

**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 Claim**

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

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

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div><b>\$</b> <u>13646.38</u></div><div><b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
<b>8. What is the basis of the claim?</b>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p><u>Goods sold. Please see attachment</u></p>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div><b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div><b>Basis for perfection:</b> _____</div> <div>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</div> <div style="display: flex; justify-content: space-between;"><div><b>Value of property:</b></div><div><b>\$</b> _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is secured:</b></div><div><b>\$</b> _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is unsecured:</b></div><div><b>\$</b> _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount necessary to cure any default as of the date of the petition:</b></div><div><b>\$</b> _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Annual Interest Rate</b> (when case was filed)</div><div>_____ %</div></div> <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( <u>  </u> ) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

### Part 3: Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

- ☒ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/17/2019  
MM / DD / YYYY

/s/ Greg Dadika  
Signature

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

Name	<u>Greg Dadika</u>		
	First name	Middle name	Last name
Title	<u>Authorized Signatory</u>		
Company	<u>C. R. Bard, Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>1 Becton Drive</u>		
	Number Street		
	<u>Franklin Lakes, NJ 07417</u>		
	City	State	ZIP Code
Contact phone	<u>212 309 1132</u>	Email	<u>rrech2@huntonak.com</u>

**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? **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 Vascular, Inc.; Bard Access Systems, Inc.**

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?**C. R. Bard, Inc.  
c/o Hunton Andrews Kurth LLP  
Attn: Robert A. Rich, Esq. - and -  
200 Park Avenue  
New York, New York 10166Telephone: (212) 309-1132  
Email: rrich2@HuntonAK.comC. 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 10166Telephone number: (212) 309-1132  
Email: rrich2@HuntonAK.com

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:

7. How much is the claim?

**\$ 13,646.38**

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. Please see attachment**

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 all that apply.*

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

☐ 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).

☐ 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. 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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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.

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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: January 9, 2019

  
\_\_\_\_\_  
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.

1. **Debtor.** On August 24, 2018 (the “Petition Date”), Amory Regional Medical Center Inc. (the “Debtor”) filed for bankruptcy relief in the United States Bankruptcy Court for the Middle District of Tennessee (the “Bankruptcy Court”).

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

3. **Classification of Claim.** 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. **Separate 503(b)(9) Claim.** 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. **Reservation of Rights.** 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

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*



Exhibit 1 - Schedule

**AMORY REGIONAL MEDICAL CENTER INC**  
**CASE # 18-05675**

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

<u>Division</u>		<u>Invoice #</u>	<u>Date</u>	<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
					<b>13,646.38</b>

**EXHIBIT 2**

**INVOICES**



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

**BILL TO:**

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
45369542		08/12/18		S6924329	
SALES REP		SHIP TO		SOLD TO	
T5564648		10082709		10082709	
GLN SHIP TO		GLN SOLD TO		GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
1-800-545-0890				01097	
REMIT TO:					
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/12/18			FXSTDCOL	1	0.00	COLLECT	422321670222	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1	CS		0662210 10801741047869	EXPEDITED ORDERS, SHIP FXGRCOL, THIRD PARTY BILLING, FEDEX ACCT NO 329771482/RM.  SWIS, Y Site, 22 ga x 1.0 in (Sterile)		87.4000	\$87.40	

**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](mailto: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:**

**\$87.40**

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.



DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

**BILL TO:**

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

**INVOICE**

INVOICE #	INVOICE DATE	SALES ORDER #
78150758	06/19/18	7244326 SZ
DIV	SHIP TO	SOLD TO
109	10161439	10161439
GLN SHIP TO	GLN BILL TO	
CUSTOMER SERVICE	CUSTOMER PO #	
800-556-6275	01194	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/19/18	11319015	5300	FEDERAL EXPRESS-2D	1	0.85 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	5954680 00801741031656	Ventralight ST 6"x8" Ellipse		752.5000	\$752.50	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](mailto: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:**

**\$752.50**

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.

**DIVISION LEGEND:**

101 CR Bard Corporate

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



BARD PERIPHERAL VASCULAR INC  
1415 W 3RD ST  
TEMPE AZ 85281

## INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
78150760	06/19/18	7244381 SZ
DIV	SHIP TO	SOLD TO
111	10161439	10161439
GLN SHIP TO	GLN BILL TO	
CUSTOMER SERVICE	CUSTOMER PO #	
800-321-4254	01195	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

### BILL TO:

AMORY REGIONAL MEDICAL CENTER INC  
ATTN: ACCOUNTS PAYABLE  
DBA GILMORE MEMORIAL REG MEDICAL CTR  
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 SHIPPED	SHIPMENT ORDER NUMBER		SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/19/18	11319072		5300	FEDERAL EXPRESS-2D	1	1.65 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION			UNIT PRICE	EXTENDED AMOUNT	T
1.0000	EA	111	1708000 00801741026577	PPTIfullISP8CFrbINT			260.0000	\$260.00	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](mailto:COV-NOPaperinvs@crbard.com) to get started!

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$260.00**

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 earned, including those items invoiced at no charge.

**DIVISION LEGEND:**

101 CR Bard Corporate	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	



BARD PERIPHERAL VASCULAR INC  
1415 W 3RD ST  
TEMPE AZ 85281

**BILL TO:**

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
78168888		06/22/18		7261985 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
111	10161439		10161439		10161439
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-321-4254			01258		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/22/18	11341377	5300	FEDERAL EXPRESS-2D	1	1.65 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	EA	111	1708000 00801741026577	PPTIfullSP8CFrbINT		260.0000	\$260.00	N

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**INVOICE TOTAL:**

**\$260.00**

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**DIVISION LEGEND:**

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical

109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico

115 Bard Brachytherapy

121 Bard International

122 Bard Japan

140 Bard Shannon





BARD PERIPHERAL VASCULAR INC  
1415 W 3RD ST  
TEMPE AZ 85281

BILL TO:

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

## INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
78186123	06/27/18	7277398 SZ
DIV	SHIP TO	SOLD TO
111	10161439	10161439
GLN SHIP TO	GLN BILL TO	
CUSTOMER SERVICE	CUSTOMER PO #	
800-321-4254	01316	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

SHIP TO:

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/27/18	11362822	5300	FEDERAL EXPRESS-2D	1	1.65 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	EA	111	1708000 00801741026577	PPTIfullSP8CFrbINT		260.0000	\$260.00	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$260.00**

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**DIVISION LEGEND:**

101 CR Bard Corporate  
104 Glens Falls  
106 Bard Access Systems/Dymax

107 Bard Medical  
109 Davol  
111 Bard Peripheral Vascular

112 Bard Puerto Rico  
115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon



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

**BILL TO:**

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
78190202		06/27/18		7268440 SZ	
DIV		SHIP TO		SOLD TO	
101		10161439		10161439	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-526-4455				01293	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/27/18	11350570	5300	FEDERAL EXPRESS-GRD	1	11.00 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	107	IAP001 10801741121095	IAPMeasurementKit Bard IAP		1,455.9000	\$1,455.90	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$1,455.90**

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**DIVISION LEGEND:**

101 CR Bard Corporate  
104 Glens Falls  
106 Bard Access Systems/Dymax

107 Bard Medical  
109 Davol  
111 Bard Peripheral Vascular

112 Bard Puerto Rico  
115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon





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

**BILL TO:**

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

**INVOICE**

INVOICE #	INVOICE DATE	SALES ORDER #
45391678	07/05/18	S6944453
SALES REP	SHIP TO	SOLD TO
T5564648	10082709	10082709
GLN SHIP TO	GLN SOLD TO	GLN BILL TO
CUSTOMER SERVICE	CUSTOMER PO #	
1-800-545-0890	01410	
REMIT TO:		
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275		

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER		SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/05/18				FXP1	1	2.00		422321731180	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN		DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1	CS		0132010 50801741047355		PPD ECONO per HPG K279 12/2/10 MLL 03/18/11 EXPEDITED ORDERS, SHIP FXGRCOL, THIRD PARTY BILLING, FEDEX ACCT NO 329771482/RM. Estimated Delivery Date = 2018/07/05  PowerLoc Max, 20G x 1 in. W/Y-Site 31034		138.2500	\$138.25	

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**PAYMENT TERMS:** NET 30

**INVOICE TOTAL:**

**\$138.25**

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BARD PERIPHERAL VASCULAR INC  
1415 W 3RD ST  
TEMPE AZ 85281

## INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78216301		07/05/18		7303433 SZ	
DIV		SHIP TO		SOLD TO	
111		10161439		10161439	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				01410	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**BILL TO:**

AMORY REGIONAL MEDICAL CENTER INC  
ATTN: ACCOUNTS PAYABLE  
DBA GILMORE MEMORIAL REG MEDICAL CTR  
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 SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/05/18	11398308	5300	FEDERAL EXPRESS-2D	1	2.05 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	EA	111	0600560 00801741051845	SingleLumenCathSureCuff Hickman 9.6Fr		98.0000	\$98.00	N
1.0000	EA	111	1708000 00801741026577	PPTIfullSP8CFrb/INT		260.0000	\$260.00	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$358.00**

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**DIVISION LEGEND:**

101 CR Bard Corporate	107 Bard Medical
104 Glens Falls	109 Davol
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular

112 Bard Puerto Rico	122 Bard Japan
115 Bard Brachytherapy	140 Bard Shannon
121 Bard International	



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

**BILL TO:**

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
78224851		07/06/18		7303464 SZ	
DIV		SHIP TO		SOLD TO	
101		10161439		10161439	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-526-4455				01410	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/06/18	11398342	5300	FEDERAL EXPRESS-GRD	1	1.56 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	107	086024 10801741023887	DmMalecot4WingPropHead 24Fr		51.3300	\$51.33	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$51.33**

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**DIVISION LEGEND:**

101 CR Bard Corporate

107 Bard Medical

112 Bard Puerto Rico

122 Bard Japañ

104 Glens Falls

109 Davol

115 Bard Brachytherapy

140 Bard Shannon

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

121 Bard International



BARD PERIPHERAL VASCULAR INC  
1415 W 3RD ST  
TEMPE AZ 85281

BILL TO:

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

## INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78225817		07/09/18		7307922 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
111	10161439		10161439		10161439
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-321-4254			01428		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/09/18	11403627	5300	FEDERAL EXPRESS-2D	1	1.65 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	EA	111	1708000 00801741026577	PPTIfullSP8CFrbINT		260.0000	\$260.00	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$260.00**

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**DIVISION LEGEND:**

101 CR Bard Corporate

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





DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

**BILL TO:**

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
78226704		07/09/18		7313272 SZ	
DIV		SHIP TO		SOLD TO	
109		10161439		10161439	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-556-6275				01446	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
07/09/18	11410456	5300	FEDERAL EXPRESS-2D	1	7.26 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
1.0000	CA	109	0113230 10801741094993	CAPSURE EIS 30CT		1,400.0000	\$1,400.00	N	

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$1,400.00**

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**DIVISION LEGEND:**

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical

109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico

115 Bard Brachytherapy

121 Bard International

122 Bard Japan

140 Bard Shannon



DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

BILL TO:

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

## INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78225765		07/09/18		7303410 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
109	10161439		10161439		10161439
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			01410		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/06/18	11399717	5300	FEDERAL EXPRESS-SO	2	44.25 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	5954680 00801741031656	Ventralight ST 6"x8" Ellipse		752.5000	\$752.50	N
1.0000	CA	109	0113116 10801741016704	ENHANCED SORBFX LAP 30 TACKS		2,137.5000	\$2,137.50	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$2,890.00**

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**DIVISION LEGEND:**

101 CR Bard Corporate  
104 Glens Falls  
106 Bard Access Systems/Dymax

107 Bard Medical  
109 Davol  
111 Bard Peripheral Vascular

112 Bard Puerto Rico  
115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon



DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

BILL TO:

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

## INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #	
78236875	07/11/18	7319020 SO	
DIV	SHIP TO	SOLD TO	BILL TO
109	10161439	10161439	10161439
GLN SHIP TO		GLN BILL TO	
CUSTOMER SERVICE		CUSTOMER PO #	
800-556-6275		01123	
REMIT TO:			
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275			

SHIP TO:

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/11/18	11417410	5300	FEDERAL EXPRESS-PO	1	1.69 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
2.0000	CA	109	5950050 00801741031540	VENTRIO ST LARGE OVAL		1,075.0000	\$2,150.00	N
2.0000	CA	109	5954680 00801741031656	Ventralight ST 6"x8" Ellipse		752.5000	\$1,505.00	N

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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:**

**\$3,655.00**

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 earned, including those items invoiced at no charge.

DIVISION LEGEND:	101 CR Bard Corporate	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	



DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

**BILL TO:**

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
78248711		07/13/18		7332584 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
109	10161439		10161439		10161439
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			01499		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
07/13/18	11432928	5300	FEDERAL EXPRESS-2D	1	0.80 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
1.0000	CA	109	5950040 00801741031533	VENTRIO STMEDIUM OVAL		849.3000	\$849.30	N	

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$849.30**

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**DIVISION LEGEND:**

101 CR Bard Corporate  
104 Glens Falls  
106 Bard Access Systems/Dymax

107 Bard Medical  
109 Davol  
111 Bard Peripheral Vascular

112 Bard Puerto Rico  
115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon





DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

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

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
78287785		07/24/18		7362783 SZ	
DIV		SHIP TO		SOLD TO	
109		10161439		10161439	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-556-6275				01604	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

**SHIP TO:**

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/24/18	11472741	5300	FEDERAL EXPRESS-2D	1	0.90 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	0112680 10801741016537	Bard Mesh Flat Sheet Bard Mesh 7.5cmx15cm		119.4000	\$119.40	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$119.40**

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115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon



DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

BILL TO:

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

## INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
78299558	07/26/18	6778896 SZ
DIV	SHIP TO	SOLD TO
109	10161439	10161439
GLN SHIP TO	GLN BILL TO	BILL TO
10161439	10161439	10161439
CUSTOMER SERVICE	CUSTOMER PO #	
800-556-6275	754-6662116	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

SHIP TO:

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

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
07/26/18	11001515	5300	FEDERAL EXPRESS-SO	1	0.80 LB	TPB	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	5950040 00801741031533	VENTRIO ST MEDIUM OVAL	849.3000	\$849.30	N

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**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:** \$849.30

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115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon

# 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:* (6824075)

**Claim No:** 51

*Status:*

C. R. Bard, Inc.

*Original Filed*

*Filed by:* CR

c/o Hunton Andrews Kurth LLP

*Date:* 01/17/2019

*Entered by:* admin

Attn: Robert A. Rich, Esq.

*Original Entered*

*Modified:*

200 Park Avenue

*Date:* 01/17/2019

New York, NY 10166

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
<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>		
<b>Priority</b>		
<b>Administrative</b>		