTE NC 2	28275		

BILL TO:

1105 EARL FRYE BLVD AMORY MS 38821

SHIP TO-

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP CARRIER FREIGHT ORDER NUMBER WHSE CARTONS SHIPPED WEIGHT BILL OF TERMS LADING 07/11/18 11417410 5300 FEDERAL EXPRESS-PO 1 1.69 LB TPB QUANTITY UOM DIV CATALOG NUMBER/GTIN SHIPPED DESCRIPTION EXTENDED UNIT PRICE Ť AMOUNT 2.0000 CA 109 5950050 VENTRIO ST LARGE OVAL 1.075.0000 \$2,150.00 N 00801741031540 2.0000 CA 109 5954680 Ventralight ST 6"x8" Ellipse 752.5000 \$1,505.00 N 00801741031656 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. **PAYMENT TERMS:** Net 30 INVOICE TOTAL: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge. 101 CR Bard Corporate **DIVISION LEGEND:** 107 Bard Medical 112 Bard Puerto Rico 122 Bard Japan 104 Glens Falls 109 Davol 115 Bard Brachytherapy 106 Bard Access Systems/Dymax 140 Bard Shannon 111 Bard Peripheral Vascular 121 Bard International

Page 1 of 1

Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1

of 23

Page 20



DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

BILL TO:

# INVOICE

INVOICE #	INVOICE DA	TE	SALE	S ORDER #
78248711	48711 07/13/18			
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109	10161439	10161439 10161439 10161		
GLN SH	IP TO		GLN B	
CUSTOMER	SERVICE		CUSTOM	ER PO #
800-556	-6275		014	
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	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO		75	

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DATE SHIPMENT SHIP CARRIER SHIPPED CARTONS FREIGHT ORDER NUMBER BILL OF WEIGHT WHSE TERMS LADING 07/13/18 11432928 5300 FEDERAL EXPRESS-2D 1 0.80 LB TPB QUANTITY UOM DIV CATALOG NUMBER/GTIN DESCRIPTION EXTENDED UNIT PRICE т AMOUNT 1.0000 CA 109 5950040 VENTRIO STMEDIUM OVAL 849.3000 \$849.30 N 00801741031533 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. **PAYMENT TERMS:** Net 30 INVOICE TOTAL: The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collective)/ "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge. 107 Bard Medical 112 Bard Puerto Rico 122 Bard Japan 104 Glens Falls 109 Davol 115 Bard Brachytherapy 140 Bard Shannon 106 Bard Access Systems/Dymax 111 Bard Peripheral Vascular 121 Bard International

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Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 21 of 23

AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821



AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR

DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

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1105 EARL FRYE BLVD

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AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

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Case 3:18-bk-05675 Claim 51-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 22 of 23



AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

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AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

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# MIDDLE DISTRICT OF TENNESSEE **Claims Register**

# 3:18-bk-05675 Amory Regional Medical Center, Inc.

Judge: Charles M Walker **Office:** Nashville

Chapter: 11 Last Date to file claims: Last Date to file (Govt):

### **Trustee:**

Creditor: (6824075) C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Date: 01/17/2019 Attn: Robert A. Rich, Esq. 200 Park Avenue New York, NY 10166

# Claim No: 51 Original Filed Original Entered Date: 01/17/2019

Status: Filed by: CR Entered by: admin Modified:

Amount claimed: \$13646.38

#### History:

Details 51-1 01/17/2019 Claim #51 filed by C. R. Bard, Inc., Amount claimed: \$13646.38 (admin)

Description: 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

<b>Total Amount Claimed*</b>	\$13646.38
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**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		