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 Clair	n					
1.Who is the current creditor?	C. R. Bard, Inc.					
	Name of the current creditor (the person or entity to I	be paid for this claim)				
	Other names the creditor used with the debtor	Bard Medical; 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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
and payments to the creditor be sent?	C. R. Bard, Inc.					
Federal Rule of	Name	Name				
Bankruptcy Procedure (FRBP) 2002(g)	c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, NY 10166					
	Contact phone 212 309 1132	Contact phone				
	Contact email <u>rrich2@huntonak.com</u>	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? 					
Official Form 410	Proof of Cla	im page 1				

		ut the Claim as of the Date the	e Case Was Filed	
6.Do you have any number you use to identify the debtor?		No Yes. Last 4 digits of the debtor's acco	ount or any number you use t	o identify the debtor:
7.How much is the claim?	\$	V	No	e interest or other charges?
			Yes. Attach statement in other charges required	temizing interest, fees, expenses, or by Bankruptcy Rule 3001(c)(2)(A).
8.What is the basis of the claim?	deat Ban Limi	h, or credit card. Attach redact kruptcy Rule 3001(c). t disclosing information that is e	entitled to privacy, such	ormed, personal injury or wrongful ents supporting the claim required by as healthcare information.
	Go	ods sold. Please see attachme	nt.	
9. Is all or part of the claim secured?		Yes. The claim is secured by a Nature of property:	is secured by the debtor	's principal residence, file a <i>Mortgage</i> Form 410–A) with this <i>Proof of Claim</i> .
		Basis for perfection:		
		Attach redacted copies of doc interest (for example, a mortg document that shows the lien	gage, lien, certificate of ti	w evidence of perfection of a security tle, financing statement, or other ed.)
		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 a date of the petition:	any default as of the	\$
		Annual Interest Rate (when	case was filed)	%
		FixedVariable		
10.Is this claim based on a lease?		No Yes. Amount necessary to c	cure any default as of t	he date of the petition.\$
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:		
Official Form 410		Proof	f of Claim	page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		No Yes. Check all that apply		Amount entitled to priority		
A claim may be partly priority and partly nonpriority. For example	2	Domestic support oblig under 11 U.S.C. § 507	ations (including alimony and child support) (a)(1)(A) or (a)(1)(B).	\$		
in some categories, the law limits the amount entitled to priority.	5,	Up to \$2,850* of depose property or services for U.S.C. § 507(a)(7).	its toward purchase, lease, or rental of personal, family, or household use. 11	\$		
		180 days before the ba	nmissions (up to \$12,850*) earned within nkruptcy petition is filed or the debtor's ver is earlier. 11 U.S.C. § 507(a)(4).	\$		
			ed to governmental units. 11 U.S.C. §	\$		
		Contributions to an em	ployee benefit plan. 11 U.S.C. § 507(a)(5).	\$		
		□ Other. Specify subsect	ion of 11 U.S.C. § 507(a)(_) that applies	\$		
		* Amounts are subject to adjust of adjustment.	ment on 4/01/19 and every 3 years after that for case	es begun on or after the date		
Part 3: Sign Below						
The person completing this proof of claim must	Che	ck the appropriate box:				
sign and date it. FRBP	\checkmark	I am the creditor.				
9011(b).		I am the creditor's attorney	y or authorized agent.			
If you file this claim electronically, FRBP		I am the trustee, or the de	btor, or their authorized agent. Bankruptcy I	Rule 3004.		
5005(a)(2) authorizes courts to establish local rules			endorser, or other codebtor. Bankruptcy Rul			
specifying what a signature is.	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.					
A person who files a froudulant claim could be	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true					
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	and correct. I declare under penalty of perjury that the foregoing is true and correct.					
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date 1/17/2	019			
			D / YYYY			
	/s/ (Greg Dadika				
	Sign	ature				
	Prin	t the name of the person w	ho is completing and signing this claim:			
	Nar	-	Greg Dadika			
			First name Middle name Last name			
	Title	9	Authorized Signatory			
	Cor	npany	C. R. Bard, Inc.			
	۸ ما ما	Iress	Identify the corporate servicer as the company if the servicer	e authorized agent is a		
	Auu	11622	1 Becton Drive			
			Number Street			
			Franklin Lakes, NJ 07417			
			City State ZIP Code			
	Cor	ntact phone 212 309 113		k com		
	201	212 309 11:				
L						

Official Form 410

Proof of Claim

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

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?	<u>C. R. Bard, Inc.</u> Name of the current creditor (the perso Other names the creditor used with the Inc.	n or entity to be paid for this clair debtor: <u>Davol Inc.: Bard Periph</u>	n) eral Vascular,Inc.: Bard Access Systems,
2.	Has this claim been acquired from someone else?	⊠ No □ Yes. From Whom?		
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor	be sent?	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	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	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
4.	Does this claim amend one already filed?	⊠ No □ Yes. Claim number on court claims r	egistry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	⊠ No □ Yes. Who made the earlier filing?		

12/15

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	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.						
	claim?	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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .						
		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						
	Is this claim based on a lease?	☑ No □ Yes. Amount necessary to cure any default as of the date of the petition. \$						
	s this claim subject to a right of setoff?	⊠ No □ Yes. Identify the property:						

12. Is all or part of the claim	\boxtimes	No	
entitled to priority under 11 U.S.C. § 507(a)?		Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
example, in some categories, the law limits the amount entitled to priority.		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.	\$
	* Ar	nounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or afte	r 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 7, 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

Official FGase 3:18-bk-05676 Claim 33-1 Part 2-rooFiledin 1/17/19 Desc Attachment 1

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

 <u>Debtor</u>. On August 24, 2018 (the "<u>Petition Date</u>"), Batesville Regional Medical Center Inc. (the "<u>Debtor</u>") filed for bankruptcy relief in the United States Bankruptcy Court for the Middle District of Tennessee (the "<u>Bankruptcy Court</u>").

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

3. <u>Classification of Claim</u>. 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. <u>Separate 503(b)(9) Claim</u>. 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

Case 3:18-bk-05676 Claim 33-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 4 of 13

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.

Division	Invoice #	Date	PO #	Amount
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
			TOTAL	3,698.75

Case 3:18-bk-05676 Claim 33-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 6

EXHIBIT 2

INVOICES

Case 3:18-bk-05676 Claim 33-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 7 of 13



DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

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

INVOICE

INVOICE #	INVOICE DAT	E SAL	S ORDER #		
77716375	03/08/18		6862139 SZ		
DIV	SHIP TO	SOLD TO			
109	10746433	10746433	BILL TO 10746433		
GLN SH		GLN B			
CUSTOMER		CUSTOM	ER PO #		
800-556-	6275	701-66	and the second		
	REMIT TO				
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC	28275			

BILL TO:

SHIP TO:

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

DATE SHIPPED	SHIPM ORDER N		SHIP WHSE	CARR	IER	CARTONS	WEIGHT	FREIGHT		BILL OF	-
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	С	onta	ct us	s today at CO	V-NOPapor	ces on	a daily basis by crbard.com to	/ e-mai	1.		
DA VANC'N'	Y	ou agre		ne product samples that w	ere provided to you Il not be resold. Any	as identified use to the	herein are for your internal contrary must be reported b	l use with yo back to C.R	our patients Bard	oniy.	
PAYMENT The above charge	I LOI CITIC	- NC	1.00				INVOICE TOTAL			\$123.59	-
When the value of discounts or othe required, any disc	of any further r price reduction counts earne	discount tions (42	s becom C.F.R. 1	es known, Bard will provide 001 952(h)), customer must items invoiced at no at	as other discounts, rebat customer with relevant o fully and accurately rep	es, or price re locumentation ort on any clai	INVOICE TOTAL: ductions (collectively "discounts" . Under 42 U.S.C. 1320a-7b(b)(3 ms or cost reports to Medicare a	") may be pro- 3)(A) and the	vided to custor Safe Harbor p	mer for such products. rovisions regarding	
DIVISION LEGE	Conception and the Automation and the second	101	CR Bard	Corporate	107 Bard Medical		112 Bard Puerto Rico	ing any state i	wedicald htog	ram, as and when	
		104 106	Glens Fi Bard Aci	alis cess Systems/Dymax	109 Davol 111 Bard Peripheral Vi	ascular	112 Bard Pueno Rico 115 Bard Brachytherapy 121 Bard International		122 Bard Ja 140 Bard Sh		
				·							

Page 1 of 1

Page 8



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

ALLIANCE HEALTH PARTNERS

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

INVOICE

INVOICE #	INBIOTOF D					
	INVOICE D/	INVOICE DATE		SALES ORDER #		
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T5564648	10049408		0049408	74385		
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CUSTOMER S	SERVICE		CUST	OMER PO#		
1-800-545	-0890		701-6709570			
	REMIT	TO:		0100010		
	C.R. BARD, I	NC.				
	P.O. BOX 75					
	CHARLOTTE	NO	0077			

BILL TO:

SHIP TO:

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

DATE SHIPPED 04/11/18	SHIPM ORDER NI		SHIP WHSE			CARTONS	WEIGHT	FREIGHT		
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above charg in the value ounts or othe	es may not of any furthe r price redu	reflect the r discount ctions (42	true ne s becor C.F.R	t cost of the above products as off nes known, Bard will provide custo 1001 952(h)), customer must fully e items invoiced at no charge.	er discounts, rebate	es, or price reconciliation.	uctions (collections - T-times	its") may be p		51,284.00 mer for such product

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.

Page 1 of 1



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

ALLIANCE HEALTH PARTNERS ATTN: ACCOUNTS PAYABLE DBA TRI LAKES MEDICAL CENTER

303 MEDICAL CENTER DR BATESVILLE MS 38606-8608

INVOICE

INVOICE #	INVOICE D	TP			
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45315610	04/17/18	04/17/18		6871670	
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And the second sec			049408	74385	
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				DER DICE TO	
CUSTOMER S	ERVICE		0)10707		
1-800-545	think and the second	CUSTUMPNENT#			
1-000-040-	-0890	701-6713494			
	REMIT	TO:	·····		
	C.R. BARD, I	And in the owner where the second second			
	P.O. BOX 757	140.			
	CHARLOTTE				
	CHARLATTE	310 0	0.077.0		

BILL TO:

SHIP TO:

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

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

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.

Page 1 of 1

Page 10

Case 3:18-bk-05676 Claim 33-1 Part 2 Filed 01/17/19 Desc Attachment 1

of 13



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

INVOICE

		IL	Seat .			
INVOICE #	INVOICE DA					
78097883		06/05/18 7199000 SHIP TO SOLD TO		S ORDER #		
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111	and the state of t			BILL TO		
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CUSTOMER S	ERVICE					
800-321-4	254	CUSTOMER PO #				
000 OL 1-		00372				
	REMITT	0:				
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC	2827	5			

BILL TO:

DATE

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

SHIP TO:

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

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bove charges r	nay not refle	ect the tru	0 0 pot on			1	NOICE TOTAL	ack to C.R.	Bard.	
the value of an ints or other pri	y further di	SCOUNTS b	ecomes	st of the above products as othe known, Bard will provide custom	r discounts, rebates	s, or price reduc	tions (collectively "discounter"		\$:	308.16
ed, any discour	ts earned,	including	those Ite	st of the above products as othe known, Bard will provide custom 1 952(h)), customer must fully ar ms invoiced at no charge. Orporate 107 B	id accurately report	cumentation. Ur	ider 42 U.S.C. 1320a-7b(b)(3)	(A) and the S	ided to custome	r for such products.
UN LEGEND		101 CR 104 Gle	Bard Co	orporate 107 B	ard Medical		in medicare an	d any state N	ledicald program	n, as and when
		106 Bar	d Acces	109 D	avol ard Peripheral Vas		112 Bard Puerto Rico 115 Bard Brachytherapy		122 Bard Japan	1
				111 Bi	NU Pendheral Vee	oulor	121 Bard International		140 Bard Shan	

Page 1 of 1

Case 3:18-bk-05676 Claim 33-1 Part 2 Filed 01/17/19 Desc Attachment 1 Page 11 of 13



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

ALLIANCE HEALTH PARTNERS ATTN: ACCOUNTS PAYABLE DBA TRI LAKES MEDICAL CENTER

303 MEDICAL CENTER DR BATESVILLE MS 38606-8608

INVOICE

INVOICE#	i i i i i i i i i i i i i i i i i i i						
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1-800-545	-0890		00364				
			003	564			
	REMIT						
	C.R. BARD, I	NC.					
	P.O. BOX 757	67					
	CHARLOTTE	.					

BILL TO:

SHIP TO:

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

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

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.

Page 1 of 1



DAVOL - WARWICK 100 CROSSINGS BLVD WARWICK RI 02886

BILL TO:

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CUSTOMER S	Property and the second				
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800-556-6	275				
	REMIT T	<u>a.</u>	001	20	
	C.R. BARD INC.				
	PO BOX 75767				
	CHARLOTTE NC	20225			
	STATISTICS NO	402/5			

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

SHIP TO:

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

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The a	bove charges	may not ref	lect the tr	ue net c	ost of the above products as all			INVOICE TOTAL:		¢	774 40	
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DIVIS	ION LEGEN	D:	101.01		JOFDOrate 4077	and accurately report	on any claim	s or cost reports to Medicare and	d any state M	edicaid progra	wisions regarding Im, as and when	
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					as cystems/Dymax 111 B	Bard Peripheral Vasi	cular	115 Bard Brachytherapy 121 Bard International		40 Bard Shar		

Page 1 of 1

Page 13

of 13

MIDDLE DISTRICT OF TENNESSEE **Claims Register**

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

Judge: Charles M Walker

Office: Nashville

Chapter: 11 Last Date to file claims: Last Date to file (Govt):

Trustee:

Creditor: (6824082) C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Date: 01/17/2019 Attn: Robert A. Rich, Esq. 200 Park Avenue New York, NY 10166

Claim No: 33 Original Filed Original Entered Date: 01/17/2019

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

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

Total Amount Claimed* \$3698.75

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		