

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <i>Amory Regional Medical Center Inc</i> Debtor.	Chapter 11 Case No. <i>18-05675</i>	ADMINISTRATIVE BAR DATE: January 21, 2019 <div style="text-align: right; font-size: 1.2em;"> FILED JAN 22 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN </div>
NOTE: This form should be used <u>only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9)</u> . This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.) <i>Stryker Orthopaedics a Division of Stryker Corp.</i>	Name of debtor: (The entity owing money or property) <input type="checkbox"/> Curae Health, Inc. <input checked="" type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent: <i>Stryker Orthopaedics c/o Lori L. Purkey Purkey & Associates PC 5050 Cascade Rd SE Ste A Grand Rapids MI 49546</i> Telephone number: <i>616-940-0553</i> Email: <i>Purkey@PARKEYAND Associates.com</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor: <i>7192</i>	<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____. Filed on: _____.	
1. Basis for claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <i>8-6-2018 to 8-23-2018</i>	
3. Date goods were received by debtor: <i>8-7-2018 to 8-20-2018</i>		
4. Total amount of claim as of the date the debt was incurred: <i>421,947.42</i>		

☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

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

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods:

Place of delivery of goods:

Method of delivery of goods:

Name of carrier of goods:

Value of goods:

Whether the value of goods listed in this claim relates to services and goods:

The percentage of value related to services and the percentage of value related to goods:

Whether claimant has filed any other claim against debtor relating to goods underlying this claim:

Attach supporting materials required by field 8 and instructions below.

6. Credits, setoffs, and counterclaims:

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

☐ This claim is subject to setoff or counterclaim as follows:

7. Assignment:

☐ Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

10. Signature:

Check the appropriate box.

☐ I am the creditor.

☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).

☐ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: LORI L. Purkey
 Title: Attorney for Stryker
 Company: Purkey & Associates P.C. Lori L. Purkey 1/17/19
 Address and telephone number (if different from notice (Signature) (Date)
 address above):
5050 Cascade Rd SE, Ste A
GRAND RAPIDS MI 49546
616-940-0553 purkey@purkeyandassociates.com
 Telephone number: Email:

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by **January 21, 2019**.

Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

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

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

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

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

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

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

Items to be completed in proof of claim form.

Creditor's name and address:

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

Debtor's name:

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

Account or other number by which creditor identifies debtor:

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

1. Basis for claim:

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

2. Date debt was incurred:

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

3. Date goods received by debtor:

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

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

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

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

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

6. Credits, setoffs, and counterclaims:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. If claim is subject to setoff or counterclaim, check box and provide an explanation.

7. Assignment:

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

8. Supporting documents:

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

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

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

9. Date and signature:

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

In re Armory Regional Medical Center, Inc.
Case No. 18-05675

Priority Proof of Claim for Stryker Orthopaedics, a division of Stryker Corporation

5. Brief description of Claim

Types of Goods received by Debtor within 20 days before the August 24, 2018 petition date:
Surgical goods for surgeries performed

Shipment date of goods

Invoice #	Date of Surgery/shipment*	Invoice Date
8840536	8/6/2018	8/7/2018
8841726	8/6/2018	8/7/2018
8843097	8/6/2018	8/8/2018
8843654	8/7/2018	8/7/2018
8859124	8/15/2018	8/15/2018
8859990	8/13/2018	8/15/2018
8878926	8/20/2018	8/23/2018
8879022	8/20/2018	8/23/2018
8879811	8/9/2018	8/23/2018

Place of Delivery

Gilmore Memorial Regional Medical Center
1105 Earl Frye Blvd
Amory, MS 38821

Method of Delivery

Federal Express

Name of Carrier

Federal Express

Value of Goods

Whether the value of goods listed in this claim relates to services and goods

Entire value is related to goods only

The percentage of value related to services and the percentage of value related to goods

n/a see response above

Whether claimant has filed any other claim against debtor relating to goods underlying this claim

No.

*If dates are different the earlier date is listed.

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

In re:

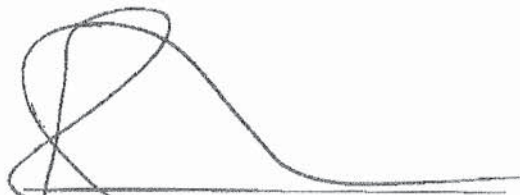
CURAE HEALTH, INC., et al.,

Case No. 18-05665
Jointly Administered

Debtor.

CERTIFICATION

I, Rob Passanante, an employee of Stryker Orthopaedics,
certify that the good identified in its 503(b)(9) proof of claim were sold in the ordinary course of
the debtor's business


Robert Passanante

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8840563

Invoice Date:
07-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17879177
Customer Number: 37192
Terms: NET 30
Payment Due Date: 06-SEP-18

Purchase Order Number: 01778
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
07-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
HT-00001	SMALL HAMMERTOE IMPLANT; GTIN:07613327356366	1	0	0	1	1,194.00	1,194.00

Invoice Comments:

Sub-Total: 1,194.00
Tax: 0.00
Freight: 0.00
Total: 1,194.00

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

Stryker agrees to provide technical training, including both initial training for new users and supplemental training for existing users, as needed to promote the safe and effective use of the products sold under this Agreement. Such technical training shall be provided for any health care practitioner who uses or intends to use the product and is employed by, or is on the active medical staff of, the Customer. If Stryker provides the technical training to a health care practitioner, it may pay for or reimburse the reasonable expenses, including meals, lodging and transportation, actually incurred by eligible recipients in connection with the technical training provided under this paragraph.

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Please Remit To: STRYKER ORTHOPAEDICS
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Tuesday, August 07, 2018 9:31 AM
To: Cobia, John; Rodgers, Debra
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: Re: 08-06-2018 – JEFFERY VANYPEN - Case

po 01778 for \$1194.00

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Monday, August 6, 2018 8:43:50 AM
To: Rodgers, Debra; debby.campbell@mymerithealth.com; Mallory Wright
Cc: Joyce Mccaine; Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: 08-06-2018 – JEFFERY VANYPEN - Case

[External Email - This email originated outside of your organization]
Hospital product used. The Bill Only total is \$1,194.00

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-06-2018

stryker

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	99861 - JEFFERY VANYPEN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-06-2018

Order Items

Qty	Description	Unit Price	Ext Price
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1	AGK09070M - FIXO'S GUIDE WIRE 0.9MM X 70MM Inventory: Hospital Owned	\$24.32	
1	XFO051201 - CANNULATED DRILL BIT & COUNTERSINK Ø1.7MM L12MM AO Inventory: Hospital Owned	\$144.40	
1	SV26 - SV26 S-FIX SCREW 2.5LG 26mm Inventory: Hospital Owned	\$360.76	
1	HT-00001 - SMALL HAMMERTOES IMPLANT Lot Code:01189 Inventory: Gilmore - 1720	\$1194.00	\$1194.00
		Total Price:	\$1194.00

Additional Info

Notes	Patient: Virginia Johnson MR# 403846
Staff Member	Jeanie Birch, RN
Contract Names	135594



Sent from my iPad

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Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker[®]

Orthopaedics

Reprint

Invoice Number:
8841726

Invoice Date:
07-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17887744
Customer Number: 37192
Terms: NET 30
Payment Due Date: 06-SEP-18

Purchase Order Number: 01789
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
07-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.00

Invoice Comments:

Sub-Total: 1,280.00
Tax: 0.00
Freight: 0.00
Total: 1,280.00

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitulated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

Stryker agrees to provide technical training, including both initial training for new users and supplemental training for existing users, as needed to promote the safe and effective use of the products sold under this Agreement. Such technical training shall be provided for any health care practitioner who uses or intends to use the product and is employed by, or is on the active medical staff of, the Customer. If Stryker provides the technical training to a health care practitioner, it may pay for or reimburse the reasonable expenses, including meals, lodging and transportation, actually incurred by eligible recipients in connection with the technical training provided under this paragraph.

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Please Remit To: STRYKER ORTHOPAEDICS
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Tuesday, August 07, 2018 11:38 AM
To: Cobia, John; Rodgers, Debra; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: Re: 08-06-2018 – JEFFERY VANYPEREN - Case

po 01789 for 1280.00

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Monday, August 6, 2018 4:53:17 PM
To: Mallory Wright; Rodgers, Debra; deborah.campbell@curaehealth.com; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor); Joyce McCain
Subject: 08-06-2018 – JEFFERY VANYPEREN - Case

[External Email - This email originated outside of your organization]
Please note that most items were hospital-owned except for the Allowrap. The Bill Only total is \$1,280.00.
Scotty,

Please send the Allowrap restock to Joyce.

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-06-2018

stryker.

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	99861 - JEFFERY VANYPEREN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-06-2018

Order Items

Qty	Description	Unit Price	Ext Price
2	45-30015 - 3.0 mm ASNIS MICRO, K-WIRE 1.2 mm X 100 mm Inventory: Hospital Owned	\$24.32	
1	45-30005 - 3.0 mm ASNIS MICRO, CANNULATED DRILL 2.1mm, AO COUPLING, SINGLE USE Inventory: Hospital Owned	\$186.20	
1	40-30136 - 3.0 mm ASNIS MICRO, CANNULATED SCREW, 36/7 mm Inventory: Hospital Owned	\$149.94	
1	40-30140 - 3.0 mm ASNIS MICRO, CANNULATED SCREW, 40/8 mm Inventory: Hospital Owned	\$149.94	
1	3102-2002 - 2X2cm AlloWrap DS, WET Lot Code:182243-1001 Inventory: Gilmore - 1720	\$1280.00	\$1280.00
		Total Price:	\$1280.00

Additional Info

Notes	Patient: Ray Sullivan MR#407860
Staff Member	Daphne Sawyer, RN
Contract Names	135594,166628



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Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8843097

Invoice Date:
08-AUG-18

Page:
1 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17888174
Customer Number: 37192
Terms: NET 30
Payment Due Date: 07-SEP-18

Purchase Order Number: 01790
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
08-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-1205	ALLOGRAFT DBM PLUS PUTTY 5CC; GTIN:07613327176957	1	0	0	1	1,078.00	1,078.00
45-27010	DRILL 2.0mm X 102mm WL50mm; AO-SHAFT; GTIN:04546540645791	1	0	0	1	80.94	80.94
45-35010	DRILL 2.6mm X 122mm WL70mm; AO-SHAFT; GTIN:04546540645807	1	0	0	1	95.38	95.38
40-27614	LOCKING SCREW T7 2.7X14mm; GTIN:07613154628261	1	0	0	1	107.44	107.44
40-35012	BONE SCREW T10 3.5X12mm; GTIN:07613154628421	2	0	0	2	54.40	108.80
40-35010	BONE SCREW T10 3.5X10mm; GTIN:07613154628414	1	0	0	1	54.40	54.40
40-35026	BONE SCREW T10 3.5X26mm; GTIN:07613154628490	1	0	0	1	54.40	54.40
40-15043	BROAD STRAIGHT PLATE LONG; GTIN:07613154627578	1	0	0	1	551.76	551.76
40-35900	WASHER FOR 3.5mm SCREW; GTIN:07613154629008	2	0	0	2	55.76	111.52
AGK16150	ANCHORAGE 1.6 X 150 MM GUIDE WIRE; GTIN:07613252257905	1	0	0	1	25.84	25.84

This invoice may be subject to discount

Continued

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker®

Orthopaedics

Reprint

Invoice Number:
8843097

Invoice Date:
08-AUG-18

Page:
2 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number:	17088174
Customer Number:	37192
Terms:	NET 30
Payment Due Date:	07-SEP-18

Purchase Order Number: 01790
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
08-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	

Invoice Comments:

Sub-Total:	2,268.48
Tax:	0.00
Freight:	0.00
Total:	2,268.48

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Please Remit To: **STRYKER ORTHOPAEDICS**
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Tuesday, August 07, 2018 11:42 AM
To: Cobia, John; Rodgers, Debra; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: Re: 08-06-2018 – JEFFERY VANYPEREN - Case

po 01790 for \$2268.48

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Monday, August 6, 2018 5:00:33 PM
To: Rodgers, Debra; deborah.campbell@curaehealth.com; Mallory Wright; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor); Joyce McCAINE
Subject: 08-06-2018 – JEFFERY VANYPEREN - Case

[External Email] - This email originated outside of your organization]
Scotty,
Please send DBM restock to Joyce.

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-06-2018

stryker

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	99861 - JEFFERY VANYPEREN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-06-2018

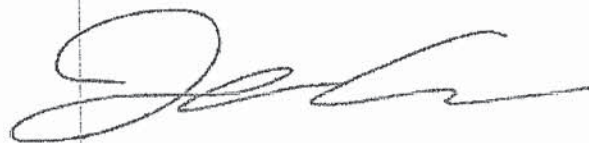
Order Items

Qty	Description	Unit Price	Ext Price
-----	-------------	------------	-----------

1	3102-1205 - ALLOGRAFT DBM PLUS PUTTY SCC Lot Code:1711966534 Inventory: Gilmore - 1720	\$1078.00	\$1078.00
1	45-27010 - DRILL 2.0mm X 102mm WL50mm AO-SHAFT Inventory: Gilmore - 1720	\$80.94	\$80.94
1	45-35010 - DRILL 2.6mm X 122mm WL70mm AO-SHAFT Inventory: Gilmore - 1720	\$95.38	\$95.38
1	40-27614 - LOCKING SCREW T7 2.7X14mm Inventory: Gilmore - 1720	\$107.44	\$107.44
2	40-35012 - BONE SCREW T10 3.5X12mm Inventory: Gilmore - 1720	\$54.40	\$108.80
1	40-35010 - BONE SCREW T10 3.5X10mm Inventory: Gilmore - 1720	\$54.40	\$54.40
1	40-35026 - BONE SCREW T10 3.5X26mm Inventory: Gilmore - 1720	\$54.40	\$54.40
1	40-15043 - BROAD STRAIGHT PLATE LONG Inventory: Gilmore - 1720	\$551.76	\$551.76
2	40-35900 - WASHER FOR 3.5mm SCREW Inventory: Gilmore - 1720	\$55.76	\$111.52
1	AGK16150 - ANCHORAGE 1.6 X 150 MM GUIDE WIRE Inventory: Gilmore - 1720	\$25.84	\$25.84
		Total Price:	\$2268.48

Additional Info

Notes	Patient: Daniel Deaton MR#320574
Staff Member	Jeanie Birch, RN
Contract Names	135594



Sent from my iPad

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Rodgers, Debra

From: Deborah Campbell <Deborah.Campbell@curaehealth.org>
Sent: Tuesday, August 07, 2018 4:54 PM
To: Rodgers, Debra; Mallory Wright; Cobia, John
Subject: Re: order

Yes, that's fine. Thank you.

Debby Campbell | Materials Manager | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 deborah.campbell@curaehealth.org |
Tel: (662) 256-6195 | Fax: (662) 256-6149 |

From: Rodgers, Debra <Debra.Rodgers@stryker.com>
Sent: Tuesday, August 7, 2018 4:26 PM
To: Mallory Wright; Cobia, John
Cc: Deborah Campbell
Subject: RE: order

[External Email - This email originated outside of your organization]
Tuesday, August 07, 2018

Hi Mallory,

Item AGK09070M has a price of 24.32 each, total for eleven (11) would be 267.52.

Total for PO would be 1.638.60.

If you agree with this total, please send me a return email and I will ship the PO.

Thank you,

Debbie Rodgers
Customer Service

Surgicor
Exclusive Distributor of Stryker Orthopaedics
318 Seaboard Lane, Ste. 305

1

Franklin, TN 37067
Phone: 615-778-0036, ext. 2225
Fax: 615-778-0038

From: Mallory Wright [mailto:Mallory.Wright@curahealth.org]
Sent: Tuesday, August 07, 2018 11:15 AM
To: Rodgers, Debra <Debra.Rodgers@stryker.com>; Cobia, John <john.cobia@stryker.com>
Cc: Deborah Campbell <Deborah.Campbell@curahealth.org>
Subject: order

po 01779
need
agk09070m \$23.52 x11
sv30 \$360.76 x 3
xfo051201 \$144.40 x2

total \$1629.80

Send fax number again if want faxed

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curahealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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Invoice

325 Corporate Drive
Mahwah, NJ 07430
Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8843654

Invoice Date:
08-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17893286
Customer Number: 37192
Terms: NET 30
Payment Due Date: 07-SEP-18

Purchase Order Number: 01779
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
08-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:
FOB: Mahwah

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
AGK09070M	FIXO'S GUIDE WIRE 0.9MM X 70MM; GTIN:07613252257851	11	0	0	11	24.32	267.52
SV30	SV30 S-FIX SCREW 2.5LG 30mm; GTIN:07613252263746	3	0	0	3	360.76	1,082.28
XFO051201	CANNULATED DRILL BIT & COUNTERSINK A 1.7MM L12MM AO; GTIN:07613252265481	2	0	0	2	144.40	288.80
Sub-Total:							1,638.60

Invoice Comments:

Tax: 0.00
Freight: 0.00
Total: 1,638.60

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Please Remit To: STRYKER ORTHOPAEDICS
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Purchase Order Number:

01779

GILMORE MEMORIAL HOSPITAL

VENDOR:

STRYKER ORTHOPAEDICS
BOX 93213

CHICAGO, IL

PHN:

FAX: 16157780038

ID:

60673-3213

MS

PHN: (662)256-6218

FAX: (662)256-6149

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD

AMORY

MS

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459

1105 EARL FRYE BLVD

AMORY, MS

PHN: (662)256-6226

FAX: (662)256-1693

Expected Delivery Date Terms/Freight

8/07/18

30 NET 30 DAYS

BW BEST WAY

Vendor No. Ordered By

S075 GMHMMWRIGH

Order Date

8/07/18

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001	9070	EA	GUIDE WIRE FIXIO .9X70 AGK09070M AGK09070M REQUEST FROM STORAGE AREA SUR BIN LOCATION STRYK	701 701400	23.52 24.32	258.72 269.52
002	12239	EA	SCREW SV30 S-FIX 2.5 X30 SV30 SV30 REQUEST FROM STORAGE AREA SUR BIN LOCATION STRYK	701 701400	360.76	1,082.28
003	51201	EA	DRILL BIT & COUNTERSINK 1.7 XFO051201 XFO051201	701 701400	144.40	288.80

Purchase Order Number :

01779

GILMORE MEMORIAL HOSPITAL

VENDOR:

STRYKER ORTHOPAEDICS
BOX 93213

CHICAGO, IL

PHN:

FAX: 16157780038

ID:

60673-3213

AMORY

MS

PHN: (662)256-6218

FAX: (662)256-6149

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459

1105 EARL FRYE BLVD

AMORY, MS 38821

PHN: (662)256-6226

FAX: (662)256-1693

Vendor No.	Ordered By	Order Date	Expected Delivery Date	Terms/Freight
S075	GMHMRIGH	8/07/18	8/07/18	30 NET 30 DAYS
				BW BEST WAY

REQUEST FROM STORAGE AREA SUR BIN LOCATION STRYK

16

SUBTOTAL:	1,629.80
TAX:	.00
TOTAL AMOUNT:	1,629.80

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8859124

Invoice Date:
15-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17930136
Customer Number: 37192
Terms: NET 30
Payment Due Date: 14-SEP-18

Purchase Order Number: 01880
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
15-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:
FOB: Mahwah

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
40-30136	3.0 mm ASNIS MICRO, CANNULATED SCREW, 36/7 mm; GTIN:07613154578122	1	0	0	1	149.94	149.94
40-30140	3.0 mm ASNIS MICRO, CANNULATED SCREW, 40/8 mm; GTIN:07613154578146	3	0	0	3	149.94	449.82
Sub-Total:							599.76
Tax:							0.00
Freight:							0.00
Total:							599.76

Invoice Comments:

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BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Purchase Order Number:

01880

GILMORE MEMORIAL HOSPITAL

VENDOR:

STRYKER ORTHOPAEDICS
BOX 93213

CHICAGO, IL

PHN:

FAX: 16157780038

ID:

60673-3213

MS

PHN: (662)256-6218

FAX: (662)256-6149

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD

AMORY

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459

1105 EARL FRYE BLVD

AMORY, MS

38821

PHN: (662)256-6226

FAX: (662)256-1693

Vendor No.	Ordered By	Order Date	Expected Delivery Date	Terms/Freight
S075	GMHMRICH	8/15/18	8/15/18	30 NET 30 DAYS
				BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 4030136	1	EA	SCREW CANN 3.0X36MM 40-30136	701	149.94	149.94
			40-30136 40-30136	701400		
			REQUEST FROM STORAGE AREA SUR BIN LOCATION STRYK			

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
002 4030140	3	EA	SCREW 3.0MM 40-30140	701	149.94	449.82
			40-30140 40-30140	701400		
			REQUEST FROM STORAGE AREA SUR BIN LOCATION STRYK			

SUBTOTAL:	599.76
TAX:	.00
TOTAL AMOUNT:	599.76

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8859990

Invoice Date:
15-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17925357
Customer Number: 37192
Terms: NET 30
Payment Due Date: 14-SEP-18

Purchase Order Number: 01881
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
15-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.00
Sub-Total:							1,280.00
Tax:							0.00
Freight:							0.00
Total:							1,280.00

Invoice Comments: REPLENISHED BY S. LEWIS

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BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mallroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Wednesday, August 15, 2018 10:09 AM
To: Cobia, John; Rodgers, Debra; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: Re: 08-13-2018 – JEFFERY VANYPEREN - Case

po 01881 for \$1280.00

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Monday, August 13, 2018 8:13:51 AM
To: Rodgers, Debra; Mallory Wright; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor); Joyce Mccaine
Subject: 08-13-2018 – JEFFERY VANYPEREN - Case

[External Email - This email originated outside of your organization]
Scotty,
Please send the restock to Joyce.

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-13-2018

stryker

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	99861 - JEFFERY VANYPEREN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-13-2018

Order Items

Qty	Description	Unit Price	Ext Price
-----	-------------	------------	-----------

1	3102-2002 - 2X2cm AlloWrap DS, WET Lot Code:182210-1002 Inventory: Gilmore - 1720	\$1280.00	\$1280.00
		Total Price:	\$1280.00

Additional Info

Notes	Patient: Gary Yates MR# 365263
Staff Member	Kelli Murff, RN
Contract Names	166628



Sent from my iPad

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Invoice

325 Corporate Drive
Mahwah, NJ 07430
Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8878926

Invoice Date:
23-AUG-18

Page:
1 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17957648
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01950
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
45-80300	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511	1	0	0	1	28.12	28.12
45-35010	DRILL 2.6mm X 122mm; WL70mm AO-SHAFT; GTIN:04546540645807	1	0	0	1	95.38	95.38
40-35614	LOCKING SCREW T10 3.5X14mm; GTIN:07613154628681	1	0	0	1	107.44	107.44
40-35616	LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698	1	0	0	1	107.44	107.44
40-35620	LOCKING SCREW T10 3.5X20mm; GTIN:07613154628711	2	0	0	2	107.44	214.88
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	1	0	0	1	93.86	93.86
625832	CP LAG SCREW A 4.1MM, L32MM (T10); GTIN:07613327131277	1	0	0	1	210.56	210.56
626894	POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645	1	0	0	1	1,756.16	1,756.16
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	458.00	458.00
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	2	0	0	2	24.32	48.64
3102-1101	ALLOGRAFT DBM GEL 1CC; GTIN:07613327177022	1	0	0	1	287.00	287.00
HT-00001	SMALL HAMMERTOE IMPLANT; GTIN:07613327356366	1	0	0	1	1,194.00	1,194.00
703895	SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm); GTIN:07613327070040	1	0	0	1	150.40	150.40

This Invoice may be subject to discount

Continued

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker®

Orthopaedics

Reprint

Invoice Number:
8878926

Invoice Date:
23-AUG-18

Page:
2 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMCRY, MS 38821-5500
United States

Sales Order Number:	17957648
Customer Number:	37192
Terms:	NET 30
Payment Due Date:	22-SEP-18

Purchase Order Number: 01950
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED

Invoice Comments:

Sub-Total:	4,751.88
Tax:	0.00
Freight:	0.00
Total:	4,751.88

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

Stryker agrees to provide technical training, including both initial training for new users and supplemental training for existing users, as needed to promote the safe and effective use of the products sold under this Agreement. Such technical training shall be provided for any health care practitioner who uses or intends to use the product and is employed by, or is on the active medical staff of, the Customer. If Stryker provides the technical training to a health care practitioner, it may pay for or reimburse the reasonable expenses, including meals, lodging and transportation, actually incurred by eligible recipients in connection with the technical training provided under this paragraph.

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Please Remit To: **STRYKER ORTHOPAEDICS**
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 8th Floor Mallroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Thursday, August 23, 2018 10:25 AM
To: Cobia, John; Rodgers, Debra; Lewis, Scotty
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: Re: 08-20-2018 – JEFFERY VANYPHEREN - Case

po 01950 for \$4751.88

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Monday, August 20, 2018 8:25:06 PM
To: Rodgers, Debra; Mallory Wright; Lewis, Scotty
Cc: Joyce McCaine; Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: 08-20-2018 – JEFFERY VANYPHEREN - Case

[External Email - This email originated outside of your organization]
Scotty,
Please send restock for the DBM gel to Joyce McCaine.

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-20-2018

stryker

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	99861 - JEFFERY VANYPHEREN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-20-2018


Order Items

Qty	Description	Unit Price	Ext Price
-----	-------------	------------	-----------

1	45-80300 - STEINMANN PIN SMOOTH 2.5mm X 100mm Inventory: Gilmore - 1720	\$28.12	\$28.12
1	45-35010 - DRILL 2.6mm X 122mm WL70mm AO-SHAFT Inventory: Gilmore - 1720	\$95.38	\$95.38
1	40-35614 - LOCKING SCREW T10 3.5X14mm Inventory: Gilmore - 1720	\$107.44	\$107.44
1	40-35616 - LOCKING SCREW T10 3.5X16mm Inventory: Gilmore - 1720	\$107.44	\$107.44
2	40-35620 - LOCKING SCREW T10 3.5X20mm Inventory: Gilmore - 1720	\$107.44	\$214.88
1	XBR001002 - ANCHORAGE FIXATION PIN Inventory: Gilmore - 1720	\$93.86	\$93.86
1	626832 - CP LAG SCREW Ø4.1MM, L32MM (T10) Inventory: Gilmore - 1720	\$210.56	\$210.56
1	626894 - POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10) Inventory: Gilmore - 1720	\$1756.16	\$1756.16
1	705172 - REAMER FOR CROSS-PLATES Inventory: Gilmore - 1720	\$458.00	\$458.00
2	AGK0214150 - FIXOS - GUIDE WIRE 1.4 X 150 MM Inventory: Gilmore - 1720	\$24.32	\$48.64
1	3102-1101 - ALLOGRAFT DBM GEL 1CC Lot Code:1745766544 Inventory: Gilmore - 1720	\$287.00	\$287.00
1	HT-00001 - SMALL HAMMERTOE IMPLANT Lot Code:01394 Inventory: Gilmore - 1720	\$1194.00	\$1194.00
1	703895 - SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm) Inventory: Gilmore - 1720	\$150.40	\$150.40
		Total Price:	\$4751.88

Additional Info

Notes	Patient: Angelina Stricklin MR# 171415
Staff Member	Darlene Hill, RN
Contract Names	135594

A handwritten signature in black ink, appearing to be 'John', is located at the top left of the page.

Sent from my iPad

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Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8879022

Invoice Date:
23-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17957750
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01951
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
1910-1273S	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7; GTIN:07613327096149	1	0	0	1	381.60	381.60
1910-1270S	DRILL D2.8; GTIN:07613327095371	1	0	0	1	240.00	240.00
1910-1273S	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7; GTIN:07613327096149	1	0	0	1	381.60	381.60
Sub-Total:							1,003.20

Invoice Comments:

Tax: 0.00
Freight: 0.00
Total: 1,003.20

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

Stryker agrees to provide technical training, including both initial training for new users and supplemental training for existing users, as needed to promote the safe and effective use of the products sold under this Agreement. Such technical training shall be provided for any health care practitioner who uses or intends to use the product and is employed by, or is on the active medical staff of, the Customer. If Stryker provides the technical training to a health care practitioner, it may pay for or reimburse the reasonable expenses, including meals, lodging and transportation, actually incurred by eligible recipients in connection with the technical training provided under this paragraph.

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Please Remit To: STRYKER ORTHOPAEDICS
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Thursday, August 23, 2018 10:51 AM
To: Cobia, John; Rodgers, Debra
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor)
Subject: Re: 08-20-2018 – JEFFERY VANYPEREN - Case

po # 01951 for \$1003.20 for the first case sheet

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Monday, August 20, 2018 5:53:51 PM
To: Mallory Wright; Rodgers, Debra
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor); Joyce Mccaine
Subject: 08-20-2018 – JEFFERY VANYPEREN - Case

[External Email - This email originated outside of your organization]

Mallory,

Two Bill Only's for this case, one from Stryker and one from Artelon. HCPCS codes for the Artelon graft are C1763 or C1781.

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-20-2018

stryker

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	99861 - JEFFERY VANYPEREN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-20-2018

Order Items

Qty	Description	Unit Price	Ext Price
-----	-------------	------------	-----------

1

2	1910-12735 - SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7 Lot Code:1000305278, 1000305278 Inventory: Memphis Office - 1728	\$381.60	\$763.20
1	1910-1270S - DRILL D2.8 Lot Code:KOED3C2 Inventory: Memphis Office - 1728	\$240.00	\$240.00
		Total Price:	\$1003.20

Additional Info

Notes	Patient: Vincent Forside MR# 403165
Staff Member	Darlene Hill, RN
Contract Names	135594



Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8879811

Invoice Date:
23-AUG-18

Page:
1 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17905022
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01899
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
656314	LOCKING SCREW T8 FULL THREAD 2.7mm / L14mm; GTIN:07613327068672	2	0	0	2	129.80	259.60
703891	SPEEDGUIDE DRILL AO, DIA 2.0mm (L = 30mm); GTIN:07613327070019	1	0	0	1	150.40	150.40
45-27010	DRILL 2.0mm X 102mm WL50mm AO-SHAFT; GTIN:04548540845791	1	0	0	1	80.94	80.94
XFR004220	CONVEX REAMER - 020; GTIN:07613252265728	1	0	0	1	402.80	402.80
XFR004120	CONCAVE REAMER - 020; GTIN:07613252265627	1	0	0	1	402.80	402.80
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	1	0	0	1	93.86	93.86
45-80200	K-WIRE SMOOTH 1.4mm X 100mm; GTIN:07613154829022	1	0	0	1	14.82	14.82
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	2	0	0	2	24.32	48.64
626892	POLYAXIAL LOCKING PLATE MTP CROSS-PLATE, RIGHT (T8); GTIN:07613327130614	1	0	0	1	1,756.16	1,756.16
626922	CP LAG SCREW A 3.6MM, L22MM (T8); GTIN:07613327130850	1	0	0	1	175.84	175.84
626926	CP LAG SCREW A 3.6MM, L28MM (T8); GTIN:07613327130867	1	0	0	1	175.84	175.84
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	458.00	458.00
HT-00001	SMALL HAMMERTOE IMPLANT; GTIN:07613327356366	3	0	0	3	1,194.00	3,582.00
656318	LOCKING SCREW T8 FULL THREAD 2.7mm / L18mm; GTIN:07613327068696	1	0	0	1	129.80	129.80

This Invoice may be subject to discount

Continued

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

stryker®

Orthopaedics

Reprint

Invoice Number:
8879811

Invoice Date:
23-AUG-18

Page:
2 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number:	17905022
Customer Number:	37192
Terms:	NET 30
Payment Due Date:	22-SEP-18

Purchase Order Number: 01899
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED

Invoice Comments:

Sub-Total:	7,731.50
Tax:	0.00
Freight:	0.00
Total:	7,731.50

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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Please Remit To: **STRYKER ORTHOPAEDICS**
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mallroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Rodgers, Debra

From: Mallory Wright <Mallory.Wright@curaehealth.org>
Sent: Thursday, August 16, 2018 3:20 PM
To: Cobia, John; Rodgers, Debra
Subject: Re: 08-09-2018 – VERN CHRISTENSEN - Case

po 01899 for \$7861.30

Mallory Wright | Materials Supervisor | Gilmore Memorial |
1105 Earl Frye Boulevard | Amory, MS 38821 mallory.wright@curaehealth.org |
Tel: (662) 256-6218 | Fax: (662) 256-6149 |

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From: Cobia, John <john.cobia@stryker.com>
Sent: Thursday, August 9, 2018 2:22:26 PM
To: Rodgers, Debra; Mallory Wright; Deborah Campbell
Cc: Yatsula, Ryan; Jordan, Marcus (Contractor); Joyce McCain
Subject: 08-09-2018 – VERN CHRISTENSEN - Case

[External Email - This email originated outside of your organization]

Name	John Cobia
Contact #	6155640714
Email	john.cobia@stryker.com
Subinventory	FATNREP1
Order Date	08-09-2018

stryker

Foot & Ankle

For Customer Billing Orders

Hospital	37192 - GILMORE MEMORIAL REGIONAL MEDICAL CENTER
Surgeon	82382 - VERN CHRISTENSEN
Address	1105 EARL FRYE BLVD, AMORY, MS, 38821-5500
Surgical Date	08-09-2018

Order Items

Qty	Description	Unit Price	Ext Price
2	656308 - LOCKING SCREW T8 FULL THREAD 2.7mm / L8mm Inventory: Wrist Fusion Loaner	\$129.80	\$259.60

2	656314 - LOCKING SCREW T8 FULL THREAD 2.7mm / L14mm Inventory: Wrist Fusion Loaner	\$129.80	\$259.60
1	703891 - SPEEDGUIDE DRILL AO, DIA 2.0mm (L = 30mm) Inventory: Wrist Fusion Loaner	\$150.40	\$150.40
1	45-27010 - DRILL 2.0mm X 102mm WL50mm AO-SHAFT Inventory: Gilmore - 1720	\$80.94	\$80.94
1	XFR004220 - CONVEX REAMER - 020 Inventory: Memphis Office - 1728	\$402.80	\$402.80
1	XFR004120 - CONCAVE REAMER - 020 Inventory: Memphis Office - 1728	\$402.80	\$402.80
1	XBR001002 - ANCHORAGE FIXATION PIN Inventory: Gilmore - 1720	\$93.86	\$93.86
1	45-80200 - K-WIRE SMOOTH 1.4mm X 100mm Inventory: Gilmore - 1720	\$14.82	\$14.82
2	AGK0214150 - FIXOS - GUIDE WIRE 1.4 X 150 MM Inventory: Gilmore - 1720	\$24.32	\$48.64
1	626892 - POLYAXIAL LOCKING PLATE MTP CROSS-PLATE, RIGHT (T8) Inventory: Gilmore - 1720	\$1756.16	\$1756.16
1	626922 - CP LAG SCREW Ø3.6MM, L22MM (T8) Lot Code: *****IMPLANTED AND REMOVED***** Inventory: Memphis Office - 1728	\$175.84	\$175.84
1	626926 - CP LAG SCREW Ø3.6MM, L26MM (T8) Inventory: Memphis Office - 1728	\$175.84	\$175.84
1	705172 - REAMER FOR CROSS-PLATES Inventory: Memphis Office - 1728	\$458.00	\$458.00
3	HT-00001 - SMALL HAMMERTOES IMPLANT Lot Code:01251, 01394, 01394 Inventory: Gilmore - 1720	\$1194.00	\$3582.00
Total Price:			\$7861.30

Additional Info

Notes	Patient: Bernice Thompson MR#159647
Staff Member	Dariene Hill, RN
Contract Names	135594



Sent from my iPad

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PURKEY & ASSOCIATES, P.L.C.

5050 Cascade Road, S.E., Suite A
Grand Rapids, Michigan 49546
Telephone (616)940-0553
Facsimile (616)940-0554

Lori L. Purkey
E-Mail: purkey@purkeyandassociates.com

January 17, 2019

Clerk
District of Middle Tennessee
United States Bankruptcy Court
Customs House Room 170
701 Broadway
Nashville, TN 37203

Re: Armory Regional Medical Center
d/b/a Gilmore Memorial Hospital
Bankruptcy File No 18-05675

RECEIVED

JAN 22 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Dear Clerk:

Enclosed for filing in the above captioned matter are the original and one copy of the Proof of Claim.

Please return a time stamped copy of this document to me at the above address in the enclosed, self-addressed, stamped envelope.

In addition, please add the following to the Matrix in this matter:

Stryker Othopaedics, a Division of Stryker Corporation
c/o Lori L. Purkey, Esq.
Purkey & Associates, PLC
5050 Cascade Road., SE, Suite A
Grand Rapids, MI 49546

Thank you for your assistance. If you have any questions, please feel free to contact me.

Sincerely,



Rose E. Bareham
Administrative Legal Assistant

cc: Sara Southard, Stryker Corp. (w/enc)
Office of the US Trustee (w/enc)
Michael Malone (w/enc)

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: (6826517)
STRYKER ORTHOPAEDICS A
DIVISION OF
(ADMINISTRATIVE)
STRYKER CORP C O LORI L
PURKEY
PURKEY & ASSOCIATES PLC
5050 CASCADE RD SE STE A
GRAND RAPIDS MI
49546

Claim No: 66
Original Filed
Date: 01/22/2019
Original Entered
Date: 01/22/2019

Status:
Filed by: CR
Entered by: Intake1
Modified:

Admin claimed: \$21947.42

History:

[Details](#) [66-1](#) 01/22/2019 Claim #66 filed by STRYKER ORTHOPAEDICS A DIVISION OF, Admin claimed: \$21947.42 (Intake1)

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

Total Amount Claimed*	
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	\$21947.42	