

<b>UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)</b>		<b>503(b)(9) ADMINISTRATIVE EXPENSE CLAIM</b>
In re: <b>Bateville Regional Medical Center Inc.</b>		<b>ADMINISTRATIVE BAR DATE: January 21, 2019</b>  <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">JAN 18 2019</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</div>          <div style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</div>
Debtor.		
Chapter 11 Case No. <b>18-05676</b>		
NOTE: This form should be used <u>only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9)</u> . This form should not be used for any other types of claim.		
Name of creditor: <b>C. R. Bard, Inc.</b> (The person or other entity to whom the debtor owed money or property.)	Name of debtor: (The entity owing money or property) <input type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input checked="" type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent:  C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, New York 10166 <a href="mailto:rrich2@HuntonAK.com">rrich2@HuntonAK.com</a>  - and -  C. R. Bard, Inc. Attn: Sabina Downing 720 Central Avenue Murray Hill, New Jersey 07974	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____. Filed on: _____.
<b>1. Basis for claim:</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Other (describe briefly): <b>see attached</b>		<b>2. Date debt was incurred:</b> 8/10/18
<b>3. Date goods were received by debtor:</b> 8/14/18		
<b>4. Total amount of claim as of the date the debt was incurred:</b> <u>\$256.80</u>		

<input type="checkbox"/> Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.	
<b>5. Brief description of claim (attach any additional information):</b> Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: <b>Medical Supplies</b> Shipment date of goods: <b>8/10/18</b>  Place of delivery of goods: <b>303 Medical Center Dr, Batesville, MS 38606</b>  Method of delivery of goods: <b>Federal Express Ground</b>  Name of carrier of goods: <b>Federal Express</b>  Value of goods: <b>\$256.80</b>  Whether the value of goods listed in this claim relates to services and goods: <b>Goods only</b>  The percentage of value related to services and the percentage of value related to goods: <b>Goods 100%</b>  Whether claimant has filed any other claim against debtor relating to goods underlying this claim: <b>No</b>  <u>Attach supporting materials required by field 8 and instructions below.</u>	
<b>6. Credits, setoffs, and counterclaims:</b> All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:	<b>7. Assignment:</b> <input type="checkbox"/> Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.
<b>8. Supporting documents:</b> <u>Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.</u>  <u>All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.</u>  <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u>  <u>Do not send original documents. Attached documents may be destroyed after scanning.</u> If the documents are not available, explain. If the documents are voluminous, attach a summary.	
<b>9. Date-stamped copy:</b> To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.	
<b>10. Signature:</b> Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).  I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.	



Print name: Greg Dadika  
Title: Authorized Signatory  
Company: C. R. Bard, Inc.

Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
(Signature)

January 9, 2019  
(Date)

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

*Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases notified voluntarily by the debtor, exceptions to these general rules may apply.*

##### Definitions.

##### 503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the “value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor’s business.”

##### 503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court’s CM/ECF by **January 21, 2019**.

##### Claim.

A claim is the creditor’s right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

##### Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

##### Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

##### Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

##### Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual’s tax-identification, or financial-account number, only the initials of a minor’s name, and only the year of any person’s date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

##### General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by **January 21, 2019**. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before **January 21, 2019**, to the following address:

Office of the Clerk of the United States Bankruptcy Court  
for the Middle District of Tennessee  
(Nashville Division)  
Customs House Room 170  
701 Broadway  
Nashville, TN 37203

**Items to be completed in proof of claim form.**

**Creditor's name and address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Debtor's name:**

Check the box next to the debtor from whom the debt is owed.

**Account or other number by which creditor identifies debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**1. Basis for claim:**

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

**2. Date debt was incurred:**

State the date or dates on which the debt was incurred.

**3. Date goods received by debtor:**

State the date or dates on which the goods underlying the claim were received by the debtor.

**4. Total amount of claim as of the date the debt was incurred:**



State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

**5. Brief description of claim (attach any additional information):**

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

**6. Credits, setoffs, and counterclaims:**

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

**7. Assignment:**

Check box and include copy of assignment if claimant obtained claim by way of assignment.

**8. Supporting documents:**

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

**9. Date and signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

ATTACHMENT TO 503(b)(9) 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.** Prior to the Petition Date, C. R. Bard, Inc. (the "Claimant"), through its subsidiary Bard Peripheral Vascular, Inc., provided medical supplies (the "Medical Supplies") to the Debtor in the aggregate amount of \$256.80 (the "Claim Amount"). The Medical Supplies were received by the Debtor on or after the date that is twenty days immediately prior to the Petition Date. A copy of the invoice which sets forth the Claim Amount, together with proof of delivery, are attached hereto as Exhibit 1. As of the date hereof, the Debtor has not paid for the Medical Supplies.
3. **Classification of Claim.** The Claim Amount is an administrative expense claim pursuant to sections 503(b)(9) and 507(a)(2) of Title 11 of the United States Code.
4. **Separate General Unsecured Claim.** In accordance with the Bankruptcy Court's order entered on December 11, 2018 (Docket No. 544), the Claimant has asserted additional claims, for which the Claimant has not asserted priority, through a separate proof of claim.
5. **Certification.** The Claimant hereby certifies that the Medical Supplies were sold in the ordinary course of the Debtor's business to the best of Claimant's knowledge and belief.
6. **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.

7. **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**

**INVOICE**





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 #	
78365049	08/10/18	7427425 SO	
DIV	SHIP TO	SOLD TO	BILL TO
111	10746433	10746433	10746433
GLN SHIP TO		GLN BILL TO	
CUSTOMER SERVICE		CUSTOMER PO #	
800-321-4254		00731	
REMIT TO:			
C.R. BARD INC. PO BOX 75787 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
08/10/18	11559028	5300	FEDERAL EXPRESS-GRD	1	1.49 LB	PPC	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	111	47920 10801741079839	Ghiatas Beaded Breast Loc Wire Ghiatas 20gx9cmx20cm	210.0000	\$210.00	Y
				Freight /Shipping	30.0000	\$30.00	Y
				Sales Tax 7%		\$16.80	

### 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:

\$256.80

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



INV# 78365049

January 10, 2019

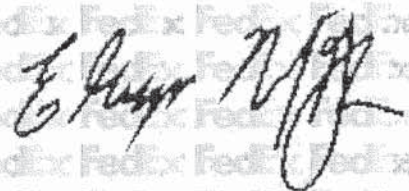
Dear Customer:

The following is the proof-of-delivery for tracking number 454810992000.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	303 MEDICAL CENTER DR Batesville, MS 38606
<b>Signed for by:</b>	EMCJUNKIN	<b>Delivery date:</b>	Aug 14, 2018 14:15
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			

  
E. MCJUNKIN  
#24, 14:13, 6 Del, 0 NonDel

---

**Shipping Information:**

<b>Tracking number:</b>	454810992000	<b>Ship date:</b>	Aug 10, 2018
		<b>Weight:</b>	1.4 lbs/0.6 kg

**Recipient:**

-----  
BATESVILLE REGIONAL MEDICAL CE  
DBA PANOLA MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE, MS 386068608 US

**Reference**

**Purchase order number:**

**Shipment Id**

**Invoice number**

**Shipper:**

Shipping  
Bard Peripheral Vascular/GDC  
14201 Lochridge Blvd  
Covington, GA 30014 US

none

00731

454810992000

8144862

Thank you for choosing FedEx.



HUNTON  
ANDREWS KURTH

RECEIVED

JAN 18 2019

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

HUNTON ANDREWS KURTH LLP  
200 PARK AVENUE  
NEW YORK, NY 10166-0005

TEL 212 • 309 • 1000  
FAX 212 • 309 • 1100

CONSTANCE ANDONIAN  
DIRECT DIAL: 212.309.1222  
EMAIL: candonian@huntonak.com

FILE NO: 067412.3

January 17, 2019

**OVERNIGHT MAIL**

United States Bankruptcy Court  
Middle District of Tennessee (Nashville Division)  
Customs House Room 170  
701 Broadway  
Nashville, TN 37203

Attn: Bankruptcy Clerk's Office

***In re: Armory Regional Medical Center, Inc. (Case No 18-05675)***  
***In re: Batesville Regional Medical Center Inc. (Case No 18-05676)***  
***In re: Clarksdale Regional Medical Center Inc. (Case No 18-05678)***

Dear Bankruptcy Clerk:

Enclosed herewith for filing are an original and one copy of the proofs of claim (the "Bard Claims") of C.R. Bard, Inc. in each of the three (3) above-referenced cases.

Please return copies of each of the three (3) Bard Claims, stamped "filed", in the enclosed self-addressed overnight envelope.

Thank you for your attention to this matter.

Respectfully submitted,



Constance Andonian  
Sr. PA/Sr. Paralegal

Enclosures

# 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:* (6824752)

**Claim No:** 37

*Status:*

C R BARD INC

*Original Filed*

*Filed by:* CR

(ADMINISTRATIVE)

*Date:* 01/18/2019

*Entered by:* Intake2

CO HUNTON ANDREWS

*Original Entered*

*Modified:*

KURTH LLP

*Date:* 01/18/2019

200 PARK AVENUE

NEW YORK NEW YORK

10166

Admin claimed: \$256.80

*History:*

[Details](#) [37-1](#) 01/18/2019 Claim #37 filed by C R BARD INC, Admin claimed: \$256.80 (Intake2)

*Description:* (37-1) Goods sold. Other: see attached

*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>	
<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>	\$256.80	