Fill in this information to identify the case:

Debtor 1: Batesville Regional Medical Center, Inc.

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: Middle District of Tennessee

Case number: 3:18-bk-05676

Official Form 410

Proof of Claim

04/19

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?

Alliance Healthcare Services, Inc.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: _____

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?

Alliance Healthcare Services, Inc.
Name

PO Box 19532
Number Street

Irvine CA 92623
City State ZIP Code

Contact phone 949-242-5302

Contact email lsoule@alliancehealthservices-us.co

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

Name

Number Street

City State ZIP Code

Contact phone _____

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? _____

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: 2 6 7 2

7. How much is the claim? $ 663,300.00. 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.
   Rejection Damages under 502(g)

9. Is all or part of the claim secured?
   - ☑ No
   - ☐ Yes. The claim is secured by a lien on property.

   Nature of property:
   - ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
   - ☐ Motor vehicle
   - ☐ Other. Describe: _____

   Basis for perfection: _____
   Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

   Value of property: $_____

   Amount of the claim that is secured: $_____

   Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

   Amount necessary to cure any default as of the date of the petition: $_____

   Annual Interest Rate (when case was filed)_____%
   - ☐ Fixed
   - ☐ Variable

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

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

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

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

☑ No

☐ Yes. *Check one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $3,025* 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 $13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/22 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.

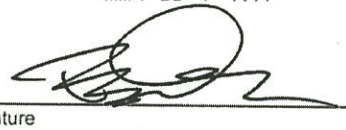
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 06/12/2019
MM / DD / YYYY



Signature

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

Name: Brent (First name) M. (Middle name) Chaffee (Last name)

Title: VP, Associate General Counsel

Company: Alliance Healthcare Services, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: PO Box 19532
Number Street

Irvine (City) CA (State) 92623 (ZIP Code)

Contact phone: 949-242-5302 Email: lsoule@alliancehealthservices-us.co

CREDITOR: ALLIANCE HEALTHCARE SERVICES, INC.

SUMMARY OF REJECTION DAMAGES CLAIM

Pursuant to Section VI, Part B of the Joint Plan of Reorganization filed on March 4, 2019 (Doc. No. 834) in Lead Case No. 18-05665, which was confirmed by Court Order entered May 13, 2019 (Doc. No. 1074), Alliance Healthcare Services files this claim for rejection damages, based on the Debtors' rejection of its Master Services Agreement in its Order (I) Authorizing the Debtors to Reject Certain Executory Contracts and Unexpired Leases and (II) Granting Certain Related Relief (Doc. No. 1047)

Under Section 8.3 of the Master Services Agreement, the procedure volume benchmarks – which are defined as (6) MRI procedures per day, 3 days per week [18 procedures/week @ $275 per procedure = $4,950/week. 134 weeks remained in the term] the rejection damages are $663,300

TOTAL OF CLAIM..... $663,300

EXHIBIT A – Master Services Agreement with Panola Medical Center

***Alliance is filing this claim in the cases of Curae Health, Inc., 3:18-bk-05665; Batesville Regional Medical Center, Inc., 3:18-bk-05676, and Batesville Regional Physicians, LLC, 3:18-bk-05681. Alliance reserves all rights to amend this claim as necessary.**

28046_00/1901/JWM-4848-3282-0889_1

ALLIANCE HEALTHCARE SERVICES

MRI MASTER SERVICES AGREEMENT

This MRI Master Services Agreement (the "Agreement") is made effective as of the date fully executed below between Alliance HealthCare Services, Inc., d/b/a Alliance HealthCare Radiology, a Delaware corporation, located at 18201 Von Karman, Suite 600, Irvine, California 92612 ("Alliance") and Panola Medical Center, located at 303 Medical Center Drive, Batesville, Mississippi 38606 (the "Client").

1. **SERVICE LOCATION** (the "Service Location"). If no address is listed in this Section, the Service Location address shall be Client's address that is listed above. (No Post Office Box): _____.

2. **UNIT DESCRIPTION:** GE 1.5T Echospeed mobile MRI system (or a reasonably comparable system).

3. **FEES.** Client agrees to pay Alliance the following fees:

For purposes of this Agreement, a "procedure" means a single billable area of interest procedure and is any one (1) distinct anatomical area of interest or distinct CPT code.

MRI PROCEDURES PER DAY	FEE PER MRI PROCEDURE
MRI Procedures 1 and thereafter	$275

a) **Benchmarks.** Both Client and Alliance agree that six (6) MRI procedures per day of service is a benchmark for maintaining the number of days of service scheduled. In the event Client's procedure volume is below this level, Alliance may reduce the number of days or frequency of service provided with fourteen (14) days prior notice.

4. **SCHEDULING.** Alliance shall make the Unit available to the Client and any services that Alliance is obligated to provide under this Agreement, and Client agrees to accept the Unit and any such services, three (3) days per week. Alliance and Client shall mutually determine the specific service schedule.

5. **TERM.** The initial term of this Agreement shall commence as of the date this Agreement is fully executed below (the "Commencement Date") and shall continue for thirty-six (36) months thereafter. This Agreement shall not automatically renew.

6. **INCORPORATION.** This Agreement shall consist of the following documents: (1) the cover page(s) to this Agreement; and (2) General Terms and Conditions, which is attached hereto and incorporated herein.

Alliance and Client have duly executed this Agreement as of the last date written below.

ALLIANCE HEALTHCARE SERVICES, INC. d/b/a ALLIANCE HEALTHCARE RADIOLOGY	PANOLA MEDICAL CENTER
_____	_____
Authorized Signature	Authorized Signature
Eric T. Olson	Printed Name: Wayne J Thompson
VP, Associate General Counsel	Title: CFO
Date: 3/22/2018	Date 3/22/18
Telephone No. (949) 242-5300	Telephone No. (662) 563-5611
Federal Tax ID No. 33-0239910	Federal Tax ID No.

FOR CONTRACTS USE ONLY:
Contract #: 0086059 Customer #: 22672 Client Type: hospital
DO: TGaston Requestor: BCrain

A fully executed document must be received prior to service commencement.

To Mail a Signed Document: Alliance HealthCare Services, Inc., ATTN: Contracts Administration Department, 18201 Von Karman, Suite 600, Irvine, California 92612.

To Email a Signed Document: Contracts@alliancerадiology-us.com

To Fax a Signed Document: 602-345-7637

GENERAL TERMS AND CONDITIONS

1. EQUIPMENT AND SERVICES.

1.1 The Unit. Alliance shall provide an MRI system described in the cover page(s) to this Agreement (the "Unit"). If the Unit described is deemed in Alliance's discretion to be unavailable, a reasonably comparable Unit may be substituted.

1.2 Personnel.

a) Provision of Personnel. Alliance shall provide the services of technical personnel to operate the Unit as appropriate for Client's procedure volume. Alliance shall ensure that all services provided by Alliance's personnel shall be within the scope of his/her respective duties. Nothing in this Agreement shall be construed to obligate Alliance to violate any applicable employment laws or regulations, and Alliance personnel shall be entitled to take all breaks as required under any applicable laws or regulations.

b) Non-Solicitation. Both parties agree not to hire or contract with any of the other party's employees during the term of this Agreement, including renewals, and for a period of one (1) year after services cease (collectively, the "Non-Solicitation Period"), without the other party's prior written consent. Alliance and Client hereby agree that in the event of a breach of this provision damages shall be difficult to calculate and therefore agree the non-defaulting party shall be entitled to receive six (6) times the monthly average salary of such employee for the past twelve months (or such shorter period as the employee may have been employed by the non-defaulting party). Alliance and Client agree that the aforementioned amounts are reasonable and shall constitute liquidated damages and not a penalty. Nothing in this Section will restrict a party's right to recruit or solicit generally in the media or hire the other party's employee who answers any advertisement or who applies for hire without having been recruited or solicited personally by the hiring party.

c) Disclosure of Personnel Information. Notwithstanding anything to the contrary in this Agreement, Client agrees, for as long as Alliance remains a Joint Commission-accredited organization, that Client shall not need to independently verify, and shall not require any oral information or written documentation concerning the credentialing, education, training, evaluation, or competencies related to any of Alliance's technical personnel beyond the following, which documentation set composition may be modified from time-to-time by Alliance in its reasonable discretion and which Alliance will provide to Client in writing upon request: (a) a description of the competencies related to Alliance's technical personnel who provide services on the Unit; (b) copies of any licenses and certifications for such personnel; (c) evidence that all vaccination test(s) required by applicable State law or regulation have been taken by such personnel; (d) a job description for the technologist(s) providing services on the Unit; and (e) a letter from Alliance's Vice President of Human Resources or designee attesting that criminal investigation background checks have been performed for each of Alliance technical personnel who provide services on the Unit and that such personnel meet the requirements to be employed by Alliance. Alliance shall not be obligated to provide any background check report, drug test report or result, or job performance evaluation for any of Alliance's technical personnel. Further, notwithstanding anything to the contrary in this Agreement, in the event of a Joint Commission survey of Client, Alliance, upon request by the Joint Commission surveyor, shall have the personnel file of Alliance's technical personnel accessible to the surveyor only for review as may be required by the Joint Commission.

d) Confidentiality of Personnel Information. Client acknowledges that all verifications, documents, electronic data, and other materials concerning Alliance personnel that Alliance provides or makes accessible in connection with this Agreement (collectively, "Confidential Personnel Information") are valuable property of Alliance, and Client undertakes that, during the term of this Agreement and thereafter until such time that the Confidential Personnel Information otherwise becomes publicly available other than through breach of this Section, Client shall: (i) treat the Confidential Personnel Information as trade secret and confidential assets of Alliance's business; (ii) not disclose (directly or indirectly, in whole or in part) the Confidential Personnel Information to any third-party except with the prior written consent of Alliance or when and if properly disclosed in connection with the Centers for Medicare and Medicaid Services ("CMS"), The Joint Commission, or other applicable federal and state compliance surveys, audits, reviews and record requests or as required by law; (iii) not use (or in any way appropriate) the Confidential Personnel Information for any purpose other than compliance with CMS, The Joint Commission, or other applicable federal and state requirements and/or as required by law; (iv) limit the dissemination of and access to the Confidential Personnel Information to Client's officers, managers, employees, agents, attorneys, consultants, professional advisors or representatives on a need to know basis as may reasonably be required for the performance of Client's compliance obligations outlined above, provided Client ensures that such individuals and entities observe all the confidentiality obligations set forth in this Section; (v) be entitled to use the Confidential Personnel Information only in good faith for the legitimate conduct of its business activities, and shall not in any case use such Confidential Personnel Information to gain a competitive advantage or for purposes unrelated to compliance with CMS, The Joint Commission, or other applicable federal or state requirements; and (vi) return any and all Confidential Personnel Information to Alliance promptly upon the termination or expiration of this Agreement, including but not limited to all such materials, documents, information and electronic data, regardless of how stored or maintained, and including all originals and copies.

1.3 Maintenance. Alliance shall use reasonable efforts to cause the Unit to be maintained in good operating condition. Alliance may do so through the purchase of a maintenance contract from the Unit manufacturer or otherwise, in its discretion. Alliance shall provide cryogens. Client shall be responsible for maintaining in good and safe working order any equipment, including but not limited to an MRI safe gurney or MRI safe wheelchair that Client provides to Alliance for Alliance's use under this Agreement.

1.4 Patient Survey. Alliance and Client agree to implement a patient satisfaction survey process in partnership with a third party vendor of Alliance's choice at the Service Location. Further, Alliance agrees to provide to Client the results of such survey as requested by Client.

2. SCANNING ACTIVITIES.

2.1 Unit. Client shall prepare and maintain a safe and suitable site for the Unit which complies with the manufacturer's specifications (which shall be provided by Alliance) and all applicable laws and regulations. All site costs (for example, costs of tractor/trailer access and egress, power and telephone expenses) shall be Client's responsibility. The Service Location shall be as referenced in the cover page(s) to

this Agreement. Client represents and warrants to Alliance that it currently owns or has authorization to site the Unit at the Service Location. Further, Client further warrants and agrees that, at all times during the term of this Agreement, Client shall maintain the authorization or ownership to site the Unit at the Service Location. Client shall indemnify and hold Alliance harmless from any damages or liability arising out of breach of the representations and warranties in this Section. Client may request in writing to Alliance that the Service Location be moved, in which case any such move shall be subject to Alliance's prior approval; all of the obligations under this Section shall apply to the new Service Location.

2.2 Power. Client shall provide electrical power to the Unit, including a dedicated power line with 200 amps and 480 volts of three-phase power. Client shall provide the power line, a lockable disconnect box and receptacle within twenty-five (25) feet of the electrical receptacle on the Unit. Notwithstanding anything to the contrary in this Agreement, Client shall be responsible for the quality of power to the Unit and any damage to the Unit due to power that does not meet such specifications or any other problems with power (e.g., sags or surges). As such, Alliance recommends that Client install a line conditioner or surge protector to prevent any problems with power to the Unit. Client shall promptly report to Alliance any problems with power to the Unit.

2.3 Phone and Connectivity. Client shall provide the Unit with a voice telephone line, a dedicated fax-compatible telephone line and a RJ-45 ethernet broadband line with an automatic IP address assignment using Dynamic Host Control Protocol ("DHCP") and a proxy-less connection to the internet.

2.4 Operation. The Unit shall be operated only by employees or subcontractors of Alliance. Notwithstanding anything to the contrary in this Agreement, Client shall not be entitled to use the Unit, directly or through a subcontractor, during any period of suspension of this Agreement, following termination of this Agreement, or following expiration of this Agreement.

2.5 Medical Director. Client shall appoint a qualified and licensed physician to act as Medical Director hereunder, along with another such physician to act in his absence (the "Medical Director"). Client shall ensure that all orders for diagnostic procedures under this Agreement are made only by a licensed physician or another licensed healthcare provider authorized by applicable federal and/or state law. Client shall be solely responsible for all activities which constitute the practice of medicine (for example, providing medical advice to patients in connection with MRI procedures and the supervision of the injection of contrast agents). Client shall obtain any written consents from patients that are required by the USFDA, state or local law or prudent medical practice. Alliance shall be entitled, but not obligated, to use its own patient consent and screening questionnaire forms to supplement patient forms provided by the Client. Client shall have full responsibility for all medical care, supervision services, and advice provided to patients, in accordance with applicable laws, rules and regulations. All medical care shall be provided under the ultimate supervision of the Medical Director.

2.6 Medical Supplies; Hazardous Waste Disposal; Emergency Care. Client shall provide all medical supplies which may be required (including, but not limited to, film and film processing, linens, gowns/johnnies, medications, safety needles, and contrast agents) for the scheduled day of patient procedures. The Client will provide the same level of safe supplies for Alliance use as is used within the Client organization, i.e. safety needles, MRI safe wheelchairs as applicable, etc. Client agrees to dispose of all hazardous waste relating to the services under this Agreement that Alliance provides to Client from time-to-time. Client shall ensure the immediate availability at all times of equipment and personnel to treat patients who require emergency or other medical care (including a cardiac monitor, a fresh oxygen supply, an aspirator and a defibrillator). Client shall be responsible to cause such medical supplies to be maintained in good and safe condition.

2.7 Patient Handling. Client shall be responsible for the prompt and orderly pick up and delivery of patients to and from their rooms or other designated areas.

2.8 Patient Log. Alliance shall maintain a log of all procedures performed on the Unit. Client shall be provided with copies of the log upon request.

2.9 Modifications. Client shall not modify or alter the Unit without Alliance's prior written consent. Client shall not allow any portion of the Unit to become permanently attached to real property. Client agrees that it does not have any ownership or security interest in the Unit and agrees to execute any documents necessary to that effect. Nothing in this Section, shall affect any ownership interest that Client has in its own property.

2.10 Scheduling. Client shall use all reasonable efforts to schedule its patients consecutively from the beginning of each service day to minimize unutilized scanning time and to prescreen patients for conditions unsuitable for MRI procedure. Notwithstanding anything to the contrary in this Agreement, Alliance reserves the right, with prior verbal notification, to modify the provision of services on a day in which less than five (5) patients are scheduled. In addition, Alliance reserves the right to release its technical personnel and/or Unit from Client's Service Location after the completion of the last scheduled procedure on any given service day in which no more patients are scheduled provided the technologist(s) have verbally confirmed with the Client that no additional patients shall be added to the schedule for that particular service day.

2.11 Notification of Physicians. Client shall notify its staff of physicians of the availability of the Unit and shall use reasonable efforts to educate the community about the Unit.

2.12 Exclusivity. Client agrees to use Alliance solely for all of its MRI needs, except for an emergency where the use of Alliance's service is impractical, when the patient expresses a desire to receive MRI services from a different provider, when the patient's insurance determines that the patient must receive MRI services from a different provider, or when the referral is not in the best medical interest of the patient in the physician's judgment. Client, on behalf of itself, its parent, its subsidiaries, owners and/or corporate affiliates (including but not limited to any entity in which Client has an ownership interest) agrees during the term of this Agreement, not to own, permit, lease, manage, or invest in any MRI system or engage any entity besides Alliance to provide Client with MRI services. Notwithstanding anything to the contrary in this Agreement, this Section shall remain in effect during any period in which the Agreement is suspended. Further, in the event this Agreement terminates due to a Client default under this Agreement, this Section shall survive such termination and remain in effect for the remainder of the then-current term of the Agreement had the Agreement not early terminated.

2.13 Access to Records. If the value or cost of services rendered pursuant to this Agreement is $10,000 or more over a 12-month period, in accordance with Section 1861(v)(1)(I) of the Social Security Act, Alliance agrees that

until the expiration of four (4) years after the furnishing of services under this Agreement, Alliance shall make available, upon written request by the Secretary of the U.S. Department of Health and Human Services, or upon request by the Comptroller General of the United States, or any of their duly authorized representatives, such contracts, books, documents, and records of Alliance that are necessary to certify the nature and extent of such costs. If Alliance carries out any of the duties of this Agreement through a subcontract with another organization and the value or cost of such subcontracted services is $10,000 or more over a twelve (12) month period, such subcontract shall contain a clause to the same effect as this provision.

2.14 Licenses. Client shall obtain and maintain all required licenses and regulatory approvals necessary to operate the Unit at Client's Service Location. Alliance shall reasonably cooperate to assist Client to obtain such licenses and approvals.

2.15 Taxes. All taxes, if any (for example, sales, use or similar taxes), on the services hereunder shall be the responsibility of Client (other than taxes on Alliance's net income from the services hereunder).

2.16 Professional Interpretations. Client shall need to engage a radiologist to provide interpretations of MRI procedures for Client patients. Alliance shall not be responsible for providing any such interpretations.

2.17 Patient Records. Client shall maintain patient records for each patient who receives procedures performed under this Agreement.

2.18 Miscellaneous Activities.

a) Environment of Care and Emergency Management Drills. In addition to annual Alliance required annual emergency drills for its team members, the Client shall include Alliance team members at the Service Location in Client's emergency drills. For Alliance team members working on mobile units, the Client shall provide notification of all emergencies occurring inside the Client facility.

b) Human Resources. For medical equipment supplied by the Client, such as I-Stats, glucometers, the Client must conduct the initial training and annual competencies and provide copies of such to the Alliance Manager of Operations. Client supplied medical equipment requiring high level disinfection ("HLD") such as endocavitary probes, require evidence of initial HLD training and annual competency conducted by the Client.

c) Client supplied monitoring equipment and injectors. The Client must conduct annual preventative maintenance and shall provide documentation of such preventative maintenance to Alliance upon request.

d) Quality Control. Regular quality control ("QC") is performed by Alliance in accordance with ACR, Joint Commission and/or the original equipment manufacturer as applicable and monitored by the technologist. Results of QC shall be provided to the Client upon request.

e) Safety. Client will abide by the Alliance policy for transporting patients to and from the customer site via wheelchair for all patients identified as a falls risk through use of the Alliance falls risk assessment or the Client's fall risk assessment to be determined prior to the start of business. All patients will be taken onto the mobile coach via patient lift unless extenuating circumstances present in which case only patients determined NOT to be a falls risk (per falls risk assessment) will be permitted to be accompanied onto the Unit stairs with a signed copy of the Alliance falls risk assessment.

3. FEES AND BILLING. Client shall pay Alliance fees that are set forth in the cover page(s) to this Agreement. All fees for a billing period shall be due and payable within fifteen (15) days of the last day of such period. Alliance shall invoice Client twice each month. Client shall pay a late fee of one and one-quarter percent (1 ¼ %) or the maximum legal rate, whichever is less, on all balances outstanding more than fifteen (15) days beyond the due date compounded and assessed for each month that such balances are past due. Alliance may adjust fees effective on each anniversary of the Commencement Date by the percentage increase for the Medical Care Services component of the Consumer Price Index for all Urban Consumers (CPI-U) as recorded by the Department of Labor Index for the then most recently available twelve month period. Client shall be responsible for all billings to Client patients and/or third party payors for MRI procedures performed on the Unit. Client's obligation to pay Alliance compensation in accordance with the provisions of this Agreement shall not be dependent upon Client's billing and collection of patient and/or third party payor accounts receivable. Alliance shall not bill, and Alliance shall not cause bills to be submitted to, any patient or third party payor for MRI procedures performed on the Unit. All billings for Client patients shall be in the name of Client, and Client shall not subcontract any of the services under this Agreement or the Unit to any third party. Both parties agree that Alliance is providing its services set forth on this Agreement "under arrangement" with Client, such that upon Client's receipt of payment from the Medicare program for MRI procedures performed in the Unit, the liability of the beneficiary or any other person to pay for such services shall be fully discharged.

4. TERM. The term shall be as specified in the cover page(s) to this Agreement. The term of the Agreement shall also be extended coterminously with any period(s) services are suspended. In the event this Agreement terminates or expires and Client continues to accept services, the terms and conditions of this Agreement shall apply to the provision of services and Client shall be bound to accept such services until and unless Client shall terminate such extension upon further written notice to Alliance of not less than ninety (90) days. During any such term extension, the fees paid to Alliance may be increased 10%.

5. SCHEDULING. Alliance shall make the Unit available to Client according to the schedule specified on the cover page(s) to this Agreement. Alliance personnel will not be available during the following holidays observed by Alliance: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

6. INSURANCE, INDEMNIFICATION.

6.1 Insurance.

a) Alliance. Alliance shall maintain insurance covering all risks of physical loss or damage to the Unit, comprehensive general liability and professional liability covering the conduct of its employees, all in amounts and subject to deductibles that are customary in the industry.

b) Client. Client shall maintain comprehensive general and professional liability insurance covering the Client, its employees, staff and physicians and shall require the Medical Director and other physicians who interpret or report on procedures performed on the Unit to maintain professional liability insurance. All such insurance shall be in amounts and with deductibles that are customary in the industry. Client shall bear the risk of loss or damage to the Unit from Client's negligent actions or omissions.

6.2 Indemnification. Each party hereto shall indemnify and hold the other party harmless from and against

any and all liability, loss, damage, cause of action, cost or expense (including reasonable attorney's fees) arising out of, or in any way connected with, any negligent or intentional act or failure to act, any breach of any representation or warranty under this Agreement, or any other wrongful conduct by the respective party, its members, agents, employees or subcontractors in the performance of its duties under this Agreement. The parties agree that upon receipt of a claim or demand for which a party is entitled to indemnification, the indemnified party shall: (i) provide the indemnifying party with prompt written notice of any indemnifiable claim; (ii) permit the indemnifying party to assume sole control of the defense with counsel selected by the indemnifying party; (iii) furnish the indemnifying party with all documents and information within the possession, custody, or control of the indemnified party relating to such claim; (iv) reasonably cooperate with the indemnifying party and its counsel; and (v) not enter into any oral or written negotiation, settlement, or compromise of any indemnifiable claim without the indemnifying party's prior written consent. In the event the indemnifying party defends the indemnifiable claim, it may do so under a reservation of its rights to cease the defense of the claim at a later date (upon reasonable prior written notice to the indemnified party) in the event it is determined that the indemnifying party has no obligation to defend or indemnify the claim.

7. GENERAL.

7.1 Independence. Alliance is an independent contractor of Client, and this Agreement is a contract for services, not a lease. No agency, employment, partnership or joint venture is intended to be created by this Agreement. Neither Alliance nor Client shall take any action or position which is inconsistent with those descriptions of the relationship.

7.2 Remedies. Neither party shall be responsible for failure to provide services as a result of conditions caused by the other party. NOTWITHSTANDING ANYTHING IN THIS AGREEMENT TO THE CONTRARY, NEITHER PARTY SHALL BE RESPONSIBLE FOR INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL, OR OTHER SPECIAL DAMAGES THAT THE OTHER PARTY MAY INCUR OR EXPERIENCE IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PROVIDED BY A PARTY, HOWEVER CAUSED AND UNDER WHATEVER THEORY OF LIABILITY, EVEN IF A PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

7.3 Waiver. No waiver of any provisions of this Agreement or a breach thereof shall be valid or enforceable unless in writing and signed by both parties. The waiver by either party of any breach of any term, covenant, warranty, or condition contained in this Agreement shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant or condition contained in this Agreement.

7.4 Notices. All notices required or permitted under this Agreement must be in writing and delivered either by reputable national or international overnight delivery service or by registered or certified U.S. mail (postage prepaid with return receipt requested). The initial addresses of the parties to which notice must be sent are listed on the cover page(s) to this Agreement. Notices to Alliance shall be sent to the attention of Chief Legal Officer. If notice is delivered by reputable national or international overnight delivery service, then notice shall be effective one (1) business day after deposit with the carrier. If notice is delivered by registered or certified U.S. mail (postage prepaid with return receipt requested), then notice shall be effective five (5) business days after deposit with the carrier. Either party may change its address for notice by notifying the other by a permitted method of giving notice.

7.5 Governing Law. This Agreement shall be governed by the law of the state where services are performed.

7.6 Entire Agreement; Amendment. This Agreement is the parties' entire understanding and supersedes all prior agreements, oral and written, with respect to the subject matter of this Agreement, and no party will be bound by any representation, covenant, term, or condition other than as expressly stated in this Agreement. No statements, promise, or representations have been made by any of the Parties to any other, and no consideration has been offered, promised, expected or held out other than as is expressly provided herein. This Agreement may not be amended except by written agreement signed by both parties to this Agreement. No handwritten changes to this Agreement shall be enforceable unless such changes are initialed by both parties to this Agreement. This Agreement is binding upon and will inure to the benefit of the parties and their respective heirs, personal representatives, successors, and assigns.

7.7 Successors and Assigns. Neither party may assign this Agreement without the prior written consent of the other party, which consent shall not be unreasonably withheld. Client agrees that this Agreement may be performed, in whole or part, by a parent, subsidiary, or affiliate of Alliance and further consent shall not be required. Alliance may also assign the proceeds of this Agreement. Client shall require any successor or assign (whether direct or indirect, by purchase, merger, reorganization, consolidation, sale of property or stock, liquidation, or otherwise) to all or a substantial portion of its assets, by agreement in form and substance reasonably satisfactory to Alliance, to expressly assume and agree to perform Client's obligations under this Agreement.

7.8 Third Parties. Nothing in this Agreement creates, or will be deemed to create, any third party beneficiaries of or under this Agreement.

7.9 Attorney Fees. In any dispute arising out of this Agreement (whether litigation is involved or not) or in the event that either party must take action to collect fees or enforce rights, the prevailing party shall be entitled to reimbursement of its expenses, including court expenses and lawyers' fees.

7.10 Certain Events. Neither party will be responsible for any failure or delay in its performance under this Agreement (other than financial obligations including payment of amounts due) if such failure or delay is the result of any: labor dispute; act of God; inability to obtain labor or materials; accident; future law, regulation, ordinance or requirement of any government or regulatory agency; or any other event which is beyond its reasonable control.

7.11 Confidentiality. Alliance and Client acknowledge and agree that this Agreement is highly confidential and proprietary and agree that neither they, nor any of their employees, contractors, or physicians, shall disclose in any manner the terms, provisions, pricing or any other information contained in this Agreement (or any related proposal) to any third party. Further, Client shall ensure that neither it nor any of its employees, contractors, or physicians disclose any of Alliance's policies, procedures, or other confidential information that Client or its employees, contractors, physicians receives, except to the extent required by an accreditation organization to which Client is subject or a governmental entity.

7.12 Accreditation. Alliance and Client agree to set standards of care and quality that comply with The Joint

Commission and the American College of Radiology (ACR). Alliance and Client mutually shall cooperate in all phases of applying, scheduling, preparing and executing surveys or inspections by The Joint Commission and ACR, as needed. Both parties agree to work cooperatively to implement changes, correct deficiencies or establish policies required and/or recommended by the inspecting agencies as applicable. Alliance shall provide Client with a copy of Alliance's Joint Commission accreditation certificate and most current patient satisfaction survey results, as requested by Client.

7.13 Severability. In the event that any provision of this Agreement, or the application thereof, becomes or is declared by a court of competent jurisdiction to be illegal, void or unenforceable, the remainder of this Agreement shall continue in full force and effect and the application of such provision to other persons or circumstances shall be interpreted so as reasonably to effect the intent of the parties hereto. The parties hereto further agree to use their commercially reasonable efforts to replace such void or unenforceable provision of this Agreement with a valid and enforceable provision that shall achieve, to the extent possible, the economic, business and other purposes of such void or unenforceable provision.

7.14 Credit Checks. By signing the cover page(s) to this Agreement, Client hereby authorizes Alliance, as determined necessary by Alliance in Alliance's discretion upon such signature and from time-to-time during the term of the Agreement, to (i) obtain a standard factual credit data report concerning Client through a credit reporting agency or any other similar agency (a "Credit Reporting Agency") chosen by Alliance, and (ii) release to such Credit Reporting Agency any credit applications, financial information, or any other information of Client. Further, Client hereby agrees to provide Alliance with all appropriate credit applications and paperwork necessary to effectuate the above.

7.15 Construction. Every term and provision of this Agreement is to be construed simply according to its fair meaning and not strictly for or against any party. No provision of this Agreement is to be interpreted as a penalty upon, or a forfeiture by, any party to this Agreement. The parties acknowledge their right to separate legal counsel, and agree to obtain any appropriate advice or opinions about this transaction from their respective counsel. The parties acknowledge that they and their respective legal counsel have had the opportunity to participate equally in the drafting of this Agreement and that in the event of a dispute, no party shall be treated, for any purpose, as the author of this Agreement nor have any ambiguity resolved against it on account thereof.

7.16 Execution. By their signatures on the cover page(s) of this Agreement, each of the signatories to this Agreement represent that they have the authority to execute this Agreement and to bind the party on whose behalf their execution is made. This Agreement constitutes the legal, valid and binding obligation of the parties enforceable in accordance with its terms.

7.17 Counterparts. This Agreement may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Delivery of an executed counterpart of this Agreement may be made by facsimile or other electronic transmission. Any such counterpart or signature pages sent by facsimile or other electronic transmission shall be deemed to be written and signed originals for all purposes, and copies of this Agreement containing one or more signature pages that have been delivered by facsimile or other electronic transmission shall constitute enforceable original documents. As used in this Agreement, the term "electronic transmission" means and refers to any form of communication not directly involving the physical transmission of paper that creates a record that may be retained, retrieved and reviewed by a recipient of the communication, and that may be directly reproduced in paper form by such a recipient through an automated process.

8. TERMINATION.

8.1 Termination.

a) Material Breach. Alliance or Client may terminate this Agreement if the other party breaches any material covenant, term or provision of this Agreement and the material breach is not cured within sixty (60) days following provision of notice to the breaching party specifying the alleged material breach.

b) Bankruptcy. Alliance or Client may terminate this Agreement if the other party commits or suffers (voluntarily or involuntarily) an act of bankruptcy, receivership, liquidation or similar event.

8.2 Termination, Alliance. Alliance may terminate this Agreement or suspend service if:

a) Payment Default. Client fails to make any payment to Alliance when due and such failure continues for ten (10) days following notice to Client. In the case of any payment default, Alliance may, without notice, cease providing services hereunder after three (3) days following a payment due date should it feel insecure with respect to Client's ability or willingness to make payment.

b) Inability to Cover Costs. Alliance is unable to cover its costs on the services provided hereunder, provided that the parties have negotiated in good faith to modify the terms of this Agreement to eliminate such inability and a period of sixty (60) days has elapsed since Alliance originally notified Client of such condition. In lieu of termination, Alliance may reduce the number of days of service provided.

c) Mobile Route. Alliance's mobile route for service on the Unit to all Alliance clients (including but not limited to Client) should fall below four full days of contracted service per week.

8.3 Default. In the event that this Agreement terminates due to a default by Client under Section 8.1(a), Section 8.1(b), Section 8.2(a), or Section 9.4 of this Agreement, Alliance may take any action at law or in equity, including, but not limited to, collecting from Client payments then due and to become due under the remaining term of the Agreement had the Agreement not early terminated. Alliance and Client hereby agree that, in the event of Client's default of this Agreement and Alliance's subsequent termination of this Agreement, damages shall be calculated by using the greater of: (i) the average monthly procedure volumes by Client over the twelve-month period (or such lesser period if Alliance did not provide at least twelve (12) months of service to Client prior to termination) immediately prior to termination of this Agreement; or (ii) the procedure volume benchmarks set forth in the cover page(s) to this Agreement. The foregoing remedies are in addition to any provided by law. Neither party shall have an obligation to exercise any remedy and the exercise of the remedy shall not release the parties for any obligation hereunder. All remedies shall be cumulative, and action on one shall not constitute an election or waiver of any other right to which either party may be entitled.

The termination of this Agreement shall not discharge Client from any liability associated with services rendered prior to the termination of this Agreement. Client agrees that at the time of termination, all balances owed Alliance must be paid in full.

9. COMPLIANCE WITH LAWS.

9.1 Compliance with Current Laws. The parties agree that it is their understanding and intent that this Agreement, including any exhibits and other attachments, complies as of the effective date hereof with all applicable federal and state laws and regulations, including, but not limited to, self-referral and anti-kickback laws. Further, the parties agree that they shall comply with all such laws and regulations, as may be amended from time to time. Client represents and warrants that it has not relied on any billing or reimbursement advice that it may have directly or indirectly received from Alliance, and that Client has and shall consult with Client's own billing and reimbursement experts and attorneys with respect to billing under this Agreement. Further, Client warrants and agrees that, throughout the term of this Agreement, Client shall comply with all applicable billing laws, regulations and rules, as may be amended from time to time.

9.2 No Inducement. This Agreement has been negotiated in good faith through arms' length negotiations. Nothing contained in this Agreement, including any compensation paid or payable, is intended or shall be construed: (i) to require, influence or otherwise induce or solicit either party regarding referrals of business, or recommending the ordering of any items or services, of any kind whatsoever to the other party or any of its affiliates, or to any other person, or otherwise generate business between the parties, or (ii) to interfere with a patient's right to choose his or her own health care provider, or with a physician's medical judgment regarding the ordering of any items or services.

9.3 Change in Law. If any change in any applicable federal, state or local government laws, rules or regulations (each, a "Law" and, collectively, "Laws") would render unlawful the conduct under this Agreement of either party hereto, then the parties shall negotiate in good faith to restructure the business arrangement between the parties to conform with the then existing Laws. If the parties have not reached an agreement regarding the material terms of the restructured business arrangement within forty-five (45) days of the change in such Law or by the effective date of such Law, whichever is sooner, then this Agreement may be cancelled by either party upon thirty (30) days' written notice to the other party or upon such effective date, whichever is sooner.

9.4 No Federal Health Care Program Exclusion. Each party represents and warrants to the other party that: (i) neither the representing party nor any of its officers, directors, or employees or contractors providing services under this Agreement are currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the "Federal health care programs"); (ii) neither the representing party nor any of its officers, directors, or employees or contractors providing services under this Agreement have ever been convicted of a criminal offense related to health care; and (iii) the representing party is not aware of any circumstances which may result in the representing party or any of its officers, directors, or employees or contractors providing services under this Agreement being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement, and each party shall immediately notify the other party of any change in status of the representation and warranty set forth in this Section. In the event a party or any of its officers, directors, or employees or contractors providing services under this Agreement become excluded, debarred, or otherwise ineligible to participate in the Federal health care programs, that party shall be considered in default of this Agreement, and the other party may immediately terminate this Agreement for cause; provided, however, a party can prevent such termination if that party is not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs and immediately terminates its relationship with any of its officers, directors, or employees or contractors providing services under this Agreement who become excluded, debarred, or otherwise ineligible to participate in the Federal health care programs.

[END OF GENERAL TERMS AND CONDITIONS]

INV0418284

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@allianceimaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number:	[redacted]2672
Customer Name:	Panola Medical Center
Invoice Date:	04/15/2018
Invoice Number:	INV0418284
Amount Due:	$9,900.00
Amount Paid:	$
Customer Comments:	

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	04/19/2018
Invoice No.	INV0418284
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:

Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]	[redacted]	BLCROSS	[redacted]	L-Spine W/O	04/02/2018 Mon	O	$275.00
2			BLCROSS		C-Spine W/O	04/02/2018 Mon	O	$275.00
3			BLCROSS		L-Spine W/O	04/02/2018 Mon	O	$275.00
4			WKRSCOMP		L-Spine W/O	04/02/2018 Mon	O	$275.00
5			WKRSCOMP		T-Spine W/O	04/02/2018 Mon	O	$275.00
6					Upper Ext w/o	04/02/2018 Mon	O	$0.00
7					Upper Ext w/o	04/02/2018 Mon	O	$0.00
8					L-Spine W/O	04/02/2018 Mon	O	$0.00
9			UNITEDHL		Brain W/O Con	04/05/2018 Thu	O	$275.00
10			Ambetter		Brain W & W/O	04/05/2018 Thu	O	$275.00
11					Brain W & W/O	04/05/2018 Thu	I	$275.00
12			BLCROSS		L-Spine W/O	04/05/2018 Thu	O	$275.00
13			BLCROSS		L-Spine W/O	04/05/2018 Thu	O	$275.00
14					L-Spine W/O	04/05/2018 Thu	O	$275.00
15			Windsor		Upper Ext w/o	04/06/2018 Fri	O	$275.00
16			MEDICARE		L-Spine W/O	04/06/2018 Fri	O	$275.00
17			MEDICARE		Brain W/O Con	04/06/2018 Fri	O	$275.00
18			BLCROSS		L-Spine W & W/O	04/06/2018 Fri	O	$275.00
19			MEDICARE		C-Spine W/O	04/06/2018 Fri	O	$275.00
20			MEDICARE		Brain W/O Con	04/06/2018 Fri	O	$275.00
21			BLCROSS		Upper Ext w/o	04/06/2018 Fri	O	$275.00
22			BLCROSS		L-Spine W/O	04/09/2018 Mon	O	$275.00
23			MEDICARE		L-Spine W/O	04/09/2018 Mon	O	$275.00
24			MEDICARE		C-Spine W/O	04/09/2018 Mon	O	$275.00
25			MEDICARE		L-Spine W/O	04/09/2018 Mon	O	$275.00
26			WKRSCOMP		Upper Ext w/o	04/09/2018 Mon	O	$275.00
27			WKRSCOMP		T-Spine W/O	04/09/2018 Mon	O	$275.00
28			UNITEDHL		Upper Ext w/o	04/12/2018 Thu	O	$275.00
29			BLCROSS		Upper Ext w/o	04/12/2018 Thu	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 10632, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date 04/15/2018
Invoice No. INV0418284
Customer No. [redacted]2672
Terms Net 30
Region 777

LINE	PATIENT NAME	ID	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]		MEDICAID	[redacted]	L-Spine W/O	04/12/2018 Thu	O	$275.00
31			BLCROSS		Lower Ext, Joint w/o	04/12/2018 Thu	O	$275.00
32			UNITEDHL		C-Spine W/O	04/12/2018 Thu	O	$275.00
33			UNITEDHL		Brain W/O Con	04/12/2018 Thu	O	$275.00
34			HUMANAHLT		C-Spine W/O	04/13/2018 Fri	O	$275.00
35			HUMANAHLT		L-Spine W/O	04/13/2018 Fri	O	$275.00
36			HUMANAHLT		T-Spine W/O	04/13/2018 Fri	O	$275.00
37			MEDICAID		Lower Ext, Joint w/o	04/13/2018 Fri	O	$275.00
38			VETADM		L-Spine W/O	04/13/2018 Fri	O	$275.00
39			WKRSCOMP		Lower Ext, Joint w/o	04/13/2018 Fri	O	$275.00
						Total		$9,900.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances
in accordance with your contract

INV0419191

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@allianceimaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number: [redacted]2672
Customer Name: Panola Medical Center
Invoice Date: 04/30/2018
Invoice Number: INV0419191
Amount Due: $10,725.00
Amount Paid: $

Customer Comments:

Alliance HealthCare Services

PO Box 19532, Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	04/30/2018
Invoice No.	INV0419101
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]	[redacted]	WKRSCOMP	[redacted]	Lower Ext, Joint w/o	04/16/2018 Mon	O	$275.00
2			MEDICARE		Upper Ext w/o	04/16/2018 Mon	O	$275.00
3			HUMANAHLT		L-Spine W/O	04/16/2018 Mon	O	$275.00
4			MEDICARE		C-Spine W/O	04/16/2018 Mon	O	$275.00
5			WKRSCOMP		Lower Ext, Joint w/o	04/16/2018 Mon	O	$275.00
6			UNITEDHL		L-Spine W/O	04/16/2018 Mon	O	$275.00
7					C-Spine W/O	04/19/2018 Thu	O	$0.00
8					Brain W/O Con	04/19/2018 Thu	I	$275.00
9					MRA Neck w/o	04/19/2018 Thu	I	$0.00
10					Brain W/O Con	04/19/2018 Thu	O	$0.00
11					T-Spine W/O	04/19/2018 Thu	O	$0.00
12					L-Spine W/O	04/19/2018 Thu	O	$0.00
13			Humana Ch		Brain W/O Con	04/19/2018 Thu	O	$275.00
14			MEDICARE		L-Spine W/O	04/19/2018 Thu	O	$275.00
15			Boon		MRI Pituitary / IAC	04/19/2018 Thu	O	$275.00
16			MEDICARE		Brain W/O Con	04/19/2018 Thu	O	$275.00
17			UNITEDHL		L-Spine W/O	04/20/2018 Fri	O	$275.00
18					L-Spine W/O	04/20/2018 Fri	O	$275.00
19			Sedgewick		Upper Ext w/o	04/20/2018 Fri	O	$275.00
20			MEDICARE		L-Spine W/O	04/20/2018 Fri	O	$275.00
21			MEDICARE		Brain W/O Con	04/20/2018 Fri	O	$275.00
22			BLCROSS		C-Spine W/O	04/23/2018 Mon	O	$275.00
23			HUMANAHLT		L-Spine W/O	04/23/2018 Mon	O	$275.00
24			BLCROSS		Upper Ext w/o	04/23/2018 Mon	O	$275.00
25			BLCROSS		Lower Ext, Joint w/o	04/23/2018 Mon	O	$275.00
26			Humana Gold		Brain W/O Con	04/23/2018 Mon	O	$275.00
27					L-Spine W/O	04/23/2018 Mon	O	$275.00
28			MEDICARE		L-Spine W/O	04/23/2018 Mon	O	$275.00
29					L-Spine W/O	04/23/2018 Mon	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	04/30/2018
Invoice No.	INV0419191
Customer No.	[redacted]2672
Terms	Net 30
Region	777

LINE	PATIENT NAME	ID	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	T/O	AMOUNT
30	[redacted]	[redacted]	[redacted]	[redacted]	Brain W/O Con	04/23/2018 Mon	I	$0.00
31					Brain W/O Con	04/23/2018 Mon	I	$0.00
32					MRA Neck w/o	04/23/2018 Mon	I	$0.00
33			UNITEDHL		L-Spine W/O	04/26/2018 Thu	O	$275.00
34			BLCROSS		T-Spine W/O	04/26/2018 Thu	O	$275.00
35			MEDICARE		L-Spine W/O	04/26/2018 Thu	O	$275.00
36					L-Spine W/O	04/26/2018 Thu	O	$0.00
37					Brain W/O Con	04/26/2018 Thu	I	$275.00
38			MEDICARE		Brain W/O Con	04/26/2018 Thu	O	$275.00
39			BLCROSS		Upper Ext w/o	04/26/2018 Thu	O	$275.00
40			BLCROSS		L-Spine W/O	04/26/2018 Thu	O	$275.00
41			MEDICARE		L-Spine W/O	04/27/2018 Fri	O	$275.00
42			BLCROSS		C-Spine W/O	04/27/2018 Fri	O	$275.00
43					L-Spine W/O	04/27/2018 Fri	O	$0.00
44			MEDICARE		Upper Ext w/o	04/27/2018 Fri	O	$275.00
45			MEDICARE		Brain W/O Con	04/27/2018 Fri	O	$275.00
46					L-Spine W/O	04/27/2018 Fri	O	$0.00
47					Brain W & W/O	04/27/2018 Fri	O	$0.00
48			HUMANA		Upper Ext w/o	04/30/2018 Mon	O	$275.00
49			BLCROSS		Upper Ext w/o	04/30/2018 Mon	O	$275.00
50			SELF PAY		C-Spine W/O	04/30/2018 Mon	O	$275.00
51			Magnolia		Lower Ext, Joint w/o	04/30/2018 Mon	O	$275.00
						Total		$10,725.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

INV0419957

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@allianceimaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number: [redacted]2672
Customer Name: Panola Medical Center
Invoice Date: 05/15/2018
Invoice Number: INV0419957
Amount Due: $8,525.00
Amount Paid: $

Customer Comments:

Alliance HealthCare Services

PO Box 19532, · Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	05/15/2018
Invoice No.	INV0119957
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]	[redacted]	Magnolia	[redacted]	L-Spine W/O	05/03/2018 Thu	O	$275.00
2			BLCROSS		Brain W & W/O	05/03/2018 Thu	O	$275.00
3			MEDICARE		Joint/Up Ext w	05/03/2018 Thu	O	$275.00
4			MEDICARE		Brain W & W/O	05/03/2018 Thu	O	$275.00
5			MEDICARE		Pelvis w/o	05/03/2018 Thu	O	$275.00
6			SELF PAY		Upper Ext w/o	05/04/2018 Fri	O	$275.00
7			Magnolia		Upper Ext w/o	05/04/2018 Fri	C	$275.00
8			Magnolia		Upper Ext w/o	05/04/2018 Fri	O	$275.00
9			BLCROSS		Upper Ext w/o	05/04/2018 Fri	O	$275.00
10					Brain W & W/O	05/04/2018 Fri	O	$0.00
11			MEDICARE		L-Spine W/O	05/04/2018 Fri	O	$275.00
12			BLCROSS		T-Spine W/O	05/04/2018 Fri	O	$275.00
13			PHCS		L-Spine W/O	05/07/2018 Mon	O	$275.00
14					Brain W/O Con	05/07/2018 Mon	I	$275.00
15					Brain W & W/O	05/07/2018 Mon	I	$275.00
16					Upper Ext w/o	05/07/2018 Mon	O	$0.00
17					L-Spine W/O	05/07/2018 Mon	O	$0.00
18					Lower Ext, Joint w/o	05/07/2018 Mon	O	$275.00
19					L-Spine W/O	05/07/2018 Mon	O	$0.00
20					L-Spine W/O	05/07/2018 Mon	O	$0.00
21					L-Spine W/O	05/10/2018 Thu	O	$0.00
22			BLCROSS		Brain W/O Con	05/10/2018 Thu	O	$275.00
23			MEDICARE		Brain W & W/O	05/10/2018 Thu	O	$275.00
24					L-Spine W/O	05/10/2018 Thu	O	$0.00
25					Brain W/O Con	05/10/2018 Thu	O	$0.00
26					Lower Ext, Joint w/o	05/10/2018 Thu	O	$0.00
27			BLCROSS		T-Spine W/O	05/11/2018 Fri	O	$275.00
28			BLCROSS		L-Spine W/O	05/11/2018 Fri	O	$275.00
29			TRICARE		C-Spine W/O	05/11/2018 Fri	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, • Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date 05/15/2018
Invoice No. INV0419957
Customer No. [redacted]2672
Terms Net 30
Region 777

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]		TRICARE	[redacted]	Brain W & W/O	05/11/2018 Fri	O	$275.00
31					T-Spine W/O	05/11/2018 Fri	I	$275.00
32					L-Spine W/O	05/11/2018 Fri	I	$275.00
33			ESIS		Upper Ext w/o	05/14/2018 Mon	O	$275.00
34			TRICARE		L-Spine W/O	05/14/2018 Mon	O	$275.00
35			MEDICARE		Upper Ext w/o	05/14/2018 Mon	O	$275.00
36			MEDICARE		L-Spine W/O	05/14/2018 Mon	O	$275.00
37			MEDICARE		L-Spine W/O	05/14/2018 Mon	O	$275.00
38			MEDICARE		Lower Ext. Joint w/o	05/14/2018 Mon	O	$275.00
39					Brain W & W/O	05/14/2018 Mon	I	$275.00
40					L-Spine W/O	05/14/2018 Mon	O	$275.00
					Total			$8,626.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

INV0420853

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@alliancelmaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number:	[redacted]2672
Customer Name:	Panola Medical Center
Invoice Date:	05/31/2018
Invoice Number:	INV0420853
Amount Due:	$7,425.00
Amount Paid:	$
Customer Comments:	

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	06/31/2018
Invoice No.	INV0420853
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]			[redacted]	L-Spine W/O	05/17/2018 Thu	O	$275.00
2					L-Spine W/O	05/17/2018 Thu	O	$275.00
3					Lower Ext. Joint w/o	05/17/2018 Thu	O	$275.00
4					L-Spine W/O	05/17/2018 Thu	O	$275.00
5			MEDICARE		Brain W/O Con	05/18/2018 Fri	O	$275.00
6			MEDICARE		Upper Ext w/o	05/18/2018 Fri	O	$275.00
7			MEDICARE		L-Spine W & W/O	05/18/2018 Fri	O	$275.00
8			MEDICAID		L-Spine W/O	05/18/2018 Fri	O	$275.00
9			MEDICARE		L-Spine W/O	05/18/2018 Fri	O	$275.00
10			MEDICARE		L-Spine W/O	05/18/2018 Fri	O	$275.00
11			MEDICARE		Lower Ext. Joint w/o	05/18/2018 Fri	O	$275.00
12			MEDICARE		Upper Ext w/o	05/18/2018 Fri	O	$275.00
13			BLCROSS		T-Spine W/O	05/21/2018 Mon	O	$275.00
14			Magnolia		Brain W & W/O	05/21/2018 Mon	O	$275.00
15			MEDICARE		C-Spine W/O	05/21/2018 Mon	O	$275.00
16			MEDICARE		Upper Ext w/o	05/21/2018 Mon	O	$275.00
17			UHC Hawk		C-Spine W/O	05/24/2018 Thu	O	$0.00
18			MEDICARE		L-Spine W/O	05/24/2018 Thu	O	$275.00
19					C-Spine W/O	05/24/2018 Thu	O	$275.00
20					Lower Ext. Joint w/o	05/24/2018 Thu	O	$0.00
21					Brain W & W/O	05/24/2018 Thu	O	$0.00
22					L-Spine W/O	05/24/2018 Thu	O	$0.00
23					L-Spine W/O	05/24/2018 Thu	O	$0.00
24			UHC Hawk		Brain W & W/O	05/25/2018 Fri	O	$275.00
25			UHC Hawk		L-Spine W/O	05/25/2018 Fri	O	$275.00
26			CorVel		Lower Ext. Joint w/o	05/25/2018 Fri	O	$275.00
27					C-Spine W/O	05/25/2018 Fri	O	$0.00
28					Brain W & W/O	05/25/2018 Fri	O	$0.00
29					L-Spine W/O	05/25/2018 Fri	O	$0.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 18532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date 05/31/2018
Invoice No. INV0420853
Customer No. [redacted]2572
Terms Net 30
Region 777

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]	[redacted]		[redacted]	Brain W & W/O	05/25/2018 Fri	O	$0.00
31			UMR		L-Spine W & W/O	05/31/2018 Thu	O	$275.00
32			AETNA		L-Spine W/O	05/31/2018 Thu	O	$275.00
33					Brain W & W/O	05/31/2018 Thu	I	$275.00
34			AETNA		L-Spine W/O	05/31/2018 Thu	O	$275.00
35			BLCROSS		Upper Ext w/o	05/31/2018 Thu	O	$275.00
36					L-Spine W/O	05/31/2018 Thu	O	$0.00
37					L-Spine W/O	05/31/2018 Thu	O	$0.00
38					L-Spine W/O	05/31/2018 Thu	O	$0.00
39			MEDICARE		L-Spine W/O	05/31/2018 Thu	O	$275.00
					Total			$7,426.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

INV0421613

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@alliancelmaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number: [redacted]2672
Customer Name: Panola Medical Center
Invoice Date: 06/15/2018
Invoice Number: INV0421613
Amount Due: $10,450.00
Amount Paid: $

Customer Comments:

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	06/15/2018
Invoice No.	INV0421613
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	ID	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]		MEDICARE	[redacted]	Upper Ext w/o	06/01/2018 Fri	O	$275.00
2			BLCROSS		C-Spine W/O	06/01/2018 Fri	O	$275.00
3			MEDICARE		C-Spine W/O	06/01/2018 Fri	O	$275.00
4					L-Spine W/O	06/01/2018 Fri	O	$0.00
5					T-Spine W/O	06/01/2018 Fri	O	$0.00
6					Brain W & W/O	06/01/2018 Fri	O	$0.00
7			BLCROSS		L-Spine W/O	06/01/2018 Fri	O	$0.00
8			BLCROSS		Joint/Up Ex	06/04/2018 Mon	O	$275.00
9			BLCROSS		Upper Ext w/o	06/04/2018 Mon	O	$275.00
10			BLCROSS		C-Spine W/O	06/04/2018 Mon	O	$275.00
11			BLCROSS		C-Spine W/O	06/04/2018 Mon	O	$275.00
12			BLCROSS		L-Spine W/O	06/04/2018 Mon	O	$275.00
13			MEDICARE		L-Spine W/O	06/04/2018 Mon	O	$275.00
14		[redacted]	UHC Hawk		C-Spine W/O	06/04/2018 Mon	O	$275.00
15			MEDICARE		Lower Ext, Joint w/o	06/07/2018 Thu	O	$275.00
16			MEDICARE		C-Spine W/O	06/07/2018 Thu	O	$275.00
17			UNITEDHL		L-Spine W/O	06/07/2018 Thu	O	$275.00
18			HUM HMO		L-Spine W/O	06/07/2018 Thu	O	$275.00
19			TRICARE		Brain W & W/O	06/07/2018 Thu	O	$275.00
20			BLCROSS		C-Spine W/O	06/08/2018 Fri	O	$275.00
21			MEDICARE		C-Spine W/O	06/08/2018 Fri	O	$275.00
22			MEDICARE		Brain W & W/O	06/08/2018 Fri	O	$275.00
23					L-Spine W & W/O	06/08/2018 Fri	O	$0.00
24					Brain W & W/O	06/08/2018 Fri	O	$0.00
25					Brain W & W/O	06/08/2018 Fri	O	$0.00
26			MEDICARE		C-Spine W/O	06/11/2018 Mon	O	$275.00
27			MEDICARE		Brain W & W/O	06/11/2018 Mon	O	$275.00
28			MEDICARE		L-Spine W/O	06/11/2018 Mon	O	$275.00
29			MEDICARE		Brain W/O Con	06/11/2018 Mon	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, • Irvine, CA 92623
(949) 242-6300

STATEMENT FOR SERVICES RENDERED

Invoice Date 06/15/2018
Invoice No. INV0421613
Customer No. [redacted]2672
Terms Net 30
Region 777

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]		MEDICARE	[redacted]	L-Spine W & W/O	06/11/2018 Mon	O	$275.00
31			BLCROSS		L-Spine W/O	06/14/2018 Thu	O	$275.00
32			UHC Hawk		Abdomen w/o	06/14/2018 Thu	O	$275.00
33			UMR		L-Spine W/O	06/14/2018 Thu	O	$275.00
34			Humana Ch		C-Spine W & W/O	06/14/2018 Thu	O	$275.00
35			Humana Ch		L-Spine W & W/O	06/14/2018 Thu	O	$275.00
36					L-Spine W/O	06/14/2018 Thu	O	$275.00
37			VA Central		Lower Ext. Joint w/o	06/14/2018 Thu	O	$275.00
38					Lower Ext. Joint w/o	06/14/2018 Thu	O	$275.00
39					Lower Ext. Joint w/o	06/14/2018 Thu	O	$275.00
40					L-Spine W/O	06/15/2018 Fri	O	$275.00
41			MEDICARE		Upper Ext w/o	06/15/2018 Fri	O	$275.00
42			CommCare		Upper Ext w/o	06/15/2018 Fri	O	$275.00
43			MEDICARE		Upper Ext w/o	06/15/2018 Fri	O	$275.00
44			Magnolia		Brain W & W/O	06/15/2018 Fri	O	$275.00
45			BLCROSS		L-Spine W & W/O	06/15/2018 Fri	O	$275.00
						Total		$10,450.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract

INV0422511

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@allianceimaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606.

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number: [redacted]2672
Customer Name: Panola Medical Center
Invoice Date: 06/30/2018
Invoice Number: INV0422511
Amount Due: $9,350.00
Amount Paid: $

Customer Comments:

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-6300

STATEMENT FOR SERVICES RENDERED

Invoice Date	06/30/2018
Invoice No.	INV0422611
Customer No.	[redacted]2072
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]			[redacted]	L-Spine W/O	06/19/2018 Mon	O	$275.00
2			MEDICARE		Upper Ext w/o	06/18/2018 Mon	O	$275.00
3			MEDICARE		Brain W/O Con	06/18/2018 Mon	O	$275.00
4					Upper Ext w/o	06/18/2018 Mon	O	$0.00
5					L-Spine W/O	06/18/2018 Mon	O	$0.00
6					L-Spine W/O	06/18/2018 Mon	O	$0.00
7					Lower Ext. Joint w/o	06/18/2018 Mon	O	$0.00
8					L-Spine W/O	06/18/2018 Mon	O	$275.00
9			HUMANA		C-Spine W/O	06/21/2018 Thu	O	$275.00
10			MEDICARE		Pelvis w/o	06/21/2018 Thu	O	$275.00
11			MEDICARE		L-Spine W/O	06/21/2018 Thu	O	$275.00
12					MRA Brain w/o	06/21/2018 Thu	I	$275.00
13			MEDICARE		C-Spine W/O	06/21/2018 Thu	O	$275.00
14			CCMSI		L-Spine W/O	06/21/2018 Thu	O	$275.00
15			MEDICAID		Lower Ext. Joint w/o	06/21/2018 Thu	O	$275.00
16			BCBS Smart		L-Spine W/O	06/21/2018 Thu	O	$275.00
17			BCBS Smart		Pelvis w/o	06/21/2018 Thu	O	$275.00
18					L-Spine W/O	06/21/2018 Thu	O	$0.00
19					L-Spine W/O	06/21/2018 Thu	O	$0.00
20					Abdomen w & w/o	06/21/2018 Thu	I	$0.00
21					Abdomen w & w/o	06/22/2018 Fri	I	$275.00
22					L-Spine W/O	06/22/2018 Fri	O	$275.00
23					C-Spine W/O	06/22/2018 Fri	O	$275.00
24					L-Spine W/O	06/22/2018 Fri	O	$275.00
25		[redacted]	BLCROSS		C-Spine W/O	06/25/2018 Mon	O	$275.00
26			BLCROSS		Lower Ext. Joint w/o	06/25/2018 Mon	O	$275.00
27					Brain W/O Con	06/25/2018 Mon	O	$0.00
28			BLCROSS		L-Spine W/O	06/25/2018 Mon	O	$275.00
29			Humana Ch		Upper Ext w/o	06/25/2018 Mon	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 16532, - Irvine, CA 92623
(949) 242-6300

STATEMENT FOR SERVICES RENDERED

Invoice Date 06/30/2018
Invoice No. INV0422511
Customer No. [redacted]2672
Terms Net 30
Region 777

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]	[redacted]	MEDICARE	[redacted]	L-Spine W/O	06/25/2018 Mon	O	$275.00
31			BLCROSS		L-Spine W/O	06/25/2018 Mon	O	$275.00
32			BLCROSS		Upper Ext w/o	06/25/2018 Mon	O	$275.00
33			MEDICARE		Lower Ext, Joint w/o	06/28/2018 Thu	O	$275.00
34			MEDICARE		Lower Ext, Joint w/o	06/28/2018 Thu	O	$275.00
35			MEDICARE		Pelvis w/o	06/28/2018 Thu	O	$275.00
36			WellCare		Brain W/O Con	06/28/2018 Thu	O	$275.00
37			BLCROSS		Abdomen w & w/o	06/28/2018 Thu	O	$275.00
38			BLCROSS		Pelvis w & w/o	06/28/2018 Thu	O	$275.00
39					L-Spine W/O	06/28/2018 Thu	O	$0.00
40			MEDICARE		C-Spine W/O	06/28/2018 Thu	O	$275.00
41			MEDICARE		Upper Ext w/o	06/28/2018 Thu	O	$275.00
42			MEDICARE		Upper Ext w/o	06/28/2018 Thu	O	$275.00
43			UNITEDHL		Lower Ext, Joint w/o	06/28/2018 Thu	O	$275.00
					Total			$9,350.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

INV0423272

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@allianceimaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number: [redacted]2672
Customer Name: Panola Medical Center
Invoice Date: 07/15/2018
Invoice Number: INV0423272
Amount Due: $5,500.00
Amount Paid: $

Customer Comments:

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	07/15/2018
Invoice No.	INV0423272
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 90485
Chicago, IL 60693-0485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	W/O	AMOUNT
1	[redacted]	[redacted]	Magnolia	[redacted]	Brain W & W/O	07/02/2018 Mon	O	$275.00
2			BLCROSS		L-Spine W/O	07/02/2018 Mon	O	$275.00
3			BLCROSS		Upper Ext w/o	07/02/2018 Mon	O	$275.00
4			MEDICARE		Brain W & W/O	07/02/2018 Mon	I	$275.00
5			MEDICAID		C-Spine W/O	07/02/2018 Mon	O	$275.00
6			BLCROSS		Brain W/O Con	07/02/2018 Mon	O	$275.00
7					L-Spine W/O	07/02/2018 Mon	O	$0.00
8			MEDICARE		C-Spine W/O	07/02/2018 Mon	O	$275.00
9					Pelvis w/o	07/02/2018 Mon	O	$0.00
10			MEDICARE		L-Spine W/O	07/05/2018 Thu	O	$275.00
11			MEDICARE		L-Spine W/O	07/05/2018 Thu	O	$275.00
12			MEDICARE		Brain W/O Con	07/05/2018 Thu	O	$275.00
13					T-Spine W/O	07/05/2018 Thu	O	$0.00
14					Lower Ext Other w/o	07/05/2018 Thu	O	$0.00
15			MEDICARE		L-Spine W/O	07/05/2018 Thu	O	$275.00
16					C-Spine W/O	07/05/2018 Thu	O	$0.00
17					Lower Ext, Joint w/o	07/05/2018 Thu	O	$0.00
18			HUMANA		L-Spine W/O	07/09/2018 Mon	O	$275.00
19			MEDICARE		Lower Ext, Joint w/o	07/09/2018 Mon	O	$275.00
20					C-Spine W/O	07/09/2018 Mon	O	$0.00
21					L-Spine W/O	07/09/2018 Mon	O	$0.00
22			MEDICARE		L-Spine W & W/O	07/09/2018 Mon	O	$275.00
23			BLCROSS		Brain W/O Con	07/09/2018 Mon	O	$275.00
24			BLCROSS		Lower Ext, Joint w/o	07/09/2018 Mon	O	$275.00
25					C-Spine W/O	07/12/2018 Thu	O	$0.00
26					C-Spine W/O	07/12/2018 Thu	O	$0.00
27					Brain W/O Con	07/12/2018 Thu	O	$0.00
28			UNITEDHL		Brain W/O Con	07/12/2018 Thu	O	$275.00
29			BLCROSS		L-Spine W/O	07/12/2018 Thu	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	07/15/2018
Invoice No.	INV0123272
Customer No.	[redacted]2672
Terms	Net 30
Region	777

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]	[redacted]	BLCROSS	[redacted]	L-Spine W/O	07/12/2018 Thu	O	$275.00
31					Pelvis w/o	07/12/2018 Thu	O	$275.00
					Total			$5,500.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances
in accordance with your contract.

INV0424163

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@alliancelmaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number:	[redacted]2672
Customer Name:	Panola Medical Center
Invoice Date:	07/31/2018
Invoice Number:	INV0424163
Amount Due:	$11,000.00
Amount Paid:	$
Customer Comments:	

Alliance HealthCare Services

PO Box 16532, - Irvine, CA 92623
(949) 242-5900

STATEMENT FOR SERVICES RENDERED

Invoice Date	07/31/2018
Invoice No.	INV0424163
Customer No.	[redacted]2672
Terms	Net 30
Region	777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
1	[redacted]	[redacted]		[redacted]	C-Spine W/O	07/16/2018 Mon	O	$275.00
2					L-Spine W/O	07/16/2018 Mon	O	$275.00
3					L-Spine W/O	07/16/2018 Mon	O	$275.00
4					Lower Ext. Joint w/o	07/16/2018 Mon	O	$0.00
5					L-Spine W/O	07/16/2018 Mon	O	$0.00
6					L-Spine W/O	07/16/2018 Mon	O	$275.00
7			Triwest		L-Spine W/O	07/19/2018 Thu	O	$275.00
8			Triwest		Lower Ext. Joint w/o	07/19/2018 Thu	O	$275.00
9			MEDICARE		Brain W/O Con	07/19/2018 Thu	O	$275.00
10			MEDICARE		Brain W/O Con	07/19/2018 Thu	O	$275.00
11			Freedom		C-Spine W/O	07/19/2018 Thu	O	$275.00
12			Freedom		T-Spine W/O	07/19/2018 Thu	O	$275.00
13			Freedom		L-Spine W/O	07/19/2018 Thu	O	$275.00
14					Upper Ext w/o	07/19/2018 Thu	O	$0.00
15			MEDICARE		Brain W/O Con	07/20/2018 Fri	O	$275.00
16			MEDICARE		L-Spine W/O	07/20/2018 Fri	O	$275.00
17			MEDICARE		Brain W/O Con	07/20/2018 Fri	O	$275.00
18			BLCROSS		L-Spine W/O	07/20/2018 Fri	O	$275.00
19			MEDICARE		Brain W/O Con	07/20/2018 Fri	O	$275.00
20			MEDICARE		L-Spine W/O	07/20/2018 Fri	O	$275.00
21			Humana Ch		Brain W & W/O	07/20/2018 Fri	O	$275.00
22			MEDICARE		C-Spine W/O	07/23/2018 Mon	O	$275.00
23			TRICARE		Lower Ext. Joint w/o	07/23/2018 Mon	O	$275.00
24			MEDICARE		L-Spine W & W/O	07/23/2018 Mon	O	$275.00
25			UNITEDHL		L-Spine W/O	07/23/2018 Mon	O	$275.00
26					Brain W/O Con	07/23/2018 Mon	I	$275.00
27			BLCROSS		Brain W/O Con	07/23/2018 Mon	O	$275.00
28			MEDICARE		L-Spine W/O	07/23/2018 Mon	O	$275.00
29			MEDICARE		L-Spine W/O	07/26/2018 Thu	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 16532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date 07/31/2018
Invoice No. INV0424163
Customer No. [redacted]2672
Terms Net 30
Region 777

LINE	PATIENT NAME	ID	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	W/O	AMOUNT
30	[redacted]	[redacted]		[redacted]	Upper Ext w/o	07/26/2018 Thu	O	$275.00
31			MEDICAID		L-Spine W/O	07/26/2018 Thu	O	$275.00
32					L-Spine W/O	07/26/2018 Thu	O	$275.00
33			MEDICAID		Brain W & W/O	07/27/2018 Fri	O	$275.00
34			BLCROSS		L-Spine W/O	07/27/2018 Fri	O	$275.00
35			MEDICARE		Lower Ext Other w/o	07/27/2018 Fri	O	$275.00
36			BLCROSS		L-Spine W/O	07/27/2018 Fri	O	$275.00
37					L-Spine W/O	07/27/2018 Fri	O	$275.00
38			MEDICARE		C-Spine W/O	07/27/2018 Fri	O	$275.00
39			MEDICARE		Upper Ext w/o	07/27/2018 Fri	O	$275.00
40					L-Spine W/O	07/30/2018 Mon	O	$0.00
41			HUM HMO		C-Spine W/O	07/30/2018 Mon	O	$275.00
42			HUM HMO		L-Spine W/O	07/30/2018 Mon	O	$275.00
43			AETNA		Brain W/O Con	07/30/2018 Mon	O	$275.00
44			BLCROSS		Brain W/O Con	07/30/2018 Mon	O	$275.00
					Total			$11,000.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are accessed on past due balances in accordance with your contract.

INV0424901

If you have any questions, please contact
Deman, Sylvia
Phone: (949) 242-5349
e-mail: sdeman@alliancelmaging.com

Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

Visit us on the web at www.AllianceImaging.com

Please remit lower portion with payment.

KINDLY RETURN THIS COUPON AND WRITE YOUR CUSTOMER NUMBER ON THE PAYMENT

Alliance HealthCare Services
PO Box 96485
Chicago, IL 60693-6485

Customer Number:	[redacted]2672
Customer Name:	Panola Medical Center
Invoice Date:	08/15/2018
Invoice Number:	INV0424901
Amount Due:	$8,525.00
Amount Paid:	$
Customer Comments:	

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-6300

STATEMENT FOR SERVICES RENDERED

Invoice Date 08/15/2018
Invoice No. INV0424901
Customer No. [redacted]2672
Terms Net 30
Region 777

MRI

BILLING ADDRESS:
Panola Medical Center
303 Medical Center Dr
Batesville, MA 38606

SERVICE ADDRESS:
Panola Medical Center
303 Medical Ctr. Dr.
Batesville, MS 38606

Send Payments To:
Alliance HealthCare Services
PO Box 88485
Chicago, IL 60693-8485

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	TO	AMOUNT
1	[redacted]	[redacted]	WKRSCOMP	[redacted]	Upper Ext w/o	08/02/2018 Thu	O	$275.00
2			BLCROSS		Lower Ext Other w/o	08/02/2018 Thu	O	$275.00
3			MEDICARE		Brain W/O Con	08/02/2018 Thu	O	$0.00
4			MEDICARE		Lower Ext Other w/o	08/02/2018 Thu	O	$0.00
5					L-Spine W/O	08/02/2018 Thu	O	$0.00
6			MEDICARE		C-Spine W/O	08/03/2018 Fri	O	$275.00
7			MEDICARE		Lower Ext, Joint w/o	08/03/2018 Fri	O	$275.00
8			MEDICARE		C-Spine W/O	08/03/2018 Fri	O	$275.00
9			MEDICAID		T-Spine W/O	08/03/2018 Fri	O	$275.00
10			MEDICAID		L-Spine W/O	08/03/2018 Fri	O	$275.00
11					Brain W/O Con	08/06/2018 Mon	I	$275.00
12					T-Spine W/O	08/06/2018 Mon	O	$275.00
13					L-Spine W & W/O	08/06/2018 Mon	O	$275.00
14					C-Spine W/O	08/06/2018 Mon	O	$275.00
15			BLCROSS		C-Spine W/O	08/06/2018 Mon	O	$275.00
16			MEDICARE		C-Spine W/O	08/09/2018 Thu	O	$275.00
17			MEDICARE		L-Spine W/O	08/09/2018 Thu	O	$275.00
18					Lower Ext, Joint w/o	08/09/2018 Thu	O	$275.00
19			MEDICARE		C-Spine W/O	08/09/2018 Thu	O	$275.00
20			BLCROSS		Lower Ext, Joint w/o	08/09/2018 Thu	O	$275.00
21			BLCROSS		Lower Ext Other w/o	08/09/2018 Thu	O	$275.00
22			BCBS		C-Spine W/O	08/09/2018 Thu	O	$275.00
23			BCBS		Brain W/O Con	08/09/2018 Thu	O	$275.00
24					L-Spine W/O	08/09/2018 Thu	O	$275.00
25					Lower Ext, Joint w/o	08/09/2018 Thu	O	$275.00
26					Upper Ext w/o	08/10/2018 Fri	O	$275.00
27			Allied		L-Spine W/O	08/10/2018 Fri	O	$275.00
28			MEDICARE		Brain W/O Con	08/10/2018 Fri	O	$275.00
29			MEDICARE		C-Spine W/O	08/10/2018 Fri	O	$275.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Alliance HealthCare Services

PO Box 19532, - Irvine, CA 92623
(949) 242-5300

STATEMENT FOR SERVICES RENDERED

Invoice Date	08/15/2018
Invoice No.	INV0424901
Customer No.	[redacted]2672
Terms	Net 30
Region	777

LINE	PATIENT NAME	I.D.	INSURANCE	CPT CODE	DESCRIPTION	DATE OF SERVICE	I/O	AMOUNT
30	[redacted]	[redacted]	MEDICARE	[redacted]	Upper Ext w/o	08/10/2018 Fri	O	$275.00
31			BLCROSS		L-Spine W/O	08/10/2018 Fri	O	$275.00
32			MEDICARE		L-Spine W/O	08/10/2018 Fri	O	$275.00
33					C-Spine W/O	08/10/2018 Fri	O	$275.00
34			UNITEDHL		T-Spine W/O	08/10/2018 Fri	O	$275.00
					Total			$6,525.00

PLEASE PAY PROMPTLY.
FINANCE CHARGES are assessed on past due balances in accordance with your contract.

Paperless Count:	0
Print Count:	10
Remittance Count:	10
Remittance Total:	$99,825.00

ALLIANCE HEALTHCARE SERVICES
18201 Von Karman, Suite 600
Irvine, California 92612

April 20, 2018

VIA OVERNIGHT DELIVERY

Mr. Wayne Thompson
CEO/CFO
Panola Medical Center
303 Medical Center Drive
Batesville, Mississippi 38606

SUBJECT: MRI Master Services Agreement, fully executed on March 22, 2018 ("Agreement") between Alliance HealthCare Services d/b/a Alliance HealthCare Radiology ("Alliance") and Panola Medical Center ("Panola").

Dear Mr. Thompson:

Pursuant to Section 8.2(a) of the Agreement, Alliance is immediately suspending MRI services ("Services") for non-payment and Alliance's insecurity with respect to Panola's ability or willingness to make payment for the Services provided by Alliance. Alliance would be willing to lift the suspension upon full payment to Alliance of all amounts owed for Services. According to our records, Alliance has not received payment for the following invoices for Panola.

Invoice Number	Invoice Date	Amount Due
INV0407757	10/31/2017	$4,075.00
INV0409436	11/30/2017	$1,525.00
INV0412557	12/31/2017	$17,050.00
INV0414218	1/31/2018	$14,575.00
INV0415849	2/28/2018	$22,000.00
INV0417512	3/31/2018	$18,425.00
INV0418284	4/15/2018	$9,900.00
Total Amount Due Alliance:		**$87,550.00**

Please know that suspension of Services does not terminate the Agreement. Pursuant to Section 2.12 of the Agreement, Panola will continue to be prohibited from utilizing another source for the remaining term of the Agreement. Therefore, we will reserve the right to seek additional damages from any third party which interferes with the Agreement.

Furthermore, please be aware that suspension of Services shall not discharge Panola from any liability under the Agreement. Thus, Alliance will be entitled to seek damages for any outstanding balances, accrued finance charges, value of remaining term of the Agreement, and all costs associated with Alliance's collection efforts (i.e. court expenses and attorney fees).

Alliance values its relationship with Panola. At the same time, Alliance is unwilling to continue permitting Panola's account to remain in arrears. I hope that we can work together to resolve this matter so that we can re-establish a positive working relationship between Panola and Alliance.

Nothing in this letter shall be construed as a waiver of any breach by Panola under the Agreement or any rights and remedies that Alliance has under the Agreement.

If you have any questions, please do not hesitate to contact me at (330) 705-0780.

Regards,

Tom Gaston

Tom Gaston
Regional VP of Operations

22672 / 008659

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: (6930902) Alliance Healthcare Services, Inc. P.O. Box 19532 Irvine, CA 92623	**Claim No: 46** *Original Filed Date*: 06/12/2019 *Original Entered Date*: 06/12/2019	*Status:* *Filed by:* CR *Entered by:* JEFFREY W. MADDUX *Modified:*

Amount claimed: $663300.00

History:

Details	46-1	06/12/2019	Claim #46 filed by Alliance Healthcare Services, Inc., Amount claimed: $663300.00 (MADDUX, JEFFREY)

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*	$663300.00
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		