Fill in this information to identify the case:

Debtor 1 Batesville Regional Medical Center, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05676

FILED

OCT 10 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

American Red Cross
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

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?

Lori Polacheck, Esq., American Red Cross
Name

431 18th St. NW
Number Street

Washington DC 20006
City State ZIP Code

Contact phone 202-303-5466

Contact email Lori.Polacheck@redcross.org

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

_____
Name

_____
Number Street

_____
City State ZIP Code

Contact phone _____

Contact email _____

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? _____

Case 3:18-bk-05676 Claim 5-1 Filed 10/10/18 Desc Main Document Page 1 of 59

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: 0 0 0 1

7. **How much is the claim?** $ 19,064.13. **Does this amount include interest or other charges?**
   - ☐ No
   - ☑ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**
   Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
   Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
   Limit disclosing information that is entitled to privacy, such as health care information.
   Blood products sold to debtor

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: _____

Case 3:18-bk-05676 Claim 5-1 Filed 10/10/18 Desc Main Document Page 2 of 59

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

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

☑ No

☐ Yes. *Check one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(2) 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 10/5/2018
MM / DD / YYYY

Lori Polacheck
Signature

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

Name: Lori Polacheck
First name Middle name Last name

Title: Deputy General Counsel

Company: American Red Cross
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 431 18th St. NW
Number Street

Washington DC 20006
City State ZIP Code

Contact phone: 202-303-5466 Email: Lori.Polacheck@redcross.org

Case 3:18-bk-05676 Claim 5-1 Filed 10/10/18 Desc Main Document Page 3 of 59

GENERAL UNSECURED CLAIM

MERIT HEALTH BATESVILLE (AKA BATESVILLE REGIONAL MEDICAL CENTER)
American Red Cross Customer Number: N055B8TLMC-100001

Invoice Number	Invoice Date	Due Date	Invoice Total	Balance Due
42100302	8/22/2017	9/21/2017	$4,988.00	$3,988.00
42102004	8/31/2017	9/30/2017	$6,020.00	$6,020.00
42104114	9/12/2017	10/12/2017	$4,442.00	$4,442.00
42105942	9/19/2017	10/19/2017	(1,744.00)	(1,744.00)
42108170	9/26/2017	10/26/2017	$3,260.00	$3,260.00
42112325	10/10/2017	11/10/2017	$1,744.00	$1,744.00
42115034	10/17/2017	11/17/2017	$331.75	$331.75
42156662	2/13/2018	3/13/2018	$100.00	$100.00
99018876*	8/31/2017	9/30/2017	$17.99	$17.99
99019624*	11/30/2017	12/30/2017	$124.64	$124.64
99019894*	1/31/2018	3/2/2018	$125.10	$125.10
99020239*	2/28/2018	3/30/2018	$113.01	$113.01
99020463*	3/31/2018	4/30/2018	$112.13	$112.13
99020736*	4/30/2018	5/30/2018	$108.52	$108.52
99020829*	5/30/2018	6/30/2018	$112.13	$112.13
99021050*	6/30/2018	7/30/2018	$102.72	$102.72
99021321*	7/31/2018	8/30/2018	$106.14	$106.14
			TOTAL CLAIM	**$19,064.13**

*Invoice for interest charges

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05586850	ANTIBODY SCREEN, EACH MEDIA	1	0	39.00	0.00	39.00
00002	N05586870	AB ID/EACH PANEL & MEDIA	3	0	186.00	0.00	186.00
00003	N05586880	DAT, EACH ANTISERA	5	0	115.00	0.00	115.00
00004	N05586885	AB ID/EACH SELECTED REAGENT CELL	2	0	20.00	0.00	20.00
00005	N05586900	ABO TYPE	4	0	100.00	0.00	100.00
00006	N05586901	RH TYPE	1	0	20.00	0.00	20.00
00007	N05586906	RH PHENOTYPING COMPLETE	2	0	120.00	0.00	120.00
00008	N05586978	DIFFERENTIAL/AUTO ADS OF SERUM, EACH ADS	9	0	585.00	0.00	585.00
00009	N05587100	ZIKA NEG	26	0	0.00	0.00	0.00
00010	N05588818	IRLINV	2	0	0.00	0.00	0.00
00011	N055A4I	1 RBC Ag Neg/Unit; 86902	2	0	160.00	0.00	160.00
00012	N055A8B	SHP-Scheduled	2	0	0.00	0.00	0.00
00013	N055E0336V00	Red Cells AS-1 500mL LeuRed	26	-7	5,486.00	-1,477.00	4,009.00
00014	N055M8B	SHP-Stat/Priority	1	0	80.00	0.00	80.00
00015	N055REF10	IRL CASE TRACKING CODE	4	0	0.00	0.00	0.00
00016	N055S4I	Ag order non routine STAT	1	0	125.00	0.00	125.00
00017	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	26	-10	182.00	-70.00	112.00
00018	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	0	-2	0.00	-422.00	-422.00
00019	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	0	-1	0.00	-211.00	-211.00
00020	N055E2555V00	Plasma <24h CPD	0	-1	0.00	-50.00	-50.00
00021		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$4,988.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00022	Order/PO No:	S0935005667020 Shipment Date: 08-14-2017			Total:	1,090.00
00023	N055A8B	SHP-Scheduled	SF0935005667020	1	0.00	0.00
00024	N05587100	ZIKA NEG	W20111739074900M	1	0.00	0.00
00025	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111739074900M	1	211.00	211.00
00026	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111739074900M	1	7.00	7.00
00027	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111739075300U	1	211.00	211.00
00028	N05587100	ZIKA NEG	W20111739075300U	1	0.00	0.00
00029	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111739075300U	1	7.00	7.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111742626700B	1	211.00	211.00
00031	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111742626700B	1	7.00	7.00
00032	N05587100	ZIKA NEG	W20111742626700B	1	0.00	0.00
00033	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111745337800N	1	211.00	211.00
00034	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111745337800N	1	7.00	7.00
00035	N05587100	ZIKA NEG	W20111745337800N	1	0.00	0.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241754871000N	1	211.00	211.00
00037	N05587100	ZIKA NEG	W20241754871000N	1	0.00	0.00
00038	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241754871000N	1	7.00	7.00
00039						
00040	Order/PO No:	S0935005679174 Shipment Date: 08-16-2017			Total:	801.00
00041	N055S4I	Ag order non routine STAT	SF0935005679174	1	125.00	125.00
00042	N055M8B	SHP-Stat/Priority	SF0935005679174	1	80.00	80.00
00043	N055A4I	1 RBC Ag Neg/Unit; 86902	SF0935005679174	2	80.00	160.00
00044	N05587100	ZIKA NEG	W20551724632100J	1	0.00	0.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20551724632100J	1	211.00	211.00
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551724632100J	1	7.00	7.00
00047	N05588818	IRLINV	W20551724632100J	1	0.00	0.00
00048	N05587100	ZIKA NEG	W205517256042001	1	0.00	0.00
00049	N05588818	IRLINV	W205517256042001	1	0.00	0.00
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W205517256042001	1	7.00	7.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W205517256042001	1	211.00	211.00
00052						
00053	Order/PO No:	S0935005679574 Shipment Date: 08-16-2017			Total:	4,142.00
00054	N055A8B	SHP-Scheduled	SF0935005679574	1	0.00	0.00
00055	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111743688700Y	1	211.00	211.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111743688700Y	1	7.00	7.00
00057	N05587100	ZIKA NEG	W20111743688700Y	1	0.00	0.00
00058	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111744196500C	1	7.00	7.00
00059	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111744196500C	1	211.00	211.00
00060	N05587100	ZIKA NEG	W20111744196500C	1	0.00	0.00
00061	N05587100	ZIKA NEG	W201117446171000	1	0.00	0.00
00062	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117446171000	1	211.00	211.00
00063	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117446171000	1	7.00	7.00
00064	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117449189006	1	7.00	7.00
00065	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117449189006	1	211.00	211.00
00066	N05587100	ZIKA NEG	W201117449189006	1	0.00	0.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746360600*	1	7.00	7.00
00068	N05587100	ZIKA NEG	W20111746360600*	1	0.00	0.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746360600*	1	211.00	211.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746574600H	1	7.00	7.00
00071	N05587100	ZIKA NEG	W20111746574600H	1	0.00	0.00
00072	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746574600H	1	211.00	211.00
00073	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746706600X	1	211.00	211.00
00074	N05587100	ZIKA NEG	W20111746706600X	1	0.00	0.00
00075	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746706600X	1	7.00	7.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417537678002	1	7.00	7.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417537678002	1	211.00	211.00
00078	N05587100	ZIKA NEG	W202417537678002	1	0.00	0.00
00079	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241754874700Y	1	211.00	211.00
00080	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241754874700Y	1	7.00	7.00
00081	N05587100	ZIKA NEG	W20241754874700Y	1	0.00	0.00
00082	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241755578000B	1	211.00	211.00
00083	N05587100	ZIKA NEG	W20241755578000B	1	0.00	0.00
00084	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241755578000B	1	7.00	7.00
00085	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241755583100L	1	7.00	7.00
00086	N05587100	ZIKA NEG	W20241755583100L	1	0.00	0.00
00087	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241755583100L	1	211.00	211.00
00088	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417556413004	1	7.00	7.00
00089	N05587100	ZIKA NEG	W202417556413004	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00090	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417556413004	1	211.00	211.00
00091	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417556421004	1	7.00	7.00
00092	N05587100	ZIKA NEG	W202417556421004	1	0.00	0.00
00093	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417556421004	1	211.00	211.00
00094	N05587100	ZIKA NEG	W202417561008004	1	0.00	0.00
00095	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417561008004	1	211.00	211.00
00096	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417561008004	1	7.00	7.00
00097	N05587100	ZIKA NEG	W20241756603400V	1	0.00	0.00
00098	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756603400V	1	211.00	211.00
00099	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756603400V	1	7.00	7.00
00100	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756751800C	1	211.00	211.00
00101	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756751800C	1	7.00	7.00
00102	N05587100	ZIKA NEG	W20241756751800C	1	0.00	0.00
00103	N05587100	ZIKA NEG	W20381753702600*	1	0.00	0.00
00104	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20381753702600*	1	211.00	211.00
00105	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20381753702600*	1	7.00	7.00
00106	N055E0336V00	Red Cells AS-1 500mL LeuRed	W203817538546009	1	211.00	211.00
00107	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203817538546009	1	7.00	7.00
00108	N05587100	ZIKA NEG	W203817538546009	1	0.00	0.00
00109	N05587100	ZIKA NEG	W205517247214009	1	0.00	0.00
00110	N055E0336V00	Red Cells AS-1 500mL LeuRed	W205517247214009	1	211.00	211.00
00111	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W205517247214009	1	7.00	7.00
00112						
00113	XFR Rtn/PO No:	TR09350056840910011 Transfer Date: 08-17-2017			Total:	-50.00
00114	N055E2555V00	Plasma <24h CPD	W20181644427900U	-1	50.00	-50.00
00115						
00116	XFR Rtn/PO No:	TR09350056840930011 Transfer Date: 08-17-2017			Total:	-218.00
00117	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111743335500R	-1	7.00	-7.00
00118	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111743335500R	-1	211.00	-211.00
00119						
00120	XFR Rtn/PO No:	TR09350056840960011 Transfer Date: 08-17-2017			Total:	-218.00
00121	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111742886400B	-1	7.00	-7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00122	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20111742886400B	-1	211.00	-211.00
00123						
00124	XFR Rtn/PO No:	TR09350056841010011 Transfer Date: 08-17-2017			Total:	-218.00
00125	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W204017517950O0T	-1	7.00	-7.00
00126	N055E0336V00	Red Cells AS-1 500mL LeuRed	W204017517950O0T	-1	211.00	-211.00
00127						
00128	XFR Rtn/PO No:	TR09350056841030011 Transfer Date: 08-17-2017			Total:	-218.00
00129	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W204017526078O0O	-1	7.00	-7.00
00130	N055E0336V00	Red Cells AS-1 500mL LeuRed	W204017526078O0O	-1	211.00	-211.00
00131						
00132	XFR Rtn/PO No:	TR09350056841060011 Transfer Date: 08-17-2017			Total:	-218.00
00133	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417531477005	-1	7.00	-7.00
00134	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417531477005	-1	211.00	-211.00
00135						
00136	XFR Rtn/PO No:	TR09350056841110011 Transfer Date: 08-17-2017			Total:	-218.00
00137	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201317581005002	-1	7.00	-7.00
00138	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201317581005002	-1	211.00	-211.00
00139						
00140	XFR Rtn/PO No:	TR09350056841150011 Transfer Date: 08-17-2017			Total:	-218.00
00141	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111739124400J	-1	7.00	-7.00
00142	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111739124400J	-1	211.00	-211.00
00143						
00144	XFR Rtn/PO No:	TR09350056841180011 Transfer Date: 08-17-2017			Total:	-218.00
00145	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417558594004	-1	7.00	-7.00
00146	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417558594004	-1	211.00	-211.00
00147						
00148	XFR Rtn/PO No:	TR09350056841200011 Transfer Date: 08-17-2017			Total:	-218.00
00149	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117403697005	-1	7.00	-7.00
00150	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117403697005	-1	211.00	-211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00151						
00152	XFR Rtn/PO No:	TR09350056841230011 Transfer Date: 08-17-2017			Total:	-218.00
00153	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20131757646100H	-1	7.00	-7.00
00154	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20131757646100H	-1	211.00	-211.00
00155						
00156	Order/PO No:	CS55-545-17-072917 Service Date: 07-29-2017			Total:	45.00
00157	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00158			NONE			
00159			NONE			
00160			NONE			
00161			NONE			
00162			NONE			
00163	N05586901		NONE	1	20.00	20.00
00164			NONE			
00165			NONE			
00166			NONE			
00167			NONE			
00168			NONE			
00169	N05586900		NONE	1	25.00	25.00
00170			NONE			
00171			NONE			
00172			NONE			
00173			NONE			
00174			NONE			
00175						
00176	Order/PO No:	CS55-554-17-080817 Service Date: 08-08-2017			Total:	813.00
00177	N055REF10	I	NONE	1	0.00	0.00
00178			NONE			
00179			NONE			
00180			NONE			
00181			NONE			
00182			NONE			
00183	N05586900	ABO TYPE	NONE	1	25.00	25.00

REDACTED

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00184			NONE			
00185			NONE			
00186			NONE			
00187			NONE			
00188			NONE			
00189	N05586880		NONE	4	23.00	92.00
00190			NONE			
00191			NONE			
00192			NONE			
00193			NONE			
00194			NONE			
00195	N05586978		NONE	9	65.00	585.00
00196			NONE			
00197			NONE			
00198			NONE			
00199			NONE			
00200			NONE			
00201	N05586870		NONE	1	62.00	62.00
00202			NONE			
00203			NONE			
00204			NONE			
00205			NONE			
00206			NONE			
00207	N05586885		NONE	1	10.00	10.00
00208			NONE			
00209			NONE			
00210			NONE			
00211			NONE			
00212			NONE			
00213	N05586850		NONE	1	39.00	39.00
00214			NONE			
00215			NONE			
00216			NONE			

REDACTED

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00217			NONE			
00218			NONE			
00219						
00220	Order/PO No:	8-10-2017			Total:	170.00
00221	N055REF10		NONE	1	0.00	0.00
00222			NONE			
00223			NONE			
00224			NONE			
00225			NONE			
00226			NONE			
00227	N05586900		NONE	1	25.00	25.00
00228			NONE			
00229			NONE			
00230			NONE			
00231			NONE			
00232			NONE			
00233	N05586870		NONE	1	62.00	62.00
00234			NONE			
00235			NONE			
00236			NONE			
00237			NONE			
00238			NONE			
00239	N05586880		NONE	1	23.00	23.00
00240			NONE			
00241			NONE			
00242			NONE			
00243			NONE			
00244			NONE			
00245	N05586906		NONE	1	60.00	60.00
00246			NONE			
00247			NONE			
00248			NONE			
00249			NONE			
00250			NONE			

REDACTED

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42100302
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00251						
00252	Order/PO No:	CS55-563-17-081417 Service Date: 08-14-2017			Total:	157.00
00253	N055REF10		NONE	1	0.00	0.00
00254			NONE			
00255			NONE			
00256			NONE			
00257			NONE			
00258			NONE			
00259	N05586900		NONE	1	25.00	25.00
00260			NONE			
00261			NONE			
00262			NONE			
00263			NONE			
00264			NONE			
00265	N05586885		NONE	1	10.00	10.00
00266			NONE			
00267			NONE			
00268			NONE			
00269			NONE			
00270			NONE			
00271	N05586870		NONE	1	62.00	62.00
00272			NONE			
00273			NONE			
00274			NONE			
00275			NONE			
00276			NONE			
00277	N05586906		NONE	1	60.00	60.00
00278			NONE			
00279			NONE			
00280			NONE			
00281			NONE			
00282			NONE			
					BALANCE DUE ON THIS INVOICE:	$4,988.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05586870	AB ID/EACH PANEL & MEDIA	1	0	62.00	0.00	62.00
00002	N05586880	DAT, EACH ANTISERA	2	0	46.00	0.00	46.00
00003	N05586885	AB ID/EACH SELECTED REAGENT CELL	11	0	110.00	0.00	110.00
00004	N05586900	ABO TYPE	1	0	25.00	0.00	25.00
00005	N05586901	RH TYPE	2	0	40.00	0.00	40.00
00006	N05586906	RH PHENOTYPING COMPLETE	1	0	60.00	0.00	60.00
00007	N05587100	ZIKA NEG	30	0	0.00	0.00	0.00
00008	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00009	N055A8B	SHP-Scheduled	2	0	0.00	0.00	0.00
00010	N055E0336V00	Red Cells AS-1 500mL LeuRed	30	-6	6,330.00	-1,266.00	5,064.00
00011	N055H5I	Pt sera Ag scr/unit,86904	4	0	245.00	0.00	245.00
00012	N055REF10	IRL CASE TRACKING CODE	2	0	0.00	0.00	0.00
00013	N055U4I	IRL - STAT FEE	1	0	200.00	0.00	200.00
00014	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	30	-6	210.00	-42.00	168.00
00015		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$6,020.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00016	Order/PO No:	S0935005707821 Shipment Date: 08-24-2017			Total:	1,744.00
00017	N055A8B	SHP-Scheduled	SF0935005707821	1	0.00	0.00
00018	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241751904200W	1	7.00	7.00
00019	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241751904200W	1	211.00	211.00
00020	N05587100	ZIKA NEG	W20241751904200W	1	0.00	0.00
00021	N05587100	ZIKA NEG	W20241753182700U	1	0.00	0.00
00022	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241753182700U	1	7.00	7.00
00023	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241753182700U	1	211.00	211.00
00024	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241753183700Q	1	211.00	211.00
00025	N05587100	ZIKA NEG	W20241753183700Q	1	0.00	0.00
00026	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241753183700Q	1	7.00	7.00
00027	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241755910500H	1	7.00	7.00
00028	N05588801	Anti-CMV negative	W20241755910500H	1	0.00	0.00
00029	N05587100	ZIKA NEG	W20241755910500H	1	0.00	0.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241755910500H	1	211.00	211.00
00031	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756106000X	1	211.00	211.00
00032	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756106000X	1	7.00	7.00
00033	N05587100	ZIKA NEG	W20241756106000X	1	0.00	0.00
00034	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417561998007	1	211.00	211.00
00035	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417561998007	1	7.00	7.00
00036	N05587100	ZIKA NEG	W202417561998007	1	0.00	0.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417565044006	1	7.00	7.00
00038	N05587100	ZIKA NEG	W202417565044006	1	0.00	0.00
00039	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417565044006	1	211.00	211.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W205517247231007	1	7.00	7.00
00041	N05587100	ZIKA NEG	W205517247231007	1	0.00	0.00
00042	N055E0336V00	Red Cells AS-1 500mL LeuRed	W205517247231007	1	211.00	211.00
00043						
00044	Order/PO No:	S0935005736789 Shipment Date: 08-31-2017			Total:	4,796.00
00045	N055A8B	SHP-Scheduled	SF0935005736789	1	0.00	0.00
00046	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111742446500V	1	211.00	211.00
00047	N05587100	ZIKA NEG	W20111742446500V	1	0.00	0.00
00048	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111742446500V	1	7.00	7.00
00049	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117452332000	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00050	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117452332 00U	1	211.00	211.00
00051	N05587100	ZIKA NEG	W201117452332 00U	1	0.00	0.00
00052	N05587100	ZIKA NEG	W201117459343 00N	1	0.00	0.00
00053	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117459343 00N	1	211.00	211.00
00054	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117459343 00N	1	7.00	7.00
00055	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117461048 00M	1	7.00	7.00
00056	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117461048 00M	1	211.00	211.00
00057	N05587100	ZIKA NEG	W201117461048 00M	1	0.00	0.00
00058	N05587100	ZIKA NEG	W201117465976 00Q	1	0.00	0.00
00059	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117465976 00Q	1	7.00	7.00
00060	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117465976 00Q	1	211.00	211.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117467711007	1	211.00	211.00
00062	N05587100	ZIKA NEG	W201117467711007	1	0.00	0.00
00063	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117467711007	1	7.00	7.00
00064	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117468008000	1	7.00	7.00
00065	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117468008000	1	211.00	211.00
00066	N05587100	ZIKA NEG	W201117468008000	1	0.00	0.00
00067	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117473018007	1	211.00	211.00
00068	N05587100	ZIKA NEG	W201117473018007	1	0.00	0.00
00069	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117473018007	1	7.00	7.00
00070	N05587100	ZIKA NEG	W201117473027005	1	0.00	0.00
00071	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117473027005	1	211.00	211.00
00072	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117473027005	1	7.00	7.00
00073	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417537741 00K	1	211.00	211.00
00074	N05587100	ZIKA NEG	W202417537741 00K	1	0.00	0.00
00075	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417537741 00K	1	7.00	7.00
00076	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417553882 00V	1	211.00	211.00
00077	N05587100	ZIKA NEG	W202417553882 00V	1	0.00	0.00
00078	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417553882 00V	1	7.00	7.00
00079	N05587100	ZIKA NEG	W202417559242 00*	1	0.00	0.00
00080	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417559242 00*	1	211.00	211.00
00081	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417559242 00*	1	7.00	7.00
00082	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417560769 00C	1	211.00	211.00
00083	N05587100	ZIKA NEG	W202417560769 00C	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00084	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756076900C	1	7.00	7.00
00085	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756515600R	1	211.00	211.00
00086	N05587100	ZIKA NEG	W20241756515600R	1	0.00	0.00
00087	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756515600R	1	7.00	7.00
00088	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756631300H	1	7.00	7.00
00089	N05587100	ZIKA NEG	W20241756631300H	1	0.00	0.00
00090	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756631300H	1	211.00	211.00
00091	N05587100	ZIKA NEG	W20241756635500Y	1	0.00	0.00
00092	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756635500Y	1	211.00	211.00
00093	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756635500Y	1	7.00	7.00
00094	N05587100	ZIKA NEG	W20241756854400T	1	0.00	0.00
00095	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756854400T	1	211.00	211.00
00096	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756854400T	1	7.00	7.00
00097	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757014200D	1	211.00	211.00
00098	N05587100	ZIKA NEG	W20241757014200D	1	0.00	0.00
00099	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757014200D	1	7.00	7.00
00100	N05587100	ZIKA NEG	W202417570400009	1	0.00	0.00
00101	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417570400009	1	211.00	211.00
00102	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417570400009	1	7.00	7.00
00103	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321767578400N	1	7.00	7.00
00104	N05587100	ZIKA NEG	W20321767578400N	1	0.00	0.00
00105	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20321767578400N	1	211.00	211.00
00106	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20381753540000J	1	211.00	211.00
00107	N05587100	ZIKA NEG	W20381753540000J	1	0.00	0.00
00108	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20381753540000J	1	7.00	7.00
00109	N055E0336V00	Red Cells AS-1 500mL LeuRed	W203817535433001	1	211.00	211.00
00110	N05587100	ZIKA NEG	W203817535433001	1	0.00	0.00
00111	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203817535433001	1	7.00	7.00
00112						
00113	XFR Rtn/PO No:	TR09350057100550011 Transfer Date: 08-24-2017			Total:	-218.00
00114	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111740374500L	-1	7.00	-7.00
00115	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111740374500L	-1	211.00	-211.00
00116						

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00117	XFR Rtn/PO No:	TR09350057100560011 Transfer Date: 08-24-2017			Total:	-218.00
00118	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117440986001	-1	7.00	-7.00
00119	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117440986001	-1	211.00	-211.00
00120						
00121	XFR Rtn/PO No:	TR09350057100580011 Transfer Date: 08-24-2017			Total:	-218.00
00122	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117448145009	-1	7.00	-7.00
00123	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117448145009	-1	211.00	-211.00
00124						
00125	XFR Rtn/PO No:	TR09350057100610011 Transfer Date: 08-24-2017			Total:	-218.00
00126	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117424143000U	-1	7.00	-7.00
00127	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117424143000U	-1	211.00	-211.00
00128						
00129	XFR Rtn/PO No:	TR09350057100630011 Transfer Date: 08-24-2017			Total:	-218.00
00130	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117407695001J	-1	7.00	-7.00
00131	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117407695001J	-1	211.00	-211.00
00132						
00133	XFR Rtn/PO No:	TR09350057100650011 Transfer Date: 08-24-2017			Total:	-218.00
00134	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417557830005	-1	7.00	-7.00
00135	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417557830005	-1	211.00	-211.00
00136						
00137	Order/PO No:	CS55-569-17-081617 Service Date: 08-16-2017			Total:	365.00
00138	N05586901	RH TYPE	NONE	1	20.00	20.00
00139			NONE			
00140			NONE			
00141		0	NONE			
00142			NONE			
00143		REDACTED	NONE			
00144	N05586906		NONE	1	60.00	60.00
00145			NONE			
00146			NONE			

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00147		Date of Procedure :2017/08/16 00:00:00	NONE			
00148		PO# :CS55-569-17-081617	NONE			
00149		Relationship :	NONE			
00150	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00151		Patient	NONE			
00152		Physician :	NONE			
00153		Date of Procedure :2017/08/16 00:00:00	NONE			
00154		PO# :CS55-569-17-081617	NONE			
00155		Relationship :	NONE			
00156	N05586870	AB ID/EACH PANEL & MEDIA	NONE	1	62.00	62.00
00157		Patient	NONE			
00158		Physician :	NONE			
00159		Date of Procedure :2017/08/16 00:00:00	NONE			
00160		PO# :CS55-569-17-081617	NONE			
00161		Relationship :	NONE			
00162	N055U4I	IRL - STAT FEE	NONE	1	200.00	200.00
00163		Patient :	NONE			
00164		Physician :	NONE			
00165		Date of Procedure :2017/08/16 00:00:00	NONE			
00166		PO# :CS55-569-17-081617	NONE			
00167		Relationship :	NONE			
00168	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00169		Patient	NONE			
00170		Physician :	NONE			
00171		Date of Procedure :2017/08/16 00:00:00	NONE			
00172		PO# :CS55-569-17-081617	NONE			
00173		Relationship :	NONE			
00174						
00175	Order/PO No:	CS55-577-17-082417 Service Date: 08-24-2017			Total:	423.00
00176	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00177			NONE			
00178		Physician :	NONE			
00179		Date of Procedure :2017/08/24 00:00:00	NONE			
00180			NONE			

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42102004
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00181		Relationship :	NONE			
00182	N05586900	ABO TYPE	NONE	1	25.00	25.00
00183			NONE			
00184		Physician :	NONE			
00185		Date of Procedure :2017/08/24 00:00:00	NONE			
00186		PO# :CS55-577-17-082417	NONE			
00187		Relationship :	NONE			
00188	N055H5I	Pt sera Ag scr/unit,86904	NONE	4	61.25	245.00
00189			NONE			
00190		Physician :	NONE			
00191		Date of Procedure :2017/08/24 00:00:00	NONE			
00192		PO# :CS55-577-17-082417	NONE			
00193		Relationship :	NONE			
00194	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00195			NONE			
00196		Physician :	NONE			
00197		Date of Procedure :2017/08/24 00:00:00	NONE			
00198		PO# :CS55-577-17-082417	NONE			
00199		Relationship :	NONE			
00200	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	11	10.00	110.00
00201			NONE			
00202		Physician :	NONE			
00203		Date of Procedure :2017/08/24 00:00:00	NONE			
00204		PO# :CS55-577-17-082417	NONE			
00205		Relationship :	NONE			
00206	N05586901	RH TYPE	NONE	1	20.00	20.00
00207			NONE			
00208		Physician :	NONE			
00209		Date of Procedure :2017/08/24 00:00:00	NONE			
00210		PO# :CS55-577-17-082417	NONE			
00211		Relationship :	NONE			
					BALANCE DUE ON THIS INVOICE:	$6,020.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42104114
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	12-Sep-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05587100	ZIKA NEG	25	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00003	N055A8B	SHP-Scheduled	1	0	0.00	0.00	0.00
00004	N055A9B	SHP - No Charge	1	0	0.00	0.00	0.00
00005	N055E0336V00	Red Cells AS-1 500mL LeuRed	19	0	4,009.00	0.00	4,009.00
00006	N055E2555V00	Plasma <24h CPD	6	0	300.00	0.00	300.00
00007	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	19	0	133.00	0.00	133.00
00008		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$4,442.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42104114
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00009	Order/PO No:	S0935005760174 Shipment Date: 09-07-2017			Total:	300.00
00010	N055A8B	SHP-Scheduled	SF0935005760174	1	0.00	0.00
00011	N05587100	ZIKA NEG	W20111740790700R	1	0.00	0.00
00012	N055E2555V00	Plasma <24h CPD	W20111740790700R	1	50.00	50.00
00013	N055E2555V00	Plasma <24h CPD	W201117444466002	1	50.00	50.00
00014	N05587100	ZIKA NEG	W201117444466002	1	0.00	0.00
00015	N055E2555V00	Plasma <24h CPD	W201117444802002	1	50.00	50.00
00016	N05587100	ZIKA NEG	W201117444802002	1	0.00	0.00
00017	N055E2555V00	Plasma <24h CPD	W20111746367300E	1	50.00	50.00
00018	N05587100	ZIKA NEG	W20111746367300E	1	0.00	0.00
00019	N055E2555V00	Plasma <24h CPD	W20241755911400F	1	50.00	50.00
00020	N05587100	ZIKA NEG	W20241755911400F	1	0.00	0.00
00021	N05587100	ZIKA NEG	W20241756756800T	1	0.00	0.00
00022	N055E2555V00	Plasma <24h CPD	W20241756756800T	1	50.00	50.00
00023						
00024	Order/PO No:	S0935005760345 Shipment Date: 09-07-2017			Total:	4,142.00
00025	N055A9B	SHP - No Charge	SF0935005760345	1	0.00	0.00
00026	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117457453006	1	7.00	7.00
00027	N05587100	ZIKA NEG	W201117457453006	1	0.00	0.00
00028	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117457453006	1	211.00	211.00
00029	N05587100	ZIKA NEG	W201117457856005	1	0.00	0.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117457856005	1	211.00	211.00
00031	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117457856005	1	7.00	7.00
00032	N05587100	ZIKA NEG	W20111746122000U	1	0.00	0.00
00033	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746122000U	1	7.00	7.00
00034	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746122000U	1	211.00	211.00
00035	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746403800F	1	211.00	211.00
00036	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746403800F	1	7.00	7.00
00037	N05587100	ZIKA NEG	W20111746403800F	1	0.00	0.00
00038	N05587100	ZIKA NEG	W201117465453006	1	0.00	0.00
00039	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117465453006	1	211.00	211.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117465453006	1	7.00	7.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117466656005	1	7.00	7.00
00042	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117466656005	1	211.00	211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42104114
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00043	N05587100	ZIKA NEG	W201117466656005	1	0.00	0.00
00044	N05587100	ZIKA NEG	W20111746782400Q	1	0.00	0.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746782400Q	1	211.00	211.00
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746782400Q	1	7.00	7.00
00047	N05587100	ZIKA NEG	W201117469561008	1	0.00	0.00
00048	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117469561008	1	211.00	211.00
00049	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117469561008	1	7.00	7.00
00050	N05587100	ZIKA NEG	W20111747307400S	1	0.00	0.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111747307400S	1	211.00	211.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111747307400S	1	7.00	7.00
00053	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117477538006	1	7.00	7.00
00054	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117477538006	1	211.00	211.00
00055	N05587100	ZIKA NEG	W201117477538006	1	0.00	0.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417552893004	1	7.00	7.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417552893004	1	211.00	211.00
00058	N05587100	ZIKA NEG	W202417552893004	1	0.00	0.00
00059	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417560883008	1	211.00	211.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417560883008	1	7.00	7.00
00061	N05587100	ZIKA NEG	W202417560883008	1	0.00	0.00
00062	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756643500Y	1	7.00	7.00
00063	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756643500Y	1	211.00	211.00
00064	N05587100	ZIKA NEG	W20241756643500Y	1	0.00	0.00
00065	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417567707002	1	211.00	211.00
00066	N05587100	ZIKA NEG	W202417567707002	1	0.00	0.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417567707002	1	7.00	7.00
00068	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417569008000	1	211.00	211.00
00069	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417569008000	1	7.00	7.00
00070	N05587100	ZIKA NEG	W202417569008000	1	0.00	0.00
00071	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756967100*	1	7.00	7.00
00072	N05587100	ZIKA NEG	W20241756967100*	1	0.00	0.00
00073	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756967100*	1	211.00	211.00
00074	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757250400Z	1	211.00	211.00
00075	N05587100	ZIKA NEG	W20241757250400Z	1	0.00	0.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757250400Z	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42104114
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20321766641000P	1	211.00	211.00
00078	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321766641000P	1	7.00	7.00
00079	N05587100	ZIKA NEG	W20321766641000P	1	0.00	0.00
00080	N05588801	Anti-CMV negative	W20321766641000P	1	0.00	0.00
00081	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203817538458009	1	7.00	7.00
00082	N055E0336V00	Red Cells AS-1 500mL LeuRed	W203817538458009	1	211.00	211.00
00083	N05587100	ZIKA NEG	W203817538458009	1	0.00	0.00
					BALANCE DUE ON THIS INVOICE:	$4,442.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05586850	ANTIBODY SCREEN, EACH MEDIA	2	0	78.00	0.00	78.00
00002	N05586870	AB ID/EACH PANEL & MEDIA	6	0	372.00	0.00	372.00
00003	N05586880	DAT, EACH ANTISERA	5	0	115.00	0.00	115.00
00004	N05586885	AB ID/EACH SELECTED REAGENT CELL	12	0	120.00	0.00	120.00
00005	N05586900	ABO TYPE	5	0	125.00	0.00	125.00
00006	N05586901	RH TYPE	3	0	60.00	0.00	60.00
00007	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	3	0	84.00	0.00	84.00
00008	N05586906	RH PHENOTYPING COMPLETE	2	0	120.00	0.00	120.00
00009	N05586970	PRE-RX RBCS W/CHEMICALS/DRUGS/PER CELL	4	0	180.00	0.00	180.00
00010	N05587100	ZIKA NEG	2	0	0.00	0.00	0.00
00011	N055A8B	SHP-Scheduled	1	0	0.00	0.00	0.00
00012	N055E0336V00	Red Cells AS-1 500mL LeuRed	2	-17	422.00	-3,587.00	-3,165.00
00013	N055H5I	Pt sera Ag scr/unit,86904	8	0	490.00	0.00	490.00
00014	N055REF10	IRL CASE TRACKING CODE	5	0	0.00	0.00	0.00
00015	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	2	-18	14.00	-126.00	-112.00
00016	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	0	-1	0.00	-211.00	-211.00
00017		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	($1,744.00)

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE RETURN THIS PAGE WITH INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00018	Order/PO No:	S0935005778125 Shipment Date: 09-12-2017			Total:	436.00
00019	N055A8B	SHP-Scheduled	SF0935005778125	1	0.00	0.00
00020	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746960800A	1	211.00	211.00
00021	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746960800A	1	7.00	7.00
00022	N05587100	ZIKA NEG	W20111746960800A	1	0.00	0.00
00023	N05587100	ZIKA NEG	W20241756910100U	1	0.00	0.00
00024	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756910100U	1	211.00	211.00
00025	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756910100U	1	7.00	7.00
00026						
00027	XFR Rtn/PO No:	TR09350057779170011 Transfer Date: 08-31-2017			Total:	-218.00
00028	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111744346800E	-1	7.00	-7.00
00029	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111744346800E	-1	211.00	-211.00
00030						
00031	XFR Rtn/PO No:	TR09350057779220011 Transfer Date: 08-31-2017			Total:	-218.00
00032	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111745337800N	-1	7.00	-7.00
00033	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111745337800N	-1	211.00	-211.00
00034						
00035	XFR Rtn/PO No:	TR09350057779230011 Transfer Date: 08-31-2017			Total:	-218.00
00036	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241754871000N	-1	7.00	-7.00
00037	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241754871000N	-1	211.00	-211.00
00038						
00039	XFR Rtn/PO No:	TR09350057779240011 Transfer Date: 08-31-2017			Total:	-218.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111742626700B	-1	7.00	-7.00
00041	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111742626700B	-1	211.00	-211.00
00042						
00043	XFR Rtn/PO No:	TR09350057779260011 Transfer Date: 08-31-2017			Total:	-218.00
00044	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111739075300U	-1	7.00	-7.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111739075300U	-1	211.00	-211.00
00046						
00047	XFR Rtn/PO No:	TR09350057779290011 Transfer Date: 08-31-2017			Total:	-218.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00048	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111739074900M	-1	7.00	-7.00
00049	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111739074900M	-1	211.00	-211.00
00050						
00051	XFR Rtn/PO No:	TR09350057779330011 Transfer Date: 08-31-2017			Total:	-218.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417551408004	-1	7.00	-7.00
00053	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417551408004	-1	211.00	-211.00
00054						
00055	XFR Rtn/PO No:	TR09350057733700011 Transfer Date: 09-06-2017			Total:	-218.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111743688700Y	-1	7.00	-7.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111743688700Y	-1	211.00	-211.00
00058						
00059	XFR Rtn/PO No:	TR09350057733730011 Transfer Date: 09-06-2017			Total:	-218.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746360600*	-1	7.00	-7.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746360600*	-1	211.00	-211.00
00062						
00063	XFR Rtn/PO No:	TR09350057733740011 Transfer Date: 09-06-2017			Total:	-218.00
00064	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417561008004	-1	7.00	-7.00
00065	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417561008004	-1	211.00	-211.00
00066						
00067	XFR Rtn/PO No:	TR09350057733760011 Transfer Date: 09-06-2017			Total:	-218.00
00068	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417561998007	-1	7.00	-7.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417561998007	-1	211.00	-211.00
00070						
00071	XFR Rtn/PO No:	TR09350057733770011 Transfer Date: 09-06-2017			Total:	-218.00
00072	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241753182700U	-1	7.00	-7.00
00073	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241753182700U	-1	211.00	-211.00
00074						
00075	XFR Rtn/PO No:	TR09350057733790011 Transfer Date: 09-06-2017			Total:	-218.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111744196500C	-1	7.00	-7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117441965000	-1	211.00	-211.00
00078						
00079	XFR Rtn/PO No:	TR09350057733820011 Transfer Date: 09-06-2017			Total:	-218.00
00080	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241754874700Y	-1	7.00	-7.00
00081	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241754874700Y	-1	211.00	-211.00
00082						
00083	XFR Rtn/PO No:	TR09350057733830011 Transfer Date: 09-06-2017			Total:	-218.00
00084	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746706600X	-1	7.00	-7.00
00085	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746706600X	-1	211.00	-211.00
00086						
00087	XFR Rtn/PO No:	TR09350057733880011 Transfer Date: 09-06-2017			Total:	-218.00
00088	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117446171000	-1	7.00	-7.00
00089	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117446171000	-1	211.00	-211.00
00090						
00091	XFR Rtn/PO No:	TR09350057878660011 Transfer Date: 09-13-2017			Total:	-218.00
00092	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241755910500H	-1	7.00	-7.00
00093	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241755910500H	-1	211.00	-211.00
00094						
00095	XFR Rtn/PO No:	TR09350057878670011 Transfer Date: 09-13-2017			Total:	-218.00
00096	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756106000X	-1	7.00	-7.00
00097	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756106000X	-1	211.00	-211.00
00098						
00099	Order/PO No:	CS55-582-17-090517 Service Date: 09-05-2017			Total:	210.00
00100	N05586906	RH PHENOTYPING COMPLETE	NONE	1	60.00	60.00
00101			NONE			
00102		Physician :	NONE			
00103		Date of Procedure :2017/09/05 00:00:00	NONE			
00104		PO# :CS55-582-17-090517	NONE			
00105		Relationship :	NONE			
00106	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00107			NONE			
00108		Physician :	NONE			
00109		Date of Procedure :2017/09/05 00:00:00	NONE			
00110		PO# :CS55-582-17-090517	NONE			
00111		Relationship :	NONE			
00112	N05586900	ABO TYPE	NONE	1	25.00	25.00
00113			NONE			
00114		Physician :	NONE			
00115		Date of Procedure :2017/09/05 00:00:00	NONE			
00116		PO# :CS55-582-17-090517	NONE			
00117		Relationship :	NONE			
00118	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	4	10.00	40.00
00119			NONE			
00120		Physician :	NONE			
00121		Date of Procedure :2017/09/05 00:00:00	NONE			
00122		PO# :CS55-582-17-090517	NONE			
00123		Relationship :	NONE			
00124	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00125			NONE			
00126		Physician :	NONE			
00127		Date of Procedure :2017/09/05 00:00:00	NONE			
00128		PO# :CS55-582-17-090517	NONE			
00129		Relationship :	NONE			
00130	N05586870	AB ID/EACH PANEL & MEDIA	NONE	1	62.00	62.00
00131			NONE			
00132		Physician :	NONE			
00133		Date of Procedure :2017/09/05 00:00:00	NONE			
00134		PO# :CS55-582-17-090517	NONE			
00135		Relationship :	NONE			
00136						
00137	Order/PO No:	CS55-584-17-090717 Service Date: 09-07-2017			Total:	210.00
00138	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00139			NONE			
00140		Physician :	NONE			
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

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DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00141		Date of Procedure :2017/09/07 00:00:00	NONE			
00142		PO# :CS55-584-17-090717	NONE			
00143		Relationship :	NONE			
00144	N05586870	AB ID/EACH PANEL & MEDIA	NONE	1	62.00	62.00
00145			NONE			
00146		Physician :	NONE			
00147		Date of Procedure :2017/09/07 00:00:00	NONE			
00148		PO# :CS55-584-17-090717	NONE			
00149		Relationship :	NONE			
00150	N05586906	RH PHENOTYPING COMPLETE	NONE	1	60.00	60.00
00151			NONE			
00152		Physician :	NONE			
00153		Date of Procedure :2017/09/07 00:00:00	NONE			
00154		PO# :CS55-584-17-090717	NONE			
00155		Relationship :	NONE			
00156	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00157			NONE			
00158		Physician :	NONE			
00159		Date of Procedure :2017/09/07 00:00:00	NONE			
00160		PO# :CS55-584-17-090717	NONE			
00161		Relationship :	NONE			
00162	N05586900	ABO TYPE	NONE	1	25.00	25.00
00163			NONE			
00164		Physician :	NONE			
00165		Date of Procedure :2017/09/07 00:00:00	NONE			
00166		PO# :CS55-584-17-090717	NONE			
00167		Relationship :	NONE			
00168	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	4	10.00	40.00
00169			NONE			
00170		Physician :	NONE			
00171		Date of Procedure :2017/09/07 00:00:00	NONE			
00172		PO# :CS55-584-17-090717	NONE			
00173		Relationship :	NONE			
00174						
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00175	Order/PO No:	CS55-587-17-090817 Service Date: 09-08-2017			Total:	496.00
00176	N05586901	RH TYPE	NONE	1	20.00	20.00
00177			NONE			
00178		Physician :	NONE			
00179		Date of Procedure :2017/09/08 00:00:00	NONE			
00180		PO# :CS55-587-17-090817	NONE			
00181		Relationship :	NONE			
00182	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	NONE	3	28.00	84.00
00183			NONE			
00184		Physician :	NONE			
00185		Date of Procedure :2017/09/08 00:00:00	NONE			
00186		PO# :CS55-587-17-090817	NONE			
00187		Relationship :	NONE			
00188	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00189			NONE			
00190		Physician :	NONE			
00191		Date of Procedure :2017/09/08 00:00:00	NONE			
00192		PO# :CS55-587-17-090817	NONE			
00193		Relationship :	NONE			
00194	N05586900	ABO TYPE	NONE	1	25.00	25.00
00195			NONE			
00196		Physician :	NONE			
00197		Date of Procedure :2017/09/08 00:00:00	NONE			
00198		PO# :CS55-587-17-090817	NONE			
00199		Relationship :	NONE			
00200	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	4	10.00	40.00
00201			NONE			
00202		Physician :	NONE			
00203		Date of Procedure :2017/09/08 00:00:00	NONE			
00204		PO# :CS55-587-17-090817	NONE			
00205		Relationship :	NONE			
00206	N05586970	PRE-RX RBCS W/CHEMICALS/DRUGS/PER CELL	NONE	4	45.00	180.00
00207			NONE			
00208		Physician :	NONE			
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00209		Date of Procedure :2017/09/08 00:00:00	NONE			
00210		PO# :CS55-587-17-090817	NONE			
00211		Relationship :	NONE			
00212	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00213			NONE			
00214		Physician :	NONE			
00215		Date of Procedure :2017/09/08 00:00:00	NONE			
00216		PO# :CS55-587-17-090817	NONE			
00217		Relationship :	NONE			
00218	N05586870	AB ID/EACH PANEL & MEDIA	NONE	2	62.00	124.00
00219			NONE			
00220		Physician :	NONE			
00221		Date of Procedure :2017/09/08 00:00:00	NONE			
00222		PO# :CS55-587-17-090817	NONE			
00223		Relationship :	NONE			
00224						
00225	Order/PO No:	CS55-585-17-090817 Service Date: 09-08-2017			Total:	414.00
00226	N055H5I	Pt sera Ag scr/unit,86904	NONE	4	61.25	245.00
00227			NONE			
00228		Physician :	NONE			
00229		Date of Procedure :2017/09/08 00:00:00	NONE			
00230		PO# :CS55-585-17-090817	NONE			
00231		Relationship :	NONE			
00232	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00233			NONE			
00234		Physician :	NONE			
00235		Date of Procedure :2017/09/08 00:00:00	NONE			
00236		PO# :CS55-585-17-090817	NONE			
00237		Relationship :	NONE			
00238	N05586900	ABO TYPE	NONE	1	25.00	25.00
00239			NONE			
00240		Physician :	NONE			
00241		Date of Procedure :2017/09/08 00:00:00	NONE			
00242		PO# :CS55-585-17-090817	NONE			

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00243		Relationship :	NONE			
00244	N05586870	AB ID/EACH PANEL & MEDIA	NONE	1	62.00	62.00
00245			NONE			
00246		Physician :	NONE			
00247		Date of Procedure :2017/09/08 00:00:00	NONE			
00248		PO# :CS55-585-17-090817	NONE			
00249		Relationship :	NONE			
00250	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00251			NONE			
00252		Physician :	NONE			
00253		Date of Procedure :2017/09/08 00:00:00	NONE			
00254		PO# :CS55-585-17-090817	NONE			
00255		Relationship :	NONE			
00256	N05586850	ANTIBODY SCREEN, EACH MEDIA	NONE	1	39.00	39.00
00257			NONE			
00258		Physician :	NONE			
00259		Date of Procedure :2017/09/08 00:00:00	NONE			
00260		PO# :CS55-585-17-090817	NONE			
00261		Relationship :	NONE			
00262	N05586901	RH TYPE	NONE	1	20.00	20.00
00263			NONE			
00264		Physician :	NONE			
00265		Date of Procedure :2017/09/08 00:00:00	NONE			
00266		PO# :CS55-585-17-090817	NONE			
00267		Relationship :	NONE			
00268						
00269	Order/PO No:	CS55-586-17-090817 Service Date: 09-08-2017			Total:	414.00
00270	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00271			NONE			
00272		Physician :	NONE			
00273		Date of Procedure :2017/09/08 00:00:00	NONE			
00274		PO# :CS55-586-17-090817	NONE			
00275		Relationship :	NONE			
00276	N05586900	ABO TYPE	NONE	1	25.00	25.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00277			NONE			
00278		Physician :	NONE			
00279		Date of Procedure :2017/09/08 00:00:00	NONE			
00280		PO# :CS55-586-17-090817	NONE			
00281		Relationship :	NONE			
00282	N05586901	RH TYPE	NONE	1	20.00	20.00
00283			NONE			
00284		Physician :	NONE			
00285		Date of Procedure :2017/09/08 00:00:00	NONE			
00286		PO# :CS55-586-17-090817	NONE			
00287		Relationship :	NONE			
00288	N055H5I	Pt sera Ag scr/unit,86904	NONE	4	61.25	245.00
00289			NONE			
00290		Physician :	NONE			
00291		Date of Procedure :2017/09/08 00:00:00	NONE			
00292		PO# :CS55-586-17-090817	NONE			
00293		Relationship :	NONE			
00294	N05586850	ANTIBODY SCREEN, EACH MEDIA	NONE	1	39.00	39.00
00295			NONE			
00296		Physician :	NONE			
00297		Date of Procedure :2017/09/08 00:00:00	NONE			
00298		PO# :CS55-586-17-090817	NONE			
00299		Relationship :	NONE			
00300	N05586870	AB ID/EACH PANEL & MEDIA	NONE	1	62.00	62.00
00301			NONE			
00302		Physician :	NONE			
00303		Date of Procedure :2017/09/08 00:00:00	NONE			
00304		PO# :CS55-586-17-090817	NONE			
00305		Relationship :	NONE			
00306	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00307			ONE			
00308		Physician :	NONE			
00309		Date of Procedure :2017/09/08 00:00:00	NONE			
00310		PO# :CS55-586-17-090817	NONE			

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42105942
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00311		Relationship :	NONE			
					BALANCE DUE ON THIS INVOICE:	($1,744.00)

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42108170
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	26-Sep-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05586870	AB ID/EACH PANEL & MEDIA	1	0	62.00	0.00	62.00
00002	N05586880	DAT, EACH ANTISERA	1	0	23.00	0.00	23.00
00003	N05586885	AB ID/EACH SELECTED REAGENT CELL	4	0	40.00	0.00	40.00
00004	N05586900	ABO TYPE	1	0	25.00	0.00	25.00
00005	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	2	0	56.00	0.00	56.00
00006	N05586906	RH PHENOTYPING COMPLETE	1	0	60.00	0.00	60.00
00007	N05587100	ZIKA NEG	13	0	0.00	0.00	0.00
00008	N05588818	IRLINV	1	0	0.00	0.00	0.00
00009	N055A4I	1 RBC Ag Neg/Unit; 86902	1	0	80.00	0.00	80.00
00010	N055A8B	SHP-Scheduled	1	0	0.00	0.00	0.00
00011	N055E0336V00	Red Cells AS-1 500mL LeuRed	13	0	2,743.00	0.00	2,743.00
00012	N055M8B	SHP-Stat/Priority	1	0	80.00	0.00	80.00
00013	N055REF10	IRL CASE TRACKING CODE	1	0	0.00	0.00	0.00
00014	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	13	0	91.00	0.00	91.00
00015		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$3,260.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42108170
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00016	Order/PO No:	S0935005798240 Shipment Date: 09-18-2017			Total:	2,616.00
00017	N055A8B	SHP-Scheduled	SF0935005798240	1	0.00	0.00
00018	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111745675300Z	1	7.00	7.00
00019	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111745675300Z	1	211.00	211.00
00020	N05587100	ZIKA NEG	W20111745675300Z	1	0.00	0.00
00021	N05587100	ZIKA NEG	W201117456760000	1	0.00	0.00
00022	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117456760000	1	211.00	211.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117456760000	1	7.00	7.00
00024	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111745677100V	1	7.00	7.00
00025	N05587100	ZIKA NEG	W20111745677100V	1	0.00	0.00
00026	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111745677100V	1	211.00	211.00
00027	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757402500X	1	211.00	211.00
00028	N05587100	ZIKA NEG	W20241757402500X	1	0.00	0.00
00029	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757402500X	1	7.00	7.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757403300X	1	211.00	211.00
00031	N05587100	ZIKA NEG	W20241757403300X	1	0.00	0.00
00032	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757403300X	1	7.00	7.00
00033	N05587100	ZIKA NEG	W20241757404500P	1	0.00	0.00
00034	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757404500P	1	7.00	7.00
00035	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757404500P	1	211.00	211.00
00036	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757404700L	1	7.00	7.00
00037	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757404700L	1	211.00	211.00
00038	N05587100	ZIKA NEG	W20241757404700L	1	0.00	0.00
00039	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757556700V	1	211.00	211.00
00040	N05587100	ZIKA NEG	W20241757556700V	1	0.00	0.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757556700V	1	7.00	7.00
00042	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20381754328200*	1	7.00	7.00
00043	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20381754328200*	1	211.00	211.00
00044	N05587100	ZIKA NEG	W20381754328200*	1	0.00	0.00
00045	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20381754505100Y	1	7.00	7.00
00046	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20381754505100Y	1	211.00	211.00
00047	N05587100	ZIKA NEG	W20381754505100Y	1	0.00	0.00
00048	N05587100	ZIKA NEG	W20551726067600Y	1	0.00	0.00
00049	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20551726067600Y	1	211.00	211.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42108170
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551726067600Y	1	7.00	7.00
00051	N05587100	ZIKA NEG	W20551726110300I	1	0.00	0.00
00052	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20551726110300I	1	211.00	211.00
00053	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551726110300I	1	7.00	7.00
00054						
00055	Order/PO No:	S0935005817515 Shipment Date: 09-22-2017			Total:	378.00
00056	N055M8B	SHP-Stat/Priority	SF0935005817515	1	80.00	80.00
00057	N055A4I	1 RBC Ag Neg/Unit; 86902	SF0935005817515	1	80.00	80.00
00058	N05588818	IRLINV	W20551725205400K	1	0.00	0.00
00059	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551725205400K	1	7.00	7.00
00060	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20551725205400K	1	211.00	211.00
00061	N05587100	ZIKA NEG	W20551725205400K	1	0.00	0.00
00062						
00063	Order/PO No:	CS55-589-17-091217 Service Date: 09-12-2017			Total:	266.00
00064	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00065			NONE			
00066		Physician :	NONE			
00067		Date of Procedure :2017/09/12 00:00:00	NONE			
00068		PO# :CS55-589-17-091217	NONE			
00069		Relationship :	NONE			
00070	N05586900	ABO TYPE	NONE	1	25.00	25.00
00071			NONE			
00072		Physician :	NONE			
00073		Date of Procedure :2017/09/12 00:00:00	NONE			
00074		PO# :CS55-589-17-091217	NONE			
00075		Relationship :	NONE			
00076	N05586906	RH PHENOTYPING COMPLETE	NONE	1	60.00	60.00
00077			NONE			
00078		Physician :	NONE			
00079		Date of Procedure :2017/09/12 00:00:00	NONE			
00080		PO# :CS55-589-17-091217	NONE			
00081		Relationship :	NONE			
00082	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	4	10.00	40.00
00083			NONE			

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42108170
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Sep-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00084		Physician :	NONE			
00085		Date of Procedure :2017/09/12 00:00:00	NONE			
00086		PO# :CS55-589-17-091217	NONE			
00087		Relationship :	NONE			
00088	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00089			NONE			
00090		Physician :	NONE			
00091		Date of Procedure :2017/09/12 00:00:00	NONE			
00092		PO# :CS55-589-17-091217	NONE			
00093		Relationship :	NONE			
00094	N05586870	AB ID/EACH PANEL & MEDIA	NONE	1	62.00	62.00
00095			NONE			
00096		Physician :	NONE			
00097		Date of Procedure :2017/09/12 00:00:00	NONE			
00098		PO# :CS55-589-17-091217	NONE			
00099		Relationship :	NONE			
00100	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	NONE	2	28.00	56.00
00101			NONE			
00102		Physician :	NONE			
00103		Date of Procedure :2017/09/12 00:00:00	NONE			
00104		PO# :CS55-589-17-091217	NONE			
00105		Relationship :	NONE			
					BALANCE DUE ON THIS INVOICE:	$3,260.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42112325
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	10-Oct-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	18	0	0.00	0.00	0.00
00002	N055A8B	SHP-Scheduled	1	0	0.00	0.00	0.00
00003	N055E0336V00	Red Cells AS-1 500mL LeuRed	17	-10	3,587.00	-2,110.00	1,477.00
00004	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	1	0	211.00	0.00	211.00
00005	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	18	-10	126.00	-70.00	56.00
00006		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$1,744.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42112325
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Oct-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00007	Order/PO No:	S0935005851279 Shipment Date: 10-02-2017			Total:	3,924.00
00008	N055A8B	SHP-Scheduled	SF0935005851279	1	0.00	0.00
00009	N05587100	ZIKA NEG	W201117464371 00Q	1	0.00	0.00
00010	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117464371 00Q	1	211.00	211.00
00011	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117464371 00Q	1	7.00	7.00
00012	N05587100	ZIKA NEG	W201117477809 00T	1	0.00	0.00
00013	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117477809 00T	1	7.00	7.00
00014	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117477809 00T	1	211.00	211.00
00015	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117477813000	1	7.00	7.00
00016	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117477813000	1	211.00	211.00
00017	N05587100	ZIKA NEG	W201117477813000	1	0.00	0.00
00018	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117478520 00A	1	7.00	7.00
00019	N05587100	ZIKA NEG	W201117478520 00A	1	0.00	0.00
00020	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117478520 00A	1	211.00	211.00
00021	N05587100	ZIKA NEG	W201117486045 00W	1	0.00	0.00
00022	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117486045 00W	1	211.00	211.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117486045 00W	1	7.00	7.00
00024	N05587100	ZIKA NEG	W201117486750 00J	1	0.00	0.00
00025	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W201117486750 00J	1	211.00	211.00
00026	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117486750 00J	1	7.00	7.00
00027	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117487022 00U	1	7.00	7.00
00028	N05587100	ZIKA NEG	W201117487022 00U	1	0.00	0.00
00029	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117487022 00U	1	211.00	211.00
00030	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117487031 00S	1	7.00	7.00
00031	N05587100	ZIKA NEG	W201117487031 00S	1	0.00	0.00
00032	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117487031 00S	1	211.00	211.00
00033	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117489769 00N	1	211.00	211.00
00034	N05587100	ZIKA NEG	W201117489769 00N	1	0.00	0.00
00035	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117489769 00N	1	7.00	7.00
00036	N05587100	ZIKA NEG	W201117492051 00V	1	0.00	0.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117492051 00V	1	7.00	7.00
00038	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117492051 00V	1	211.00	211.00
00039	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117492081 00J	1	211.00	211.00
00040	N05587100	ZIKA NEG	W201117492081 00J	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL CORRESPONDENCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42112325
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Oct-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111749208100J	1	7.00	7.00
00042	N05587100	ZIKA NEG	W20111749304200H	1	0.00	0.00
00043	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111749304200H	1	211.00	211.00
00044	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111749304200H	1	7.00	7.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756291200Z	1	211.00	211.00
00046	N05587100	ZIKA NEG	W20241756291200Z	1	0.00	0.00
00047	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241756291200Z	1	7.00	7.00
00048	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241757504400B	1	211.00	211.00
00049	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241757504400B	1	7.00	7.00
00050	N05587100	ZIKA NEG	W20241757504400B	1	0.00	0.00
00051	N05587100	ZIKA NEG	W202417577129006	1	0.00	0.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417577129006	1	7.00	7.00
00053	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417577129006	1	211.00	211.00
00054	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417578612005	1	211.00	211.00
00055	N05587100	ZIKA NEG	W202417578612005	1	0.00	0.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417578612005	1	7.00	7.00
00057	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241758004400M	1	7.00	7.00
00058	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241758004400M	1	211.00	211.00
00059	N05587100	ZIKA NEG	W20241758004400M	1	0.00	0.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417581527005	1	7.00	7.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417581527005	1	211.00	211.00
00062	N05587100	ZIKA NEG	W202417581527005	1	0.00	0.00
00063						
00064	XFR Rtn/PO No:	TR09350058607340011 Transfer Date: 10-02-2017			Total:	-218.00
00065	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117456760000	-1	7.00	-7.00
00066	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117456760000	-1	211.00	-211.00
00067						
00068	XFR Rtn/PO No:	TR09350058607350011 Transfer Date: 10-02-2017			Total:	-218.00
00069	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746403800F	-1	7.00	-7.00
00070	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746403800F	-1	211.00	-211.00
00071						
00072	XFR Rtn/PO No:	TR09350058607380011 Transfer Date: 10-02-2017			Total:	-218.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42112325
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Oct-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417569101000	-1	7.00	-7.00
00074	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417569101000	-1	211.00	-211.00
00075						
00076	XFR Rtn/PO No:	TR09350058607410011 Transfer Date: 10-02-2017			Total:	-218.00
00077	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746960800A	-1	7.00	-7.00
00078	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746960800A	-1	211.00	-211.00
00079						
00080	XFR Rtn/PO No:	TR09350058607440011 Transfer Date: 10-02-2017			Total:	-218.00
00081	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203817538458009	-1	7.00	-7.00
00082	N055E0336V00	Red Cells AS-1 500mL LeuRed	W203817538458009	-1	211.00	-211.00
00083						
00084	XFR Rtn/PO No:	TR09350058607480011 Transfer Date: 10-02-2017			Total:	-218.00
00085	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417567707002	-1	7.00	-7.00
00086	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202417567707002	-1	211.00	-211.00
00087						
00088	XFR Rtn/PO No:	TR09350058607510011 Transfer Date: 10-02-2017			Total:	-218.00
00089	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111746782400Q	-1	7.00	-7.00
00090	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111746782400Q	-1	211.00	-211.00
00091						
00092	XFR Rtn/PO No:	TR09350058607540011 Transfer Date: 10-02-2017			Total:	-218.00
00093	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117469561008	-1	7.00	-7.00
00094	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117469561008	-1	211.00	-211.00
00095						
00096	XFR Rtn/PO No:	TR09350058607570011 Transfer Date: 10-02-2017			Total:	-218.00
00097	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201117477538006	-1	7.00	-7.00
00098	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201117477538006	-1	211.00	-211.00
00099						
00100	XFR Rtn/PO No:	TR09350058607600011 Transfer Date: 10-02-2017			Total:	-218.00
00101	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202417569008000	-1	7.00	-7.00

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42112325
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Oct-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00102	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241756900800O	-1	211.00	-211.00
					BALANCE DUE ON THIS INVOICE:	$1,744.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42115034
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	17-Oct-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05586880	DAT, EACH ANTISERA	1	0	23.00	0.00	23.00
00002	N05586885	AB ID/EACH SELECTED REAGENT CELL	8	0	80.00	0.00	80.00
00003	N05586900	ABO TYPE	1	0	25.00	0.00	25.00
00004	N05586901	RH TYPE	1	0	20.00	0.00	20.00
00005	N055H5I	Pt sera Ag scr/unit,86904	3	0	183.75	0.00	183.75
00006	N055REF10	IRL CASE TRACKING CODE	1	0	0.00	0.00	0.00
00007		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$331.75

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42115034
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	17-Oct-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00008	Order/PO No:	CS55-613-17-100317 Service Date: 10-03-2017			Total:	331.75
00009	N055REF10	IRL CASE TRACKING CODE	NONE	1	0.00	0.00
00010			NONE			
00011		Physician :	NONE			
00012		Date of Procedure :2017/10/03 00:00:00	NONE			
00013		PO# :CS55-613-17-100317	NONE			
00014		Relationship :	NONE			
00015	N05586900	ABO TYPE	NONE	1	25.00	25.00
00016			NONE			
00017		Physician :	NONE			
00018		Date of Procedure :2017/10/03 00:00:00	NONE			
00019		PO# :CS55-613-17-100317	NONE			
00020		Relationship :	NONE			
00021	N055H5I	Pt sera Ag scr/unit,86904	NONE	3	61.25	183.75
00022			NONE			
00023		Physician :	NONE			
00024		Date of Procedure :2017/10/03 00:00:00	NONE			
00025		PO# :CS55-613-17-100317	NONE			
00026		Relationship :	NONE			
00027	N05586880	DAT, EACH ANTISERA	NONE	1	23.00	23.00
00028			NONE			
00029		Physician :	NONE			
00030		Date of Procedure :2017/10/03 00:00:00	NONE			
00031		PO# :CS55-613-17-100317	NONE			
00032		Relationship :	NONE			
00033	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	8	10.00	80.00
00034			NONE			
00035		Physician :	NONE			
00036		Date of Procedure :2017/10/03 00:00:00	NONE			
00037		PO# :CS55-613-17-100317	NONE			
00038		Relationship :	NONE			
00039	N05586901	RH TYPE	NONE	1	20.00	20.00
00040			NONE			
00041		Physician :	NONE			

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42115034
CUSTOMER NUMBER:	N055B8TLMC-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	17-Oct-2017

MERIT HEALTH BATESVILLE

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00042		Date of Procedure :2017/10/03 00:00:00	NONE			
00043		PO# :CS55-613-17-100317	NONE			
00044		Relationship :	NONE			
					BALANCE DUE ON THIS INVOICE:	$331.75

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42156662
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	13-Feb-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N055TYPEOP	Blood Type LRBC OP	1	0	100.00	0.00	100.00
00002		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$100.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99018876
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Aug-2017
DUE DATE:	30-Sep-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001 00002 00003 00004	FINANCE CHG	Interest for Overdue 42082048;Due Date 27-JUL-17;Overdue Amount 2658;Calculate Interest To 31-AUG-17;Days Overdue 35;Interest Rate .58%	1	17.99	17.99
				BALANCE DUE ON THIS INVOICE:	$17.99

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99019624
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Nov-2017
DUE DATE:	30-Dec-2017

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date 21-SEP-17;Overdue Amount 4988;Calculate Interest To 30-NOV-17;Last Interest 31-OCT-17;Days Overdue 70;Interest Rate .58%	1	28.93	28.93
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date 30-SEP-17;Overdue Amount 6020;Calculate Interest To 30-NOV-17;Last Interest 31-OCT-17;Days Overdue 61;Interest Rate .58%	1	34.92	34.92
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date 12-OCT-17;Overdue Amount 4442;Calculate Interest To 30-NOV-17;Last Interest 31-OCT-17;Days Overdue 49;Interest Rate .58%	1	25.76	25.76
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date 26-OCT-17;Overdue Amount 3260;Calculate Interest To 30-NOV-17;Days Overdue 35;Interest Rate .58%	1	22.06	22.06
00020	FINANCE CHG	Interest for Overdue 42110047;Due Date 30-OCT-17;Overdue Amount 2164.25;Calculate Interest To 30-NOV-17;Days Overdue 31;Interest Rate .58%	1	12.97	12.97
				BALANCE DUE ON THIS INVOICE:	$124.64

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99019894
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jan-2018
DUE DATE:	02-Mar-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date	1	29.89	29.89
00002		21-SEP-17;Overdue Amount 4988;Calculate Interest To			
00003		31-JAN-18;Last Interest 31-DEC-17;Days Overdue			
00004		132;Interest Rate .58%			
00005					
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date	1	36.08	36.08
00007		30-SEP-17;Overdue Amount 6020;Calculate Interest To			
00008		31-JAN-18;Last Interest 31-DEC-17;Days Overdue			
00009		123;Interest Rate .58%			
00010					
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date	1	26.62	26.62
00012		12-OCT-17;Overdue Amount 4442;Calculate Interest To			
00013		31-JAN-18;Last Interest 31-DEC-17;Days Overdue			
00014		111;Interest Rate .58%			
00015					
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date	1	19.54	19.54
00017		26-OCT-17;Overdue Amount 3260;Calculate Interest To			
00018		31-JAN-18;Last Interest 31-DEC-17;Days Overdue			
00019		97;Interest Rate .58%			
00020					
00021	FINANCE CHG	Interest for Overdue 42110047;Due Date	1	12.97	12.97
00022		30-OCT-17;Overdue Amount 2164.25;Calculate Interest			
00023		To 31-JAN-18;Last Interest 31-DEC-17;Days Overdue			
00024		93;Interest Rate .58%			
00025					
				BALANCE DUE ON THIS INVOICE:	$125.10

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99020239
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	28-Feb-2018
DUE DATE:	30-Mar-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date 21-SEP-17;Overdue Amount 4988;Calculate Interest To 28-FEB-18;Last Interest 31-JAN-18;Days Overdue 160;Interest Rate .58%	1	27.00	27.00
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date 30-SEP-17;Overdue Amount 6020;Calculate Interest To 28-FEB-18;Last Interest 31-JAN-18;Days Overdue 151;Interest Rate .58%	1	32.59	32.59
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date 12-OCT-17;Overdue Amount 4442;Calculate Interest To 28-FEB-18;Last Interest 31-JAN-18;Days Overdue 139;Interest Rate .58%	1	24.05	24.05
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date 26-OCT-17;Overdue Amount 3260;Calculate Interest To 28-FEB-18;Last Interest 31-JAN-18;Days Overdue 125;Interest Rate .58%	1	17.65	17.65
00021	FINANCE CHG	Interest for Overdue 42110047;Due Date 30-OCT-17;Overdue Amount 2164.25;Calculate Interest To 28-FEB-18;Last Interest 31-JAN-18;Days Overdue 121;Interest Rate .58%	1	11.72	11.72

BALANCE DUE ON THIS INVOICE:	$113.01

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99020463
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Mar-2018
DUE DATE:	30-Apr-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date	1	29.89	29.89
00002		21-SEP-17;Overdue Amount 4988;Calculate Interest To			
00003		31-MAR-18;Last Interest 28-FEB-18;Days Overdue			
00004		191;Interest Rate .58%			
00005					
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date	1	36.08	36.08
00007		30-SEP-17;Overdue Amount 6020;Calculate Interest To			
00008		31-MAR-18;Last Interest 28-FEB-18;Days Overdue			
00009		182;Interest Rate .58%			
00010					
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date	1	26.62	26.62
00012		12-OCT-17;Overdue Amount 4442;Calculate Interest To			
00013		31-MAR-18;Last Interest 28-FEB-18;Days Overdue			
00014		170;Interest Rate .58%			
00015					
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date	1	19.54	19.54
00017		26-OCT-17;Overdue Amount 3260;Calculate Interest To			
00018		31-MAR-18;Last Interest 28-FEB-18;Days Overdue			
00019		156;Interest Rate .58%			
00020					
				BALANCE DUE ON THIS INVOICE:	$112.13

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99020736
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Apr-2018
DUE DATE:	30-May-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date	1	28.93	28.93
00002		21-SEP-17;Overdue Amount 4988;Calculate Interest To			
00003		30-APR-18;Last Interest 31-MAR-18;Days Overdue			
00004		221;Interest Rate .58%			
00005					
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date	1	34.92	34.92
00007		30-SEP-17;Overdue Amount 6020;Calculate Interest To			
00008		30-APR-18;Last Interest 31-MAR-18;Days Overdue			
00009		212;Interest Rate .58%			
00010					
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date	1	25.76	25.76
00012		12-OCT-17;Overdue Amount 4442;Calculate Interest To			
00013		30-APR-18;Last Interest 31-MAR-18;Days Overdue			
00014		200;Interest Rate .58%			
00015					
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date	1	18.91	18.91
00017		26-OCT-17;Overdue Amount 3260;Calculate Interest To			
00018		30-APR-18;Last Interest 31-MAR-18;Days Overdue			
00019		186;Interest Rate .58%			
00020					

BALANCE DUE ON THIS INVOICE:	$108.52

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99020829
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018
DUE DATE:	30-Jun-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date 21-SEP-17;Overdue Amount 4988;Calculate Interest To 31-MAY-18;Last Interest 30-APR-18;Days Overdue 252;Interest Rate .58%	1	29.89	29.89
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date 30-SEP-17;Overdue Amount 6020;Calculate Interest To 31-MAY-18;Last Interest 30-APR-18;Days Overdue 243;Interest Rate .58%	1	36.08	36.08
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date 12-OCT-17;Overdue Amount 4442;Calculate Interest To 31-MAY-18;Last Interest 30-APR-18;Days Overdue 231;Interest Rate .58%	1	26.62	26.62
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date 26-OCT-17;Overdue Amount 3260;Calculate Interest To 31-MAY-18;Last Interest 30-APR-18;Days Overdue 217;Interest Rate .58%	1	19.54	19.54

BALANCE DUE ON THIS INVOICE:	$112.13

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99021050
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018
DUE DATE:	30-Jul-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date	1	23.13	23.13
00002		21-SEP-17;Overdue Amount 3988;Calculate Interest To			
00003		30-JUN-18;Last Interest 31-MAY-18;Days Overdue			
00004		282;Interest Rate .58%			
00005					
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date	1	34.92	34.92
00007		30-SEP-17;Overdue Amount 6020;Calculate Interest To			
00008		30-JUN-18;Last Interest 31-MAY-18;Days Overdue			
00009		273;Interest Rate .58%			
00010					
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date	1	25.76	25.76
00012		12-OCT-17;Overdue Amount 4442;Calculate Interest To			
00013		30-JUN-18;Last Interest 31-MAY-18;Days Overdue			
00014		261;Interest Rate .58%			
00015					
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date	1	18.91	18.91
00017		26-OCT-17;Overdue Amount 3260;Calculate Interest To			
00018		30-JUN-18;Last Interest 31-MAY-18;Days Overdue			
00019		247;Interest Rate .58%			
00020					
				BALANCE DUE ON THIS INVOICE:	$102.72

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99021321
CUSTOMER NUMBER:	N055B8TLMC-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018
DUE DATE:	30-Aug-2018

MERIT HEALTH BATESVILLE
ATTN ACCOUNTS PAYABLE-ROBIN MYRICK
303 MEDICAL CENTER DRIVE
BATESVILLE, MS 38606

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42100302;Due Date	1	23.90	23.90
00002		21-SEP-17;Overdue Amount 3988;Calculate Interest To			
00003		31-JUL-18;Last Interest 30-JUN-18;Days Overdue			
00004		313;Interest Rate .58%			
00005					
00006	FINANCE CHG	Interest for Overdue 42102004;Due Date	1	36.08	36.08
00007		30-SEP-17;Overdue Amount 6020;Calculate Interest To			
00008		31-JUL-18;Last Interest 30-JUN-18;Days Overdue			
00009		304;Interest Rate .58%			
00010					
00011	FINANCE CHG	Interest for Overdue 42104114;Due Date	1	26.62	26.62
00012		12-OCT-17;Overdue Amount 4442;Calculate Interest To			
00013		31-JUL-18;Last Interest 30-JUN-18;Days Overdue			
00014		292;Interest Rate .58%			
00015					
00016	FINANCE CHG	Interest for Overdue 42108170;Due Date	1	19.54	19.54
00017		26-OCT-17;Overdue Amount 3260;Calculate Interest To			
00018		31-JUL-18;Last Interest 30-JUN-18;Days Overdue			
00019		278;Interest Rate .58%			
00020					
				BALANCE DUE ON THIS INVOICE:	$106.14

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

American Red Cross

Office of the General Counsel
431 18th Street NW
Washington, DC 20006

Writer's Direct Dial
(202) 303-5519
Jill.Warren@redcross.org

October 9, 2018

SENT VIA FEDERAL EXPRESS
US Bankruptcy Court
Middle District of Tennessee
Attn: Clerk of the Bankruptcy Court
701 Broadway, 1st Floor
Nashville, TN 37203

RE: *Curae Health, Inc., Case No. 3:18-BK-05665*
Claim for Batesville Regional Medical Center, *Case No. 3:18-BK-05676*

Dear Sir or Madam:

Enclosed please find a Proof of Claim form for an unsecured claim on behalf of the American Red Cross against Batesville Regional Medical Center, Inc., with supporting invoices. Also enclosed is an extra copy of the Proof of Claim for you to stamp to indicate the date of filing and return in the enclosed, pre-paid, self-addressed envelope.

If you have any questions regarding this matter please do not hesitate to contact me.

Sincerely,

Jill Warren
Senior Legal Assistant

PROOF OF CLAIM FILING INFORMATION FOR

CURAE HEALTH, INC.

CASE NO. 3:18-BK-05665

US BANKRUPTCY COURT, MIDDLE DISTRICT OF TENNESSEE, NASHVILLE DIVISION

Debtor Name	Case Number
Curae Health, Inc.	3:18-bk-05665
Amory Regional Medical Center, Inc.	3:18-bk-05675
Batesville Regional Medical Center, Inc.	3:18-bk-05676
Clarksdale Regional Medical Center, Inc.	3:18-bk-05678
Amory Regional Physicians LLC	3:18-bk-05680
Batesville Regional Physicians LLC	3:18-bk-05681
Clarksdale Regional Physicians LLC	3:18-bk-05682

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

The Bankruptcy Court for the Middle District of Tennessee prefers that proofs of claim be filed electronically through the ECF system. If that is not possible, you may send completed Proofs of Claims to:

US Bankruptcy Court – Middle District of Tennessee
701 Broadway, 1st Floor
Nashville, TN 37203

MIDDLE DISTRICT OF TENNESSEE
Claims Register

3:18-bk-05676 Batesville Regional Medical Center Inc.

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (6759893)
AMERICAN RED CROSS
LORI POLACHECK ESQ
431 18TH ST NW
WASHINGTON DC
20006

Claim No: 5
Original Filed Date: 10/10/2018
Original Entered Date: 10/10/2018

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

Amount claimed: $19064.13

History:

Details 5-1 10/10/2018 Claim #5 filed by AMERICAN RED CROSS, Amount claimed: $19064.13 (Intake1)

Description: (5-1) Blood products sold to debtor

Remarks:

Claims Register Summary

Case Name: Batesville Regional Medical Center Inc.
Case Number: 3:18-bk-05676
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	$19064.13
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		