

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

Debtor 1	Batesville Regional Medical Center Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	MIDDLE DISTRICT OF TENNESSEE
Case number:	18-05676

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 1/17/2019  
 MATTHEW T. LOUGHNEY, Clerk

**Official Form 410  
 Proof of Claim**

04/16

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

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

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

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

<b>Part 1: Identify the Claim</b>			
1. Who is the current creditor?	Philips Healthcare <hr/> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <hr/>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? <hr/>		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Where should notices to the creditor be sent?</b>  <hr/>                     Philips Healthcare                       Name                      c/o Bruce J. Borrus                      Fox Rothschild LLP                      1001 4th Ave. Suite 4500                      Seattle, WA 98154                       Contact phone <u>206-624-3600</u>                      Contact email  <u>bborrus@foxrothschild.com</u>                       Uniform claim identifier for electronic payments in chapter 13 (if you use one):  <hr/> </td> <td style="width: 50%; vertical-align: top;"> <b>Where should payments to the creditor be sent? (if different)</b>  <hr/>                        Name                        Contact phone _____                      Contact email _____                 </td> </tr> </table>	<b>Where should notices to the creditor be sent?</b> <hr/> Philips Healthcare  Name c/o Bruce J. Borrus Fox Rothschild LLP 1001 4th Ave. Suite 4500 Seattle, WA 98154  Contact phone <u>206-624-3600</u> Contact email <u>bborrus@foxrothschild.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): <hr/>	<b>Where should payments to the creditor be sent? (if different)</b> <hr/>  Name   Contact phone _____ Contact email _____
<b>Where should notices to the creditor be sent?</b> <hr/> Philips Healthcare  Name c/o Bruce J. Borrus Fox Rothschild LLP 1001 4th Ave. Suite 4500 Seattle, WA 98154  Contact phone <u>206-624-3600</u> Contact email <u>bborrus@foxrothschild.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): <hr/>	<b>Where should payments to the creditor be sent? (if different)</b> <hr/>  Name   Contact phone _____ Contact email _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? <hr/>		

**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: 6311

7. How much is the claim? \$ 3230.91 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 healthcare information.  
Medical Equipment, goods, and services. See attached invoices.

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

**Part 3: Sign Below**

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

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

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

Check the appropriate box:

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

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

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

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

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

/s/ Christopher Edgerton

Signature

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

Name Christopher Edgerton

First name Middle name Last name

Title Senior Credit Risk Manager

Company Philips Global Business Services, North America

Address Identify the corporate servicer as the company if the authorized agent is a servicer  
511 Union Street, Suite 900

Number Street  
Nashville, TN 37219

Contact phone \_\_\_\_\_ City State ZIP Code \_\_\_\_\_ Email \_\_\_\_\_

**94016311 Batesville Regional Medical Center-Merit Health Batesville**

**Contracts**

41932310 Sites 1330043 & 1330044

**Invoices**

76067397	\$	311.33
76071804	\$	171.74
76072695	\$	171.74
76074066	\$	171.74
76075118	\$	171.74
76076253	\$	171.74
76077417	\$	171.74
76078198	\$	171.74
76079386	\$	171.74
76080759	\$	171.74
76081361	\$	171.74
76082462	\$	171.74
76083808	\$	171.74
76085814	\$	171.74
76085815	\$	171.74
76087162	\$	171.74
76087962	\$	171.74
76090603	\$	171.74
	\$	<u>3,230.91</u>



Philips Healthcare

**SERVICE INVOICE**

INVOICE AMOUNT

\$333.12

INVOICE NO.	DATE	PAGE
76067397	01/09/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	02/01/2017	02/28/2017	311.33
STATE SALES TAX	\$21.79	SUB TOTAL	\$311.33
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$21.79
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$333.12</b>
DISTRICT TAX	\$0.00		

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.  
 IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:  
 Juan G. 1-800-456-9756

**PAYMENT DUE: Within 30 Days Due Net**  
 ACH / EFT INSTRUCTIONS

BANK OF AMERICA  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE

INVOICE AMOUNT

\$171.74

INVOICE NO.	DATE	PAGE
76071804	05/10/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	06/01/2017	06/30/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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 CONCORD, CA 94520  
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**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76072695	06/07/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	07/01/2017	07/31/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

**INVOICE NO.      DATE      PAGE**

76074066      07/13/2017      1 / 1

**PURCHASE ORDER NUMBER**

711-6003598

**BILL TO:** 94016311  
MERIT HEALTH BATESVILLE  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

**REMIT TO:**  
PHILIPS HEALTHCARE  
PO Box 100355  
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	08/01/2017	08/31/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**PAYMENT DUE: Within 30 Days Due Net**  
**ACH / EFT INSTRUCTIONS**

**BANK OF AMERICA**  
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CONCORD, CA 94520  
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**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76075118	08/09/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	09/01/2017	09/30/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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BANK OF AMERICA  
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 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
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**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76076253	09/12/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	10/01/2017	10/31/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**BANK OF AMERICA**  
**1850 GATEWAY BLVD.**  
**CONCORD, CA 94520**  
**ABA # 1110-0001-2**  
**ACCT # 375020223**  
**REMIT FAX: 425-482-8856**



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76077417	10/17/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	11/01/2017	11/30/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**PAYMENT DUE: Within 30 Days Due Net**  
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BANK OF AMERICA  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
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SERVICE INVOICE

INVOICE AMOUNT

\$171.74

INVOICE NO.	DATE	PAGE
76078198	11/06/2017	1 / 1

PURCHASE ORDER NUMBER

711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	12/01/2017	12/31/2017	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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BANK OF AMERICA  
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 CONCORD, CA 94520  
 ABA # 1110-0001-2  
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**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76079386	12/14/2017	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	01/01/2018	01/31/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**SERVICE INVOICE.**

**INVOICE AMOUNT**

**\$171.74**

**INVOICE NO.      DATE      PAGE**

**76080759      01/16/2018      1 / 1**

**PURCHASE ORDER NUMBER**

**711-6003598**

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MERIT HEALTH BATESVILLE  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

**REMIT TO:**  
PHILIPS HEALTHCARE  
PO Box 100355  
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	02/01/2018	02/28/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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CONCORD, CA 94520  
ABA # 1110-0001-2  
ACCT # 3750202223  
REMIT FAX: 425-482-8856



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**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76081361	02/02/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	03/01/2018	03/31/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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 Juan G. 1-800-456-9756

**PAYMENT DUE: Within 30 Days Due Net**  
 ACH / EFT INSTRUCTIONS

**BANK OF AMERICA**  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76082462	03/05/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	04/01/2018	04/30/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856





Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76083808	04/06/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	05/01/2018	05/31/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.  
 IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:  
 Juan G. 1-800-456-9756

**PAYMENT DUE: Within 30 Days Due Net**  
 ACH / EFT INSTRUCTIONS

BANK OF AMERICA  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76085814	06/04/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	06/01/2018	06/30/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**PAYMENT DUE: Within 30 Days Due Net**  
 ACH / EFT INSTRUCTIONS

BANK OF AMERICA  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76085815	06/04/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	07/01/2018	07/31/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**PAYMENT DUE: Within 30 Days Due Net**  
**ACH / EFT INSTRUCTIONS**

BANK OF AMERICA  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76087162	07/11/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	08/01/2018	08/31/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**PAYMENT DUE: Within 30 Days Due Net**  
**ACH / EFT INSTRUCTIONS**

BANK OF AMERICA  
 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76087962	08/01/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	09/01/2018	09/30/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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**PAYMENT DUE: Within 30 Days Due Net**  
 ACH / EFT INSTRUCTIONS

BANK OF AMERICA  
 1850 GATEWAY BLVD.  
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 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE**

**INVOICE AMOUNT**

**\$171.74**

INVOICE NO.	DATE	PAGE
76090603	10/04/2018	1 / 1

PURCHASE ORDER NUMBER
711-6003598

**BILL TO:** 94016311  
 MERIT HEALTH BATESVILLE  
 303 MEDICAL CENTER DR  
 BATESVILLE MS 38606-8608

**REMIT TO:**  
 PHILIPS HEALTHCARE  
 PO Box 100355  
 ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

Description	Billing Start Date	Billing End Date	Total
"Service Contract" See attachment for details	11/01/2018	11/30/2018	160.50
STATE SALES TAX	\$11.24	SUB TOTAL	\$160.50
COUNTY TAX	\$0.00	TOTAL SALES TAX	\$11.24
CITY TAX	\$0.00	<b>TOTAL AMOUNT OF THIS INVOICE</b>	<b>\$171.74</b>
DISTRICT TAX	\$0.00		

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 1850 GATEWAY BLVD.  
 CONCORD, CA 94520  
 ABA # 1110-0001-2  
 ACCT # 3750202223  
 REMIT FAX: 425-482-8856

# 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:* (6823847)  
 Philips Healthcare  
 c/o Bruce J. Borrus  
 Fox Rothschild LLP  
 1001 4th Ave. Suite 4500  
 Seattle, WA 98154

**Claim No:** 32  
*Original Filed*  
*Date:* 01/17/2019  
*Original Entered*  
*Date:* 01/17/2019

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

Amount claimed: \$3230.91

*History:*

[Details](#) [32-1](#) 01/17/2019 Claim #32 filed by Philips Healthcare, Amount claimed: \$3230.91 (admin)

*Description:*

*Remarks:* (32-1) Account Number (last 4 digits):6311

### 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

<b>Total Amount Claimed*</b>	\$3230.91
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		