

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

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

<p>1. Who is the current creditor?</p>	<p><u>Owens & Minor, Inc.</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor <u>O&M</u></p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Owens & Minor / ATT: Credit Team</u></p> <p>Name _____</p> <p><u>9120 Lockwood Blvd</u></p> <p>Number Street _____</p> <p><u>Mechanicsville VA 23116</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>804-723-7532</u></p> <p>Contact email <u>bill.ray@owens-minor.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>13-1</u></p> <p>Filed on <u>12/12/2018</u></p> <p style="text-align: right;">MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

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 2 5

7. How much is the claim? \$ 6,141.95. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

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

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

No

Yes. Check one:

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

Amount entitled to priority

\$ _____

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.

\$ 1,066.47

* 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 01/21/2019
MM / DD / YYYY



Signature

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

Name Bill Ray
First name Middle name Last name

Title Credit Manager

Company Owens & Minor
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 9120 Lockwood Blvd.
Number Street

Mechanicsville VA 23116
City State ZIP Code

Contact phone 804-723-7532 Email bill.ray@owens-minor.com

Exhibit A



9120 Lockwood Boulevard, Mechanicsville, VA 23116

Statement of Accounts - As of 8/24/2018

Account # 67000025
 Customer: Batesville Regional Medical Center
 dba Panola Medical Center
 303 Medical Center Drive
 Batesville, MS 38606

						503(B)(9)	Reclamation	Unsecured
Totals						\$ 236.55	\$ 829.92	\$ 5,075.48
Type	Invoice #	PO #	Inv Date	Total Sale	Balance Due	503(B)(9)	Reclamation	Unsecured
OM AR Invoice	2040206485	00735	08/14/18	197.07	197.07	197.07		
OM AR Invoice	2039900872	00600	08/03/18	39.48	39.48	39.48		
OM AR Invoice	2039805352	00600	07/31/18	25.21	25.21		25.21	
OM AR Invoice	2039807058	00663	07/31/18	97.31	97.31		97.31	
OM AR Invoice	2039510042	00583	07/19/18	175.84	175.84		175.84	
OM AR Invoice	2039342838	00479	07/13/18	111.61	111.61		111.61	
OM AR Invoice	2039258254	00479	07/11/18	234.00	234.00		234.00	
OM AR Invoice	2039259499	00551	07/11/18	185.95	185.95		185.95	
OM AR Invoice	2038908184	00479	06/28/18	172.89	172.89			172.89
OM AR Invoice	2038858229	00401	06/26/18	111.61	111.61			111.61
OM AR Invoice	2038723147	701-6705224	06/21/18	240.12	240.12			240.12
OM AR Invoice	2038689936	00358	06/20/18	447.94	447.94			447.94
OM AR Invoice	2038652239	00222	06/19/18	234.00	234.00			234.00
OM AR Invoice	2038652352	00358	06/19/18	93.49	93.49			93.49
OM AR Invoice	2038341695	00358	06/07/18	407.71	407.71			407.71
OM AR Invoice	2038265490	00222	06/05/18	205.70	205.70			205.70
OM AR Invoice	2038266327	00274	06/05/18	746.87	746.87			746.87
OM AR Invoice	2037978126	00292	05/24/18	289.50	289.50			289.50
OM AR Invoice	2037777629	701-6713524	05/17/18	200.29	200.29			200.29
OM AR Invoice	2037778091	00222	05/17/18	240.21	240.21			240.21
OM AR Invoice	2037401221	00166	05/04/18	118.61	118.61			118.61
OM AR Invoice	2037174932	00097	04/26/18	759.07	759.07			759.07
OM AR Invoice	2036872634	701-6708422	04/17/18	264.54	264.54			264.54
OM AR Invoice	2036654361	701-6708422	04/10/18	123.46	123.46			123.46
OM AR Invoice	2036551725	701-6698450	04/05/18	73.65	73.65			73.65
OM AR Invoice	2036455707	701-6695170	04/03/18	23.34	23.34			23.34
OM AR Invoice	2036370516	701-6698450	03/29/18	100.64	100.64			100.64
OM AR Invoice	2036247042	701-6695170	03/26/18	182.05	182.05			182.05
OM AR Invoice	2036068265	701-6683193	03/20/18	85.98	85.98			85.98
OM AR Invoice	2034283692	701-6628533	01/18/18	13.85	13.85			13.85
OM AR Invoice	2033910871	701-6628533	01/05/18	42.66	(42.66)			(42.66)
OM AR Credit	2033659947	701-6584666	12/27/17	(49.26)	(49.26)			(49.26)
OM AR Invoice	2032836616	21242	11/29/17	31.88	31.88			31.88

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: (6802684)

Owens & Minor, Inc.

ATT: Credit Team

9120 Lockwood Blvd

Mechanicsville, VA 23116

Claim No: 13

Original Filed

Date: 12/12/2018

Original Entered

Date: 12/12/2018

Last Amendment

Filed: 01/21/2019

Last Amendment

Entered: 01/21/2019

Status:

Filed by: CR

Entered by: RONALD G

STEEN, JR

Modified:

Amount claimed: \$3141.95

Priority claimed: \$1066.47

History:

[Details](#) [13-1](#) 12/12/2018 Claim #13 filed by Owens & Minor, Inc., Amount claimed: \$6300.61 (STEEN, RONALD)

[Details](#) [13-2](#) 01/21/2019 Amended Claim #13 filed by Owens & Minor, Inc., Amount claimed: \$3141.95 (STEEN, RONALD)

Description:

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*	\$3141.95
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	\$1066.47	
Administrative		

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

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

<p>1. Who is the current creditor?</p>	<p><u>Owens & Minor, Inc.</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor <u>O&M</u></p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Owens & Minor / ATT: Credit Team</u></p> <p>Name _____</p> <p><u>9120 Lockwood Blvd</u></p> <p>Number Street _____</p> <p><u>Mechanicsville VA 23116</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>804-723-7532</u></p> <p>Contact email <u>bill.ray@owens-minor.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p> <p style="text-align: right;">Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

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 2 5

7. How much is the claim? \$ 6,300.61. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

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

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

No

Yes. Check one:

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

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

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

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

Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 236.55

* 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 12/11/2018
MM / DD / YYYY



Signature

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

Name WILLIAM SCOTT RAY
First name Middle name Last name

Title CREDIT MANAGER

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

Address 9120 LOCKWOOD BLVD
Number Street

MECHANICSVILLE VA 23116
City State ZIP Code

Contact phone 804-723-7532 Email BILL.RAY@OWENS-MINOR.COM



Statement of Accounts - As of 8/24/2018

Account # 67000025
Customer: Batesville Regional Medical Center
 dba Panola Medical Center
 303 Medical Center Drive
 Batesville, MS 38606

	503(B)(9)	Reclamation	Unsecured
Total Product	236.55	1,066.47	6,141.95
Finance Charge	-	-	158.66
Total Due	\$ 236.55	\$ 1,066.47	\$ 6,300.61

Type	Invoice #	PO #	Inv Date	Total Sale	Balance Due	503(B)(9)	Reclamation	Unsecured
OM AR Invoice	2040206485	00735	08/14/18	197.07	197.07	197.07	197.07	197.07
OM AR Invoice	2039900872	00600	08/03/18	39.48	39.48	39.48	39.48	39.48
OM AR Invoice	2039805352	00600	07/31/18	25.21	25.21		25.21	25.21
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OM AR Invoice	2038689936	00358	06/20/18	447.94	447.94			447.94
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OM AR Invoice	2036872634	701-6708422	04/17/18	264.54	264.54			264.54
OM AR Invoice	2036654361	701-6708422	04/10/18	123.46	123.46			123.46
OM AR Invoice	2036551725	701-6698450	04/05/18	73.65	73.65			73.65
OM AR Invoice	2036455707	701-6695170	04/03/18	23.34	23.34			23.34
OM AR Invoice	2036370516	701-6698450	03/29/18	100.64	100.64			100.64
OM AR Invoice	2036247042	701-6695170	03/26/18	182.05	182.05			182.05
OM AR Invoice	2036068265	701-6683193	03/20/18	85.98	85.98			85.98
OM AR Invoice	2034283692	701-6628533	01/18/18	13.85	13.85			13.85
OM AR Invoice	2033910871	701-6628533	01/05/18	42.66	(42.66)			(42.66)
OM AR Credit	2033659947	701-6584666	12/27/17	(49.26)	(49.26)			(49.26)
OM AR Invoice	2032836616	21242	11/29/17	31.88	31.88			31.88
OM Finance	8000151130	Fin Chg	07/31/18	22.59	22.59			22.59
OM Finance	8000148059	Fin Chg	06/30/18	31.35	31.35			31.35
OM Finance	8000145250	Fin Chg	05/31/18	26.00	26.00			26.00
OM Finance	8000141717	Fin Chg	04/30/18	16.33	16.33			16.33
OM Finance	8000140018	Fin Chg	03/31/18	62.39	62.39			62.39

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):										
<i>Creditor:</i> (6802684) Owens & Minor, Inc. ATT: Credit Team 9120 Lockwood Blvd Mechanicsville, VA 23116	<table border="0" style="width: 100%;"> <tr> <td>Claim No: 13</td> <td><i>Status:</i></td> </tr> <tr> <td><i>Original Filed</i></td> <td><i>Filed by:</i> CR</td> </tr> <tr> <td><i>Date:</i> 12/12/2018</td> <td><i>Entered by:</i> RONALD G</td> </tr> <tr> <td><i>Original Entered</i></td> <td>STEEN, JR</td> </tr> <tr> <td><i>Date:</i> 12/12/2018</td> <td><i>Modified:</i></td> </tr> </table>	Claim No: 13	<i>Status:</i>	<i>Original Filed</i>	<i>Filed by:</i> CR	<i>Date:</i> 12/12/2018	<i>Entered by:</i> RONALD G	<i>Original Entered</i>	STEEN, JR	<i>Date:</i> 12/12/2018	<i>Modified:</i>
Claim No: 13	<i>Status:</i>										
<i>Original Filed</i>	<i>Filed by:</i> CR										
<i>Date:</i> 12/12/2018	<i>Entered by:</i> RONALD G										
<i>Original Entered</i>	STEEN, JR										
<i>Date:</i> 12/12/2018	<i>Modified:</i>										

Amount claimed: \$6300.61
Priority claimed: \$236.55

History:

[Details](#) [13-1](#) 12/12/2018 Claim #13 filed by Owens & Minor, Inc., Amount claimed: \$6300.61 (STEEN, RONALD)

Description:

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*	\$6300.61
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	\$236.55	
Administrative		