

**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.

**Part 1: Identify the Claim**

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

Official Form 410

Proof of Claim

page 1

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

<b>6. Do you have any number you use to identify the debtor?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</div>
<b>7. How much is the claim?</b>	<div><div>\$ 3698.75</div><div><b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
<b>8. What is the basis of the claim?</b>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>Goods sold. Please see attachment.</p>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <div><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div><b>Basis for perfection:</b> _____</div> <div>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</div> <div><div><b>Value of property:</b></div><div>\$ _____</div><div><b>Amount of the claim that is secured:</b></div><div>\$ _____</div><div><b>Amount of the claim that is unsecured:</b></div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div><div><b>Amount necessary to cure any default as of the date of the petition:</b></div><div>\$ _____</div><div><b>Annual Interest Rate</b> (when case was filed) _____ %</div><div><input type="checkbox"/> Fixed</div><div><input type="checkbox"/> Variable</div></div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>

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

### Part 3: Sign Below

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

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

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

Check the appropriate box:

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

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

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

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

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

/s/ Greg Dadika  
Signature

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

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

Fill in this information to identify the case:

Debtor 1 **Batesville Regional Medical Center Inc.**

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: **Middle District of Tennessee**

Case number **18-05676**

## Official Form 410 Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case.

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

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

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

### Part 1: Identify the Claim

1. Who is the current creditor? **C. R. Bard, Inc.**  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor: Davol Inc.; Bard Peripheral Vascular, Inc.; Bard Access Systems, Inc.

2. Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From Whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

C. R. Bard, Inc.  
c/o Hunton Andrews Kurth LLP  
Attn: Robert A. Rich, Esq. - and -  
200 Park Avenue  
New York, New York 10166

Telephone: (212) 309-1132  
Email: rrich2@HuntonAK.com

C. R. Bard, Inc.  
Attn: Sabina Downing  
730 Central Avenue  
Murray Hill, NJ 07974

Telephone: (908) 277-8000

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

C. R. Bard, Inc.  
c/o Hunton Andrews Kurth LLP  
Attn: Robert A. Rich, Esq.  
200 Park Avenue  
New York, New York 10166

Telephone number: (212) 309-1132  
Email: rrich2@HuntonAK.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?  
☒ No  
☐ Yes. Claim number on court claims registry (if known)

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
☒ No  
☐ Yes. Who made the earlier filing? \_\_\_\_\_

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

6. Do you have any number you use to identify the debtor? ☒ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:

7. How much is the claim? **\$ 3,698.75** Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

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

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

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_

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

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

☒ No

☐ Yes. Check all that apply:

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- ☐ Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).
- ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- ☐ Other.

Amount entitled to priority

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

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

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

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

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

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

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

**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: January 9, 2019

  
\_\_\_\_\_  
Signature

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

Name Greg Dadika

Title Authorized Signatory

Company C. R. Bard, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 730 Central Avenue  
Murray Hill, NJ 07974

ATTACHMENT TO PROOF OF CLAIM  
OF C. R. BARD, INC.

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

2. **Basis for Claim.** As set forth on the schedule attached hereto as Exhibit 1, prior to the Petition Date, C. R. Bard, Inc. (the “Claimant”), through its subsidiaries Bard Access Systems, Inc., Bard Peripheral Vascular, Inc. and Davol Inc., provided medical supplies (the “Medical Supplies”) to the Debtor in the aggregate amount of \$3,698.75 (the “Claim Amount”). Copies of the invoices which set forth the Claim Amount are attached hereto as Exhibit 2. As of the date hereof, the Debtor has not paid for the Medical Supplies.

3. **Classification of Claim.** The Claim Amount is a general unsecured claim pursuant to section 502 of Title 11 of the United States Code, except to the extent that the Claimant may assert the Claim Amount by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates.

4. **Separate 503(b)(9) Claim.** In accordance with the Bankruptcy Court’s order entered on December 11, 2018 (Docket No. 544), the Claimant has asserted additional claims, which are entitled to priority under 11 U.S.C. § 503(b)(9), through a separate proof of claim.

5. **Reservation of Rights.** This proof of claim is filed with full reservation of rights, including the right to assert additional, supplementary and/or amended proofs of claim and requests for administrative expense reimbursements based on events, information and/or documents obtained from the Debtor or others through discovery or otherwise. Without in any way limiting the foregoing, the Claimant reserves the right to assert any claim it may have against the Debtor or against any other party or property other than the Debtor or the property of its estate. Without in



any way limiting the foregoing, the Claimant reserves the right to assert this claim by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates against the Claimant. This proof of claim is not intended, nor should it be construed, as the Claimant's consent to jurisdiction in the Bankruptcy Court, or as a waiver of the Claimant's right to a trial by jury in any action or proceeding.

6. **Notices.** All notices concerning this proof of claim should be sent to:

C. R. Bard, Inc.  
Attn: Sabina Downing  
730 Central Avenue  
Murray Hill, New Jersey 07974

-and-

Robert A. Rich, Esq.  
Hunton Andrews Kurth LLP  
200 Park Avenue  
New York, New York 10166

*Attorneys for the Claimant*



## Exhibit 1 - Schedule

### BATESVILLE REGIONAL MEDICAL CENTER INC CASE # 18-05676

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

<u>Division</u>	<u>Invoice #</u>	<u>Date</u>	<u>PO #</u>	<u>Amount</u>
Davol Inc.	77716375	03/08/2018	701-6680892	123.59
Bard Access Systems Inc.	45310374	04/11/2018	701-6709570	1,284.00
Bard Access Systems Inc.	45315610	04/17/2018	701-6713494	128.61
Bard Peripheral Vascular Inc	78097883	06/05/2018	00372	308.16
Bard Access Systems Inc.	45363903	06/06/2018	00364	1,080.20
Davol Inc.	78200969	06/29/2018	00520	774.19
			<b>TOTAL</b>	<b>3,698.75</b>

**EXHIBIT 2**

**INVOICES**



DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

BILL TO:

ALLIANCE HEALTH PARTNERS  
ATTN: ACCOUNTS PAYABLE  
DBA TRI-LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

## INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
77716375		03/08/18		6862139 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
109	10746433		10746433		10746433
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			701-6680892		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

ALLIANCE HEALTH PARTNERS  
DBA TRI-LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
03/08/18	10821979	5300	FEDERAL EXPRESS-GRD	1	1.11 LB	PPC	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	0112680 10801741016537	Bard Mesh Flat Sheet Bard Mesh 7.5cmx15cm	119.4000	\$119.40	N
				Freight /Shipping	3.9200	\$3.92	Y
				Sales Tax 7%		\$0.27	

### SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE

You can now receive your invoices on a daily basis by e-mail.

Contact us today at [COV-NOPaperinvs@crbard.com](mailto:COV-NOPaperinvs@crbard.com) to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.  
You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$123.59**

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

**DIVISION LEGEND:**

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical

109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico

115 Bard Brachytherapy

121 Bard International

122 Bard Japan

140 Bard Shannon



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

**BILL TO:**

ALLIANCE HEALTH PARTNERS  
ATTN: ACCOUNTS PAYABLE  
DBA TRI LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

**INVOICE**

INVOICE #		INVOICE DATE		SALES ORDER #	
45310374		04/11/18		S6866695	
SALES REP		SHIP TO		SOLD TO	
T5564648		10049408		10049408	
GLN SHIP TO		GLN SOLD TO		GLN BILL TO	
CUSTOMER SERVICE		CUSTOMER PO #			
1-800-545-0890		701-6709570			
REMIT TO:					
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275					

**SHIP TO:**

ALLIANCE HEALTH PARTNERS  
DBA TRI LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE, MS 38606

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
04/11/18			FXGR	1	2.00		434293838122		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
1	CS		F120080	OQ500141997806 PG PRO 20G 8cm Basic kit STATE SALES TAX		1,200.0000	\$1,200.00 \$84.00	T	

**SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE**

You can now receive your invoices on a daily basis by e-mail.  
Contact us today at [COV-NOPaperinvs@crbard.com](mailto:COV-NOPaperinvs@crbard.com) to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.  
You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

**PAYMENT TERMS:** NET 30

**INVOICE TOTAL:** **\$1,284.00**

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.



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

BILL TO:

ALLIANCE HEALTH PARTNERS  
ATTN: ACCOUNTS PAYABLE  
DBA TRI LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

## INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
45315610	04/17/18	S6871670
SALES REP	SHIP TO	SOLD TO
T5564648	10049408	10049408
GLN SHIP TO	GLN SOLD TO	GLN BILL TO
CUSTOMER SERVICE	CUSTOMER PO #	
1-800-545-0890	701-6713494	
REMIT TO:		
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275		

SHIP TO:

ALLIANCE HEALTH PARTNERS  
DBA TRI LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE, MS 38606

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
04/17/18			FXGR	1	2.00		434293951328
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1	CS		0672010 10801741047920	OQ500142682642 PowerLoc SWIS 20 Ga x 1" w/Y Site adapter 257539 STATE SALES TAX	120.2000	\$120.20 \$8.41	T

### SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE

You can now receive your invoices on a daily basis by e-mail.  
Contact us today at [COV-NOPaperinvs@crbard.com](mailto:COV-NOPaperinvs@crbard.com) to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.  
You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: NET 30

INVOICE TOTAL:

\$128.61

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.



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

**BILL TO:**

BATESVILLE REGIONAL MEDICAL CENTER  
ATTN: ACCOUNTS PAYABLE  
DBA PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

**INVOICE**

INVOICE #	INVOICE DATE	SALES ORDER #
78097883	06/05/18	7199000 SO
DIV	SHIP TO	SOLD TO
111	10746433	10746433
GLN SHIP TO	GLN BILL TO	
CUSTOMER SERVICE	CUSTOMER PO #	
800-321-4254	00372	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

**SHIP TO:**

BATESVILLE REGIONAL MEDICAL CENTER  
DBA PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
06/05/18	11260200	5300	FEDERAL EXPRESS-GRD	1	1.56 LB	PPC	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1.0000	EA	111	1808000 00801741000430	PPMRIfuISP8CFrbINT	258.0000	\$258.00	Y
				Freight /Shipping	30.0000	\$30.00	Y
				Sales Tax	7%	\$20.16	

**SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE**  
You can now receive your invoices on a daily basis by e-mail.  
Contact us today at [COV-NOPaperinvs@crbard.com](mailto:COV-NOPaperinvs@crbard.com) to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.  
You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

**PAYMENT TERMS:** Net 30

**INVOICE TOTAL:**

**\$308.16**

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

**DIVISION LEGEND:**

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

107 Bard Medical  
109 Davol  
111 Bard Peripheral Vascular

112 Bard Puerto Rico  
115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon





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

**BILL TO:**

ALLIANCE HEALTH PARTNERS  
ATTN: ACCOUNTS PAYABLE  
DBA TRI LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

**INVOICE**

INVOICE #				INVOICE DATE		SALES ORDER #	
45363903				06/06/18		S6916671	
SALES REP		SHIP TO		SOLD TO		BILL TO	
T5564648		10049408		10049408		74385	
GLN SHIP TO		GLN SOLD TO			GLN BILL TO		
CUSTOMER SERVICE				CUSTOMER PO #			
1-800-545-0890				00364			
REMIT TO:							
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275							

**SHIP TO:**

ALLIANCE HEALTH PARTNERS  
DBA TRI LAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE, MS 38606

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
06/06/18			FXGR	2	9.00		441853136158
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1	CS		0672010 10801741047920	PowerLoc SWIS 20 Ga x 1" w/Y Site adapter	120.2000	\$120.20	
1	CS		F118101 10801741110563	DOT PG PRO 18G 10cm Full	960.0000	\$960.00	

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**PAYMENT TERMS:** NET 30

**INVOICE TOTAL:** **\$1,080.20**

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DAVOL - WARWICK  
100 CROSSINGS BLVD  
WARWICK RI 02886

BILL TO:

BATESVILLE REGIONAL MEDICAL CENTER  
ATTN: ACCOUNTS PAYABLE  
DBA PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

## INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
78200969	06/29/18	7287253 SO
DIV	SHIP TO	SOLD TO
109	10746433	10746433
GLN SHIP TO	GLN BILL TO	
CUSTOMER SERVICE	CUSTOMER PO #	
800-556-6275	00520	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

SHIP TO:

BATESVILLE REGIONAL MEDICAL CENTER  
DBA PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
06/29/18	11377407	5300	FEDERAL EXPRESS-GRD	1	0.94 LB	PPC	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	0010301 10801741000352	VentrexSmPatchw/ePTFEw/Strap Ventrex Patch 4.3cm dia	770.0000	\$770.00	N
				Freight /Shipping	3.9200	\$3.92	Y
				Sales Tax	7%	\$0.27	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$774.19

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101 CR Bard Corporate  
104 Glens Falls  
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107 Bard Medical  
109 Davol  
111 Bard Peripheral Vascular

112 Bard Puerto Rico  
115 Bard Brachytherapy  
121 Bard International

122 Bard Japan  
140 Bard Shannon

# 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:* (6824082)

**Claim No:** 33

*Status:*

C. R. Bard, Inc.

*Original Filed*

*Filed by:* CR

c/o Hunton Andrews Kurth LLP

*Date:* 01/17/2019

*Entered by:* admin

Attn: Robert A. Rich, Esq.

*Original Entered*

*Modified:*

200 Park Avenue

*Date:* 01/17/2019

New York, NY 10166

Amount claimed: \$3698.75

*History:*

[Details](#) [33-1](#) 01/17/2019 Claim #33 filed by C. R. Bard, Inc., Amount claimed: \$3698.75 (admin)

*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

<b>Total Amount Claimed*</b>	\$3698.75
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

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