Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05678

FILED

OCT 10 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. **Who is the current creditor?**
   American Red Cross
   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?
   Lori Polacheck, Esq., American Red Cross
   Name
   431 18th St. NW
   Number Street
   Washington DC 20006
   City State ZIP Code
   Contact phone 202-303-5466
   Contact email Lori.Polacheck@redcross.org

   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: 0 0 0 1

7. **How much is the claim?** $ 73,191.14 . **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.
   Blood products sold to debtor

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 $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ 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)(2) that applies.	$_____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

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

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

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

Check the appropriate box:

☐ I am the creditor.

☑ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

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

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

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

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

Executed on date 10/5/2018
MM / DD / YYYY

Signature

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

Name: Lori Polacheck
First name Middle name Last name

Title: Deputy General Counsel

Company: American Red Cross
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 431 18th St. NW
Number Street

Washington DC 20006
City State ZIP Code

Contact phone: 202-303-5466 Email: Lori.Polacheck@redcross.org

GENERAL UNSECURED CLAIM

Northwest Mississippi Regional Medical Center
American Red Cross Customer Number: N055B8NWMR-100001

Invoice Number	Invoice Date	Due Date	Invoice Total	Balance Due
42182682	5/15/2018	6/14/2018	$8,719.00	$8,719.00
42184675	5/22/2018	6/21/2018	$3,650.00	$3,650.00
42186851	5/31/2018	6/30/2018	$9,067.00	$9,067.00
42188974	6/12/2018	7/12/2018	$6,516.00	$6,516.00
99020939*	5/31/2018	6/30/2018	$74.37	$74.37
42191392	6/19/2018	7/19/2018	$5,533.00	$5,533.00
42193393	6/26/2018	7/26/2018	$6,096.00	$6,096.00
42195531	6/30/2018	7/30/2018	$5,054.00	$5,054.00
42199023	7/10/2018	8/9/2018	$5,734.00	$5,734.00
99021077*	6/30/2018	7/30/2018	$211.16	$211.16
42199636	7/17/2018	8/16/2018	$5,176.00	$5,176.00
42203457	7/26/2018	8/25/2018	$4,820.00	$4,820.00
42204075	7/31/2018	8/30/2018	$8,184.00	$8,184.00
99021354*	7/31/2018	8/30/2018	$171.61	$171.61
42206095	8/7/2018	9/6/2018	$4,185.00	$4,185.00
			TOTAL CLAIM	**$73,191.14**

*invoice for interest charges

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05586850	ANTIBODY SCREEN, EACH MEDIA	1	0	39.00	0.00	39.00
00002	N05586860	ELUTION, EACH	1	0	75.00	0.00	75.00
00003	N05586870	AB ID/EACH PANEL & MEDIA	1	0	62.00	0.00	62.00
00004	N05586880	DAT, EACH ANTISERA	3	0	69.00	0.00	69.00
00005	N05586885	AB ID/EACH SELECTED REAGENT CELL	8	0	80.00	0.00	80.00
00006	N05586900	ABO TYPE	1	0	25.00	0.00	25.00
00007	N05586901	RH TYPE	1	0	20.00	0.00	20.00
00008	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	13	0	364.00	0.00	364.00
00009	N05586906	RH PHENOTYPING COMPLETE	1	0	60.00	0.00	60.00
00010	N05586971	PRE-TREATMENT WITH ENZYMES, PER CELL	3	0	36.00	0.00	36.00
00011	N05586972	SEPARATION BY DENSITY GRADIENT, RETICS	1	0	120.00	0.00	120.00
00012	N05586978	DIFFERENTIAL/AUTO ADS OF SERUM, EACH ADS	3	0	195.00	0.00	195.00
00013	N05587100	ZIKA NEG	32	0	0.00	0.00	0.00
00014	N055A8B	SHP-Scheduled	4	0	0.00	0.00	0.00
00015	N055E0336V00	Red Cells AS-1 500mL LeuRed	23	0	4,853.00	0.00	4,853.00
00016	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	4	0	844.00	0.00	844.00
00017	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	3	0	633.00	0.00	633.00
00018	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00019	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	1	0	510.00	0.00	510.00
00020	N055REF10	IRL CASE TRACKING CODE	1	0	0.00	0.00	0.00
00021	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	30	0	210.00	0.00	210.00
00022	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00023		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$8,719.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00024	Order/PO No:	S0935006659831 Shipment Date: 05-07-2018			Total:	517.00
00025	N055A8B	SHP-Scheduled	SF0935006659831	1	0.00	0.00
00026	N05587100	ZIKA NEG	W20241887284000G	1	0.00	0.00
00027	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20241887284000G	1	7.00	7.00
00028	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20241887284000G	1	510.00	510.00
00029						
00030	Order/PO No:	S0935006660192 Shipment Date: 05-07-2018			Total:	3,488.00
00031	N055A8B	SHP-Scheduled	SF0935006660192	1	0.00	0.00
00032	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111863694500C	1	211.00	211.00
00033	N05587100	ZIKA NEG	W20111863694500C	1	0.00	0.00
00034	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111863694500C	1	7.00	7.00
00035	N05587100	ZIKA NEG	W20111866532100X	1	0.00	0.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866532100X	1	211.00	211.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866532100X	1	7.00	7.00
00038	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241863746200R	1	211.00	211.00
00039	N05587100	ZIKA NEG	W20241863746200R	1	0.00	0.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241863746200R	1	7.00	7.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241863827300L	1	7.00	7.00
00042	N05587100	ZIKA NEG	W20241863827300L	1	0.00	0.00
00043	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241863827300L	1	211.00	211.00
00044	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241864385800J	1	7.00	7.00
00045	N05587100	ZIKA NEG	W20241864385800J	1	0.00	0.00
00046	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241864385800J	1	211.00	211.00
00047	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241865748000X	1	7.00	7.00
00048	N05587100	ZIKA NEG	W20241865748000X	1	0.00	0.00
00049	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241865748000X	1	211.00	211.00
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241865865800Y	1	7.00	7.00
00051	N05587100	ZIKA NEG	W20241865865800Y	1	0.00	0.00
00052	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241865865800Y	1	211.00	211.00
00053	N05587100	ZIKA NEG	W202418656867600U	1	0.00	0.00
00054	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418656867600U	1	7.00	7.00
00055	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418656867600U	1	211.00	211.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866124400A	1	7.00	7.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866124400A	1	211.00	211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00058	N05587100	ZIKA NEG	W20241866124400A	1	0.00	0.00
00059	N05587100	ZIKA NEG	W20241866224800N	1	0.00	0.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866224800N	1	7.00	7.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866224800N	1	211.00	211.00
00062	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866225200V	1	7.00	7.00
00063	N05587100	ZIKA NEG	W20241866225200V	1	0.00	0.00
00064	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866225200V	1	211.00	211.00
00065	N05587100	ZIKA NEG	W20241866935600E	1	0.00	0.00
00066	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866935600E	1	211.00	211.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866935600E	1	7.00	7.00
00068	N05587100	ZIKA NEG	W20241867170100Y	1	0.00	0.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867170100Y	1	211.00	211.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867170100Y	1	7.00	7.00
00071	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867656500C	1	7.00	7.00
00072	N05587100	ZIKA NEG	W20241867656500C	1	0.00	0.00
00073	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867656500C	1	211.00	211.00
00074	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867657000I	1	7.00	7.00
00075	N05587100	ZIKA NEG	W20241867657000I	1	0.00	0.00
00076	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867657000I	1	211.00	211.00
00077	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551829667000M	1	7.00	7.00
00078	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20551829667000M	1	211.00	211.00
00079	N05587100	ZIKA NEG	W20551829667000M	1	0.00	0.00
00080						
00081	Order/PO No:	S0935006677888 Shipment Date: 05-11-2018			Total:	517.00
00082	N055A8B	SHP-Scheduled	SF0935006677888	1	0.00	0.00
00083	N05587100	ZIKA NEG	W201118854935004	1	0.00	0.00
00084	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118854935004	1	7.00	7.00
00085	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W201118854935004	1	510.00	510.00
00086						
00087	Order/PO No:	S0935006677902 Shipment Date: 05-11-2018			Total:	3,052.00
00088	N055A8B	SHP-Scheduled	SF0935006677902	1	0.00	0.00
00089	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111863697800V	1	211.00	211.00
00090	N05587100	ZIKA NEG	W20111863697800V	1	0.00	0.00
00091	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111863697800V	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

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AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00092	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118658988005	1	7.00	7.00
00093	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118658988005	1	211.00	211.00
00094	N05587100	ZIKA NEG	W201118658988005	1	0.00	0.00
00095	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W201118665449001	1	211.00	211.00
00096	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118665449001	1	7.00	7.00
00097	N05587100	ZIKA NEG	W201118665449001	1	0.00	0.00
00098	N05587100	ZIKA NEG	W20111866622200N	1	0.00	0.00
00099	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111866622200N	1	211.00	211.00
00100	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866622200N	1	7.00	7.00
00101	N05587100	ZIKA NEG	W20111866622700D	1	0.00	0.00
00102	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111866622700D	1	211.00	211.00
00103	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866622700D	1	7.00	7.00
00104	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W201118666248003	1	211.00	211.00
00105	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118666248003	1	7.00	7.00
00106	N05587100	ZIKA NEG	W201118666248003	1	0.00	0.00
00107	N05587100	ZIKA NEG	W20111866764700V	1	0.00	0.00
00108	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866764700V	1	7.00	7.00
00109	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20111866764700V	1	211.00	211.00
00110	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866869500*	1	211.00	211.00
00111	N05587100	ZIKA NEG	W20111866869500*	1	0.00	0.00
00112	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866869500*	1	7.00	7.00
00113	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118678009006	1	211.00	211.00
00114	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118678009006	1	7.00	7.00
00115	N05587100	ZIKA NEG	W201118678009006	1	0.00	0.00
00116	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W202418664754O0T	1	211.00	211.00
00117	N05587100	ZIKA NEG	W202418664754O0T	1	0.00	0.00
00118	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418664754O0T	1	7.00	7.00
00119	N05587100	ZIKA NEG	W202418671691006	1	0.00	0.00
00120	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418671691006	1	7.00	7.00
00121	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418671691006	1	211.00	211.00
00122	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418674079002	1	7.00	7.00
00123	N05587100	ZIKA NEG	W202418674079002	1	0.00	0.00
00124	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418674079002	1	211.00	211.00
00125	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418674660009	1	7.00	7.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00126	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W202418674660009	1	211.00	211.00
00127	N05587100	ZIKA NEG	W202418674660009	1	0.00	0.00
00128	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867467300*	1	211.00	211.00
00129	N05587100	ZIKA NEG	W20241867467300*	1	0.00	0.00
00130	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867467300*	1	7.00	7.00
00131						
00132	Order/PO No:	CS11-711-18-050218 Service Date: 05-02-2018			Total:	1,145.00
00133	N05586906		NONE	1	60.00	60.00
00134			NONE			
00135			NONE			
00136			NONE			
00137			NONE			
00138			NONE			
00139	N05586905		NONE	13	28.00	364.00
00140			NONE			
00141			NONE			
00142			NONE			
00143			NONE			
00144			NONE			
00145	N05586880		NONE	3	23.00	69.00
00146			NONE			
00147			NONE			
00148			NONE			
00149			NONE			
00150			NONE			
00151	N05586860		NONE	1	75.00	75.00
00152			NONE			
00153			NONE			
00154			NONE			
00155			NONE			
00156			NONE			
00157	N05586850		NONE	1	39.00	39.00
00158			NONE			
00159			NONE			

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00160		Date of Procedur 00	NONE			
00161			NONE			
00162			NONE			
00163	N05586870		NONE	1	62.00	62.00
00164			NONE			
00165			NONE			
00166			NONE			
00167			NONE			
00168			NONE			
00169	N05586972		NONE	1	120.00	120.00
00170			NONE			
00171			NONE			
00172			NONE			
00173			NONE			
00174			NONE			
00175	N05586900		NONE	1	25.00	25.00
00176			NONE			
00177			NONE			
00178			NONE			
00179			NONE			
00180			NONE			
00181	N05586901		NONE	1	20.00	20.00
00182			NONE			
00183			NONE			
00184			NONE			
00185			NONE			
00186			NONE			
00187	N05586885		NONE	8	10.00	80.00
00188			NONE			
00189			NONE			
00190			NONE			
00191			NONE			
00192			NONE			
00193	N05586971		NONE	3	12.00	36.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42182682
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	15-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00194		Patient	NONE			
00195			NONE			
00196			NONE			
00197			NONE			
00198			NONE			
00199	N05586978		NONE	3	65.00	195.00
00200			NONE			
00201			NONE			
00202			NONE			
00203			NONE			
00204			NONE			
00205	N055REF10		NONE	1	0.00	0.00
00206			NONE			
00207			NONE			
00208			NONE			
00209			NONE			
00210			NONE			

REDACTED

BALANCE DUE ON THIS INVOICE:	$8,719.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42184675
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	22-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05587100	ZIKA NEG	14	0	0.00	0.00	0.00
00002	N055A8B	SHP-Scheduled	2	0	0.00	0.00	0.00
00003	N055E0336V00	Red Cells AS-1 500mL LeuRed	12	0	2,532.00	0.00	2,532.00
00004	N055E3077V00	Platelets Aph ACD-A LeuRed	1	0	510.00	0.00	510.00
00005	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	1	0	510.00	0.00	510.00
00006	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	12	0	84.00	0.00	84.00
00007	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00008		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$3,650.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42184675
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00009	Order/PO No:	S0935006685868 Shipment Date: 05-14-2018			Total:	517.00
00010	N055A8B	SHP-Scheduled	SF0935006685868	1	0.00	0.00
00011	N05587100	ZIKA NEG	W201118861136008	1	0.00	0.00
00012	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118861136008	1	7.00	7.00
00013	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W201118861136008	1	510.00	510.00
00014						
00015	Order/PO No:	S0935006686558 Shipment Date: 05-14-2018			Total:	2,616.00
00016	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118639278002	1	7.00	7.00
00017	N05587100	ZIKA NEG	W201118639278002	1	0.00	0.00
00018	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118639278002	1	211.00	211.00
00019	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111865782800G	1	7.00	7.00
00020	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111865782800G	1	211.00	211.00
00021	N05587100	ZIKA NEG	W20111865782800G	1	0.00	0.00
00022	N05587100	ZIKA NEG	W201118658995007	1	0.00	0.00
00023	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118658995007	1	211.00	211.00
00024	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118658995007	1	7.00	7.00
00025	N05587100	ZIKA NEG	W20111866665300E	1	0.00	0.00
00026	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866665300E	1	211.00	211.00
00027	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866665300E	1	7.00	7.00
00028	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241865149000E	1	7.00	7.00
00029	N05587100	ZIKA NEG	W20241865149000E	1	0.00	0.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241865149000E	1	211.00	211.00
00031	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418651494006	1	211.00	211.00
00032	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418651494006	1	7.00	7.00
00033	N05587100	ZIKA NEG	W202418651494006	1	0.00	0.00
00034	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866140000I	1	7.00	7.00
00035	N05587100	ZIKA NEG	W20241866140000I	1	0.00	0.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866140000I	1	211.00	211.00
00037	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866474500V	1	211.00	211.00
00038	N05587100	ZIKA NEG	W20241866474500V	1	0.00	0.00
00039	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866474500V	1	7.00	7.00
00040	N05587100	ZIKA NEG	W20241866956800R	1	0.00	0.00
00041	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866956800R	1	211.00	211.00
00042	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866956800R	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42184675
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	22-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00043	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866958100X	1	211.00	211.00
00044	N05587100	ZIKA NEG	W20241866958100X	1	0.00	0.00
00045	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866958100X	1	7.00	7.00
00046	N05587100	ZIKA NEG	W20241867366500F	1	0.00	0.00
00047	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867366500F	1	211.00	211.00
00048	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867366500F	1	7.00	7.00
00049	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867711100J	1	7.00	7.00
00050	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867711100J	1	211.00	211.00
00051	N05587100	ZIKA NEG	W20241867711100J	1	0.00	0.00
00052						
00053	Order/PO No:	S0935006703503 Shipment Date: 05-18-2018			Total:	517.00
00054	N055A8B	SHP-Scheduled	SF0935006703503	1	0.00	0.00
00055	N05587100	ZIKA NEG	W20551887143300U	1	0.00	0.00
00056	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20551887143300U	1	7.00	7.00
00057	N055E3077V00	Platelets Aph ACD-A LeuRed	W20551887143300U	1	510.00	510.00
					BALANCE DUE ON THIS INVOICE:	$3,650.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42186851
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	31-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	41	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	7	0	0.00	0.00	0.00
00003	N055A8B	SHP-Scheduled	4	0	0.00	0.00	0.00
00004	N055E0336V00	Red Cells AS-1 500mL LeuRed	30	0	6,330.00	0.00	6,330.00
00005	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	2	0	422.00	0.00	422.00
00006	N055E2555V00	Plasma <24h CPD	6	0	300.00	0.00	300.00
00007	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	2	0	1,020.00	0.00	1,020.00
00008	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	1	0	510.00	0.00	510.00
00009	N055J8B	SHP-Unscheduled	1	0	80.00	0.00	80.00
00010	N055M8B	SHP-Stat/Priority	2	0	160.00	0.00	160.00
00011	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	32	0	224.00	0.00	224.00
00012	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	3	0	21.00	0.00	21.00
00013		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$9,067.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42186851
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00014	Order/PO No:	S0935006711494 Shipment Date: 05-21-2018			Total:	517.00
00015	N055A8B	SHP-Scheduled	SF0935006711494	1	0.00	0.00
00016	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886116700V	1	7.00	7.00
00017	N05588801	Anti-CMV negative	W20111886116700V	1	0.00	0.00
00018	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111886116700V	1	510.00	510.00
00019	N05587100	ZIKA NEG	W20111886116700V	1	0.00	0.00
00020						
00021	Order/PO No:	S0935006717880 Shipment Date: 05-22-2018			Total:	516.00
00022	N055M8B	SHP-Stat/Priority	SF0935006717880	1	80.00	80.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118669155002	1	7.00	7.00
00024	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118669155002	1	211.00	211.00
00025	N05587100	ZIKA NEG	W201118669155002	1	0.00	0.00
00026	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868204400R	1	7.00	7.00
00027	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868204400R	1	211.00	211.00
00028	N05587100	ZIKA NEG	W20111868204400R	1	0.00	0.00
00029						
00030	Order/PO No:	S0935006717909 Shipment Date: 05-22-2018			Total:	100.00
00031	N055E2555V00	Plasma <24h CPD	W201118611797000	1	50.00	50.00
00032	N05587100	ZIKA NEG	W201118611797000	1	0.00	0.00
00033	N055E2555V00	Plasma <24h CPD	W20111867552700A	1	50.00	50.00
00034	N05587100	ZIKA NEG	W20111867552700A	1	0.00	0.00
00035						
00036	Order/PO No:	S0935006721302 Shipment Date: 05-23-2018			Total:	3,350.00
00037	N055J8B	SHP-Unscheduled	SF0935006721302	1	80.00	80.00
00038	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118659045009	1	211.00	211.00
00039	N05587100	ZIKA NEG	W201118659045009	1	0.00	0.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118659045009	1	7.00	7.00
00041	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118659053009	1	211.00	211.00
00042	N05587100	ZIKA NEG	W201118659053009	1	0.00	0.00
00043	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118659053009	1	7.00	7.00
00044	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118659054007	1	211.00	211.00
00045	N05587100	ZIKA NEG	W201118659054007	1	0.00	0.00
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118659054007	1	7.00	7.00
00047	N05587100	ZIKA NEG	W201118659055005	1	0.00	0.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42186851
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00048	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118659055005	1	211.00	211.00
00049	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118659055005	1	7.00	7.00
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866141000L	1	7.00	7.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866141000L	1	211.00	211.00
00052	N05587100	ZIKA NEG	W20111866141000L	1	0.00	0.00
00053	N05587100	ZIKA NEG	W20111866888300S	1	0.00	0.00
00054	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866888300S	1	211.00	211.00
00055	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866888300S	1	7.00	7.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866889000U	1	7.00	7.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866889000U	1	211.00	211.00
00058	N05587100	ZIKA NEG	W20111866889000U	1	0.00	0.00
00059	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867166500H	1	7.00	7.00
00060	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867166500H	1	211.00	211.00
00061	N05587100	ZIKA NEG	W20111867166500H	1	0.00	0.00
00062	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867517100Y	1	211.00	211.00
00063	N05587100	ZIKA NEG	W20111867517100Y	1	0.00	0.00
00064	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867517100Y	1	7.00	7.00
00065	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111867824600H	1	211.00	211.00
00066	N05587100	ZIKA NEG	W20111867824600H	1	0.00	0.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867824600H	1	7.00	7.00
00068	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868107500T	1	7.00	7.00
00069	N05587100	ZIKA NEG	W20111868107500T	1	0.00	0.00
00070	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868107500T	1	211.00	211.00
00071	N05587100	ZIKA NEG	W202418640854001	1	0.00	0.00
00072	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418640854001	1	211.00	211.00
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418640854001	1	7.00	7.00
00074	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867093700A	1	211.00	211.00
00075	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867093700A	1	7.00	7.00
00076	N05587100	ZIKA NEG	W20241867093700A	1	0.00	0.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867200800N	1	211.00	211.00
00078	N05587100	ZIKA NEG	W20241867200800N	1	0.00	0.00
00079	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867200800N	1	7.00	7.00
00080	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867488600A	1	211.00	211.00
00081	N05587100	ZIKA NEG	W20241867488600A	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42186851
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00082	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867488600A	1	7.00	7.00
00083						
00084	Order/PO No:	S0935006721316 Shipment Date: 05-23-2018			Total:	200.00
00085	N055E2555V00	Plasma <24h CPD	W201118669643007	1	50.00	50.00
00086	N05587100	ZIKA NEG	W201118669643007	1	0.00	0.00
00087	N055E2555V00	Plasma <24h CPD	W20111867824700F	1	50.00	50.00
00088	N05587100	ZIKA NEG	W20111867824700F	1	0.00	0.00
00089	N055E2555V00	Plasma <24h CPD	W20241866481900R	1	50.00	50.00
00090	N05587100	ZIKA NEG	W20241866481900R	1	0.00	0.00
00091	N055E2555V00	Plasma <24h CPD	W202418674822005	1	50.00	50.00
00092	N05587100	ZIKA NEG	W202418674822005	1	0.00	0.00
00093						
00094	Order/PO No:	S0935006729456 Shipment Date: 05-25-2018			Total:	517.00
00095	N055A8B	SHP-Scheduled	SF0935006729456	1	0.00	0.00
00096	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885095000X	1	7.00	7.00
00097	N05588801	Anti-CMV negative	W20111885095000X	1	0.00	0.00
00098	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111885095000X	1	510.00	510.00
00099	N05587100	ZIKA NEG	W20111885095000X	1	0.00	0.00
00100						
00101	Order/PO No:	S0935006736583 Shipment Date: 05-28-2018			Total:	517.00
00102	N055A8B	SHP-Scheduled	SF0935006736583	1	0.00	0.00
00103	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885360800D	1	7.00	7.00
00104	N05588801	Anti-CMV negative	W20111885360800D	1	0.00	0.00
00105	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20111885360800D	1	510.00	510.00
00106	N05587100	ZIKA NEG	W20111885360800D	1	0.00	0.00
00107						
00108	Order/PO No:	S0935006739827 Shipment Date: 05-29-2018			Total:	2,180.00
00109	N055A8B	SHP-Scheduled	SF0935006739827	1	0.00	0.00
00110	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111863783300C	1	211.00	211.00
00111	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111863783300C	1	7.00	7.00
00112	N05587100	ZIKA NEG	W20111863783300C	1	0.00	0.00
00113	N05587100	ZIKA NEG	W20111863936800Z	1	0.00	0.00
00114	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111863936800Z	1	211.00	211.00
00115	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111863936800Z	1	7.00	7.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42186851
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00116	N05587100	ZIKA NEG	W20111864485700C	1	0.00	0.00
00117	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111864485700C	1	7.00	7.00
00118	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111864485700C	1	211.00	211.00
00119	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866639800C	1	211.00	211.00
00120	N05587100	ZIKA NEG	W20111866639800C	1	0.00	0.00
00121	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866639800C	1	7.00	7.00
00122	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866925300Z	1	211.00	211.00
00123	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866925300Z	1	7.00	7.00
00124	N05587100	ZIKA NEG	W20111866925300Z	1	0.00	0.00
00125	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867527800C	1	211.00	211.00
00126	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867527800C	1	7.00	7.00
00127	N05587100	ZIKA NEG	W20111867527800C	1	0.00	0.00
00128	N05587100	ZIKA NEG	W20111868317700M	1	0.00	0.00
00129	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868317700M	1	7.00	7.00
00130	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868317700M	1	211.00	211.00
00131	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868404800O	1	7.00	7.00
00132	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868404800O	1	211.00	211.00
00133	N05587100	ZIKA NEG	W20111868404800O	1	0.00	0.00
00134	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418640915007	1	7.00	7.00
00135	N05587100	ZIKA NEG	W202418640915007	1	0.00	0.00
00136	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418640915007	1	211.00	211.00
00137	N05587100	ZIKA NEG	W202418640931007	1	0.00	0.00
00138	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418640931007	1	211.00	211.00
00139	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418640931007	1	7.00	7.00
00140						
00141	Order/PO No:	S0935006751605 Shipment Date: 05-31-2018			Total:	1,170.00
00142	N055M8B	SHP-Stat/Priority	SF0935006751605	1	80.00	80.00
00143	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111860372300*	1	7.00	7.00
00144	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111860372300*	1	211.00	211.00
00145	N05587100	ZIKA NEG	W20111860372300*	1	0.00	0.00
00146	N05588801	Anti-CMV negative	W20111860372300*	1	0.00	0.00
00147	N05587100	ZIKA NEG	W20111867664900B	1	0.00	0.00
00148	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867664900B	1	7.00	7.00
00149	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867664900B	1	211.00	211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42186851
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00150	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866988900U	1	7.00	7.00
00151	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866988900U	1	211.00	211.00
00152	N05588801	Anti-CMV negative	W20241866988900U	1	0.00	0.00
00153	N05587100	ZIKA NEG	W20241866988900U	1	0.00	0.00
00154	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867041500P	1	7.00	7.00
00155	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20241867041500P	1	211.00	211.00
00156	N05588801	Anti-CMV negative	W20241867041500P	1	0.00	0.00
00157	N05587100	ZIKA NEG	W20241867041500P	1	0.00	0.00
00158	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20321801128300M	1	211.00	211.00
00159	N05587100	ZIKA NEG	W20321801128300M	1	0.00	0.00
00160	N05588801	Anti-CMV negative	W20321801128300M	1	0.00	0.00
00161	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321801128300M	1	7.00	7.00
					BALANCE DUE ON THIS INVOICE:	$9,067.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99020939
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-May-2018
DUE DATE:	30-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42169628;Due Date	1	39.34	39.34
00002		30-APR-18;Overdue Amount 6564;Calculate Interest To			
00003		31-MAY-18;Days Overdue 31;Interest Rate .58%			
00004					
00005	FINANCE CHG	Interest for Overdue 42171663;Due Date	1	19.57	19.57
00006		10-MAY-18;Overdue Amount 4820;Calculate Interest To			
00007		31-MAY-18;Days Overdue 21;Interest Rate .58%			
00008					
00009	FINANCE CHG	Interest for Overdue 42174031;Due Date	1	15.46	15.46
00010		17-MAY-18;Overdue Amount 5712;Calculate Interest To			
00011		31-MAY-18;Days Overdue 14;Interest Rate .58%			
00012					
				BALANCE DUE ON THIS INVOICE:	$74.37

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42188974
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	12-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	28	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00003	N05588818	IRLINV	1	0	0.00	0.00	0.00
00004	N055A4I	1 RBC Ag Neg/Unit; 86902	1	0	80.00	0.00	80.00
00005	N055A8B	SHP-Scheduled	3	0	0.00	0.00	0.00
00006	N055E0336V00	Red Cells AS-1 500mL LeuRed	20	0	4,220.00	0.00	4,220.00
00007	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00008	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	2	0	1,020.00	0.00	1,020.00
00009	N055E3M	TYPE AB FEE - CRYO	5	0	100.00	0.00	100.00
00010	N055E5165V00	Cryoprecipitate	5	0	225.00	0.00	225.00
00011	N055R4I	Ag order routine STAT	1	0	200.00	0.00	200.00
00012	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	20	0	140.00	0.00	140.00
00013	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	3	0	21.00	0.00	21.00
00014		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$6,516.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42188974
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00015	Order/PO No:	S0935006755211 Shipment Date: 06-01-2018			Total:	517.00
00016	N055A8B	SHP-Scheduled	SF0935006755211	1	0.00	0.00
00017	N05587100	ZIKA NEG	W20111885363000H	1	0.00	0.00
00018	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885363000H	1	7.00	7.00
00019	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20111885363000H	1	510.00	510.00
00020						
00021	Order/PO No:	S0935006755316 Shipment Date: 06-01-2018			Total:	1,308.00
00022	N05587100	ZIKA NEG	W20111863780600I	1	0.00	0.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111863780600I	1	7.00	7.00
00024	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111863780600I	1	211.00	211.00
00025	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866643500Y	1	211.00	211.00
00026	N05587100	ZIKA NEG	W20111866643500Y	1	0.00	0.00
00027	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866643500Y	1	7.00	7.00
00028	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118667801006	1	211.00	211.00
00029	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118667801006	1	7.00	7.00
00030	N05587100	ZIKA NEG	W201118667801006	1	0.00	0.00
00031	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866992600M	1	7.00	7.00
00032	N05587100	ZIKA NEG	W20111866992600M	1	0.00	0.00
00033	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866992600M	1	211.00	211.00
00034	N05587100	ZIKA NEG	W20111867211500O	1	0.00	0.00
00035	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867211500O	1	7.00	7.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867211500O	1	211.00	211.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868550200X	1	7.00	7.00
00038	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868550200X	1	211.00	211.00
00039	N05587100	ZIKA NEG	W20111868550200X	1	0.00	0.00
00040						
00041	Order/PO No:	S0935006763422 Shipment Date: 06-04-2018			Total:	517.00
00042	N055A8B	SHP-Scheduled	SF0935006763422	1	0.00	0.00
00043	N05587100	ZIKA NEG	W201118859579006	1	0.00	0.00
00044	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118859579006	1	7.00	7.00
00045	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W201118859579006	1	510.00	510.00
00046						
00047	Order/PO No:	S0935006763506 Shipment Date: 06-04-2018			Total:	325.00
00048	N055E3M	TYPE AB FEE - CRYO	SF0935006763506	5	20.00	100.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42188974
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00049	N05587100	ZIKA NEG	W201117508794007	1	0.00	0.00
00050	N055E5165V00	Cryoprecipitate	W201117508794007	1	45.00	45.00
00051	N055E5165V00	Cryoprecipitate	W20111751793400*	1	45.00	45.00
00052	N05587100	ZIKA NEG	W20111751793400*	1	0.00	0.00
00053	N055E5165V00	Cryoprecipitate	W201117518644003	1	45.00	45.00
00054	N05587100	ZIKA NEG	W201117518644003	1	0.00	0.00
00055	N05587100	ZIKA NEG	W20111753201900B	1	0.00	0.00
00056	N055E5165V00	Cryoprecipitate	W20111753201900B	1	45.00	45.00
00057	N055E5165V00	Cryoprecipitate	W20111753275100T	1	45.00	45.00
00058	N05587100	ZIKA NEG	W20111753275100T	1	0.00	0.00
00059						
00060	Order/PO No:	S0935006763659 Shipment Date: 06-04-2018			Total:	1,308.00
00061	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111861637000B	1	7.00	7.00
00062	N05587100	ZIKA NEG	W20111861637000B	1	0.00	0.00
00063	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111861637000B	1	211.00	211.00
00064	N05587100	ZIKA NEG	W201118663611008	1	0.00	0.00
00065	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118663611008	1	7.00	7.00
00066	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118663611008	1	211.00	211.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118670486002	1	7.00	7.00
00068	N05587100	ZIKA NEG	W201118670486002	1	0.00	0.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118670486002	1	211.00	211.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867189600O	1	7.00	7.00
00071	N05587100	ZIKA NEG	W20111867189600O	1	0.00	0.00
00072	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867189600O	1	211.00	211.00
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241863848600W	1	7.00	7.00
00074	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241863848600W	1	211.00	211.00
00075	N05587100	ZIKA NEG	W20241863848600W	1	0.00	0.00
00076	N05587100	ZIKA NEG	W20241868077700F	1	0.00	0.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868077700F	1	211.00	211.00
00078	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868077700F	1	7.00	7.00
00079						
00080	Order/PO No:	S0935006763683 Shipment Date: 06-04-2018			Total:	218.00
00081	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118675716000	1	211.00	211.00
00082	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118675716000	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42188974
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00083	N05587100	ZIKA NEG	W201118675716000	1	0.00	0.00
00084						
00085	Order/PO No:	S0935006773418 Shipment Date: 06-06-2018			Total:	498.00
00086	N055R4I	Ag order routine STAT	SF0935006773418	1	200.00	200.00
00087	N055A4I	1 RBC Ag Neg/Unit; 86902	SF0935006773418	1	80.00	80.00
00088	N05588818	IRLINV	W201118662724006	1	0.00	0.00
00089	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118662724006	1	7.00	7.00
00090	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118662724006	1	211.00	211.00
00091	N05587100	ZIKA NEG	W201118662724006	1	0.00	0.00
00092						
00093	Order/PO No:	S0935006781674 Shipment Date: 06-08-2018			Total:	1,308.00
00094	N055A8B	SHP-Scheduled	SF0935006781674	1	0.00	0.00
00095	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111864837000V	1	211.00	211.00
00096	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111864837000V	1	7.00	7.00
00097	N05587100	ZIKA NEG	W20111864837000V	1	0.00	0.00
00098	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118666932000	1	211.00	211.00
00099	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118666932000	1	7.00	7.00
00100	N05587100	ZIKA NEG	W201118666932000	1	0.00	0.00
00101	N05587100	ZIKA NEG	W20111867287200O	1	0.00	0.00
00102	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867287200O	1	211.00	211.00
00103	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867287200O	1	7.00	7.00
00104	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118689078006	1	7.00	7.00
00105	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118689078006	1	211.00	211.00
00106	N05587100	ZIKA NEG	W201118689078006	1	0.00	0.00
00107	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868908000I	1	7.00	7.00
00108	N05587100	ZIKA NEG	W20111868908000I	1	0.00	0.00
00109	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868908000I	1	211.00	211.00
00110	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868908300C	1	7.00	7.00
00111	N05587100	ZIKA NEG	W20111868908300C	1	0.00	0.00
00112	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868908300C	1	211.00	211.00
00113						
00114	Order/PO No:	S0935006781833 Shipment Date: 06-08-2018			Total:	517.00
00115	N05587100	ZIKA NEG	W201118849827001	1	0.00	0.00
00116	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W201118849827001	1	510.00	510.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42188974
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	12-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00117	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118849827001	1	7.00	7.00
00118	N05588801	Anti-CMV negative	W201118849827001	1	0.00	0.00
					BALANCE DUE ON THIS INVOICE:	$6,516.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42191392
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	19-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	30	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00003	N055A8B	SHP-Scheduled	3	0	0.00	0.00	0.00
00004	N055E0336V00	Red Cells AS-1 500mL LeuRed	14	0	2,954.00	0.00	2,954.00
00005	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	2	0	422.00	0.00	422.00
00006	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	2	0	422.00	0.00	422.00
00007	N055E2555V00	Plasma <24h CPD	5	0	250.00	0.00	250.00
00008	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	2	0	1,020.00	0.00	1,020.00
00009	N055E3M	TYPE AB FEE - CRYO	5	0	100.00	0.00	100.00
00010	N055E5165V00	Cryoprecipitate	5	0	225.00	0.00	225.00
00011	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	18	0	126.00	0.00	126.00
00012	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00013		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$5,533.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42191392
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00014	Order/PO No:	S0935006789593 Shipment Date: 06-11-2018			Total:	517.00
00015	N055A8B	SHP-Scheduled	SF0935006789593	1	0.00	0.00
00016	N05588801	Anti-CMV negative	W20111886129400H	1	0.00	0.00
00017	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111886129400H	1	510.00	510.00
00018	N05587100	ZIKA NEG	W20111886129400H	1	0.00	0.00
00019	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886129400H	1	7.00	7.00
00020						
00021	Order/PO No:	S0935006791126 Shipment Date: 06-11-2018			Total:	325.00
00022	N055E3M	TYPE AB FEE - CRYO	SF0935006791126	5	20.00	100.00
00023	N05587100	ZIKA NEG	W20111864305100U	1	0.00	0.00
00024	N055E5165V00	Cryoprecipitate	W20111864305100U	1	45.00	45.00
00025	N055E5165V00	Cryoprecipitate	W20111866587800X	1	45.00	45.00
00026	N05587100	ZIKA NEG	W20111866587800X	1	0.00	0.00
00027	N055E5165V00	Cryoprecipitate	W201118668355002	1	45.00	45.00
00028	N05587100	ZIKA NEG	W201118668355002	1	0.00	0.00
00029	N05587100	ZIKA NEG	W20111866895100*	1	0.00	0.00
00030	N055E5165V00	Cryoprecipitate	W20111866895100*	1	45.00	45.00
00031	N055E5165V00	Cryoprecipitate	W201118675256000	1	45.00	45.00
00032	N05587100	ZIKA NEG	W201118675256000	1	0.00	0.00
00033						
00034	Order/PO No:	S0935006791134 Shipment Date: 06-11-2018			Total:	1,308.00
00035	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867982600S	1	211.00	211.00
00036	N05587100	ZIKA NEG	W20241867982600S	1	0.00	0.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867982600S	1	7.00	7.00
00038	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868120700U	1	7.00	7.00
00039	N05587100	ZIKA NEG	W20241868120700U	1	0.00	0.00
00040	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868120700U	1	211.00	211.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203218002122002	1	7.00	7.00
00042	N05587100	ZIKA NEG	W203218002122002	1	0.00	0.00
00043	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W203218002122002	1	211.00	211.00
00044	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203218008448006	1	7.00	7.00
00045	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W203218008448006	1	211.00	211.00
00046	N05587100	ZIKA NEG	W203218008448006	1	0.00	0.00
00047	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W203218022895001	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42191392
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00048	N05587100	ZIKA NEG	W20321802289500T	1	0.00	0.00
00049	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20321802289500T	1	211.00	211.00
00050	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20321802560600V	1	211.00	211.00
00051	N05587100	ZIKA NEG	W20321802560600V	1	0.00	0.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321802560600V	1	7.00	7.00
00053						
00054	Order/PO No:	S0935006791147 Shipment Date: 06-11-2018			Total:	150.00
00055	N055E2555V00	Plasma <24h CPD	W20241867615400D	1	50.00	50.00
00056	N05587100	ZIKA NEG	W20241867615400D	1	0.00	0.00
00057	N055E2555V00	Plasma <24h CPD	W202418676176001	1	50.00	50.00
00058	N05587100	ZIKA NEG	W202418676176001	1	0.00	0.00
00059	N055E2555V00	Plasma <24h CPD	W20241867910800E	1	50.00	50.00
00060	N05587100	ZIKA NEG	W20241867910800E	1	0.00	0.00
00061						
00062	Order/PO No:	S0935006806404 Shipment Date: 06-14-2018			Total:	100.00
00063	N055E2555V00	Plasma <24h CPD	W20111867073700X	1	50.00	50.00
00064	N05587100	ZIKA NEG	W20111867073700X	1	0.00	0.00
00065	N055E2555V00	Plasma <24h CPD	W20241868116600G	1	50.00	50.00
00066	N05587100	ZIKA NEG	W20241868116600G	1	0.00	0.00
00067						
00068	Order/PO No:	S0935006806422 Shipment Date: 06-14-2018			Total:	2,616.00
00069	N055A8B	SHP-Scheduled	SF0935006806422	1	0.00	0.00
00070	N05587100	ZIKA NEG	W20111867119100G	1	0.00	0.00
00071	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867119100G	1	7.00	7.00
00072	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867119100G	1	211.00	211.00
00073	N05587100	ZIKA NEG	W201118673294007	1	0.00	0.00
00074	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118673294007	1	7.00	7.00
00075	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118673294007	1	211.00	211.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118681536003	1	7.00	7.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118681536003	1	211.00	211.00
00078	N05587100	ZIKA NEG	W201118681536003	1	0.00	0.00
00079	N05587100	ZIKA NEG	W201118682555001	1	0.00	0.00
00080	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118682555001	1	211.00	211.00
00081	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118682555001	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42191392
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	19-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00082	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868256400G	1	211.00	211.00
00083	N05587100	ZIKA NEG	W20111868256400G	1	0.00	0.00
00084	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868256400G	1	7.00	7.00
00085	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869265000P	1	7.00	7.00
00086	N05587100	ZIKA NEG	W20111869265000P	1	0.00	0.00
00087	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869265000P	1	211.00	211.00
00088	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118694522009	1	211.00	211.00
00089	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118694522009	1	7.00	7.00
00090	N05587100	ZIKA NEG	W201118694522009	1	0.00	0.00
00091	N05587100	ZIKA NEG	W20111869658700H	1	0.00	0.00
00092	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869658700H	1	7.00	7.00
00093	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869658700H	1	211.00	211.00
00094	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866499400Y	1	211.00	211.00
00095	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866499400Y	1	7.00	7.00
00096	N05587100	ZIKA NEG	W20241866499400Y	1	0.00	0.00
00097	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867514500V	1	7.00	7.00
00098	N05587100	ZIKA NEG	W20241867514500V	1	0.00	0.00
00099	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867514500V	1	211.00	211.00
00100	N05587100	ZIKA NEG	W20241867642900S	1	0.00	0.00
00101	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867642900S	1	211.00	211.00
00102	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867642900S	1	7.00	7.00
00103	N05587100	ZIKA NEG	W20241868651900T	1	0.00	0.00
00104	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868651900T	1	211.00	211.00
00105	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868651900T	1	7.00	7.00
00106						
00107	Order/PO No:	S0935006807667 Shipment Date: 06-15-2018			Total:	517.00
00108	N055A8B	SHP-Scheduled	SF0935006807667	1	0.00	0.00
00109	N05587100	ZIKA NEG	W20111886052500Z	1	0.00	0.00
00110	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886052500Z	1	7.00	7.00
00111	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111886052500Z	1	510.00	510.00
					BALANCE DUE ON THIS INVOICE:	$5,533.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42193393
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	26-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05587100	ZIKA NEG	21	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00003	N05588818	IRLINV	3	0	0.00	0.00	0.00
00004	N055A4I	1 RBC Ag Neg/Unit; 86902	3	0	240.00	0.00	240.00
00005	N055A8B	SHP-Scheduled	3	0	0.00	0.00	0.00
00006	N055E0336V00	Red Cells AS-1 500mL LeuRed	19	0	4,009.00	0.00	4,009.00
00007	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	1	0	510.00	0.00	510.00
00008	N055E3089V00	Platelets Aph ACD-A LeuRed Cnt3	1	0	510.00	0.00	510.00
00009	N055J8B	SHP-Unscheduled	1	0	80.00	0.00	80.00
00010	N055R4I	Ag order routine STAT	3	0	600.00	0.00	600.00
00011	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	19	0	133.00	0.00	133.00
00012	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00013		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$6,096.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42193393
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00014	Order/PO No:	S0935006815597 Shipment Date: 06-18-2018			Total:	517.00
00015	N055E3089V00	Platelets Aph ACD-A LeuRed Cnt3	W201118851874009	1	510.00	510.00
00016	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118851874009	1	7.00	7.00
00017	N05588801	Anti-CMV negative	W201118851874009	1	0.00	0.00
00018	N05587100	ZIKA NEG	W201118851874009	1	0.00	0.00
00019						
00020	Order/PO No:	S0935006816038 Shipment Date: 06-18-2018			Total:	2,180.00
00021	N055A8B	SHP-Scheduled	SF0935006816038	1	0.00	0.00
00022	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866419700P	1	211.00	211.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866419700P	1	7.00	7.00
00024	N05587100	ZIKA NEG	W20111866419700P	1	0.00	0.00
00025	N05587100	ZIKA NEG	W201118678837008	1	0.00	0.00
00026	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118678837008	1	211.00	211.00
00027	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118678837008	1	7.00	7.00
00028	N05587100	ZIKA NEG	W201118682432003	1	0.00	0.00
00029	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118682432003	1	7.00	7.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118682432003	1	211.00	211.00
00031	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118682586004	1	211.00	211.00
00032	N05587100	ZIKA NEG	W201118682586004	1	0.00	0.00
00033	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118682586004	1	7.00	7.00
00034	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118682746004	1	211.00	211.00
00035	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118682746004	1	7.00	7.00
00036	N05587100	ZIKA NEG	W201118682746004	1	0.00	0.00
00037	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868430000W	1	211.00	211.00
00038	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868430000W	1	7.00	7.00
00039	N05587100	ZIKA NEG	W20111868430000W	1	0.00	0.00
00040	N05587100	ZIKA NEG	W20111868504000O	1	0.00	0.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868504000O	1	7.00	7.00
00042	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868504000O	1	211.00	211.00
00043	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868865200V	1	7.00	7.00
00044	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868865200V	1	211.00	211.00
00045	N05587100	ZIKA NEG	W20111868865200V	1	0.00	0.00
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868865500P	1	7.00	7.00
00047	N05587100	ZIKA NEG	W20111868865500P	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42193393
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00048	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868865500P	1	211.00	211.00
00049	N05587100	ZIKA NEG	W20111869713900C	1	0.00	0.00
00050	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869713900C	1	211.00	211.00
00051	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869713900C	1	7.00	7.00
00052						
00053	Order/PO No:	S0935006832884 Shipment Date: 06-21-2018			Total:	1,308.00
00054	N055A8B	SHP-Scheduled	SF0935006832884	1	0.00	0.00
00055	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868268500Z	1	7.00	7.00
00056	N05587100	ZIKA NEG	W20111868268500Z	1	0.00	0.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868268500Z	1	211.00	211.00
00058	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869369200Q	1	211.00	211.00
00059	N05587100	ZIKA NEG	W20111869369200Q	1	0.00	0.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869369200Q	1	7.00	7.00
00061	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418678095008	1	7.00	7.00
00062	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418678095008	1	211.00	211.00
00063	N05587100	ZIKA NEG	W202418678095008	1	0.00	0.00
00064	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418678100009	1	7.00	7.00
00065	N05587100	ZIKA NEG	W202418678100009	1	0.00	0.00
00066	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418678100009	1	211.00	211.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867811700S	1	7.00	7.00
00068	N05587100	ZIKA NEG	W20241867811700S	1	0.00	0.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867811700S	1	211.00	211.00
00070	N05587100	ZIKA NEG	W204018677418001	1	0.00	0.00
00071	N055E0336V00	Red Cells AS-1 500mL LeuRed	W204018677418001	1	211.00	211.00
00072	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W204018677418001	1	7.00	7.00
00073						
00074	Order/PO No:	S0935006834579 Shipment Date: 06-22-2018			Total:	517.00
00075	N055A8B	SHP-Scheduled	SF0935006834579	1	0.00	0.00
00076	N05587100	ZIKA NEG	W20111886055000X	1	0.00	0.00
00077	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886055000X	1	7.00	7.00
00078	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20111886055000X	1	510.00	510.00
00079						
00080	Order/PO No:	S0935006835515 Shipment Date: 06-22-2018			Total:	1,574.00
00081	N055R4I	Ag order routine STAT	SF0935006835515	3	200.00	600.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42193393
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00082	N055J8B	SHP-Unscheduled	SF0935006835515	1	80.00	80.00
00083	N055A4I	1 RBC Ag Neg/Unit; 86902	SF0935006835515	3	80.00	240.00
00084	N05588818	IRLINV	W201118664753001	1	0.00	0.00
00085	N05587100	ZIKA NEG	W201118664753001	1	0.00	0.00
00086	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118664753001	1	211.00	211.00
00087	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118664753001	1	7.00	7.00
00088	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118671026005	1	211.00	211.00
00089	N05587100	ZIKA NEG	W201118671026005	1	0.00	0.00
00090	N05588818	IRLINV	W201118671026005	1	0.00	0.00
00091	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118671026005	1	7.00	7.00
00092	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118677155002	1	211.00	211.00
00093	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118677155002	1	7.00	7.00
00094	N05587100	ZIKA NEG	W201118677155002	1	0.00	0.00
00095	N05588818	IRLINV	W201118677155002	1	0.00	0.00
					BALANCE DUE ON THIS INVOICE:	$6,096.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WHEN MAKING REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99021077
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018
DUE DATE:	30-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42169628;Due Date 30-APR-18;Overdue Amount 6564;Calculate Interest To 30-JUN-18;Last Interest 31-MAY-18;Days Overdue 61;Interest Rate .58%	1	38.07	38.07
00006	FINANCE CHG	Interest for Overdue 42171663;Due Date 10-MAY-18;Overdue Amount 4820;Calculate Interest To 30-JUN-18;Last Interest 31-MAY-18;Days Overdue 51;Interest Rate .58%	1	27.96	27.96
00011	FINANCE CHG	Interest for Overdue 42174031;Due Date 17-MAY-18;Overdue Amount 5712;Calculate Interest To 30-JUN-18;Last Interest 31-MAY-18;Days Overdue 44;Interest Rate .58%	1	33.13	33.13
00016	FINANCE CHG	Interest for Overdue 42176520;Due Date 24-MAY-18;Overdue Amount 3868;Calculate Interest To 30-JUN-18;Days Overdue 37;Interest Rate .58%	1	27.67	27.67
00020	FINANCE CHG	Interest for Overdue 42178192;Due Date 30-MAY-18;Overdue Amount 8055;Calculate Interest To 30-JUN-18;Days Overdue 31;Interest Rate .58%	1	48.28	48.28
00024	FINANCE CHG	Interest for Overdue 42180655;Due Date 07-JUN-18;Overdue Amount 2043;Calculate Interest To 30-JUN-18;Days Overdue 23;Interest Rate .58%	1	9.08	9.08
00028	FINANCE CHG	Interest for Overdue 42182682;Due Date 14-JUN-18;Overdue Amount 8719;Calculate Interest To 30-JUN-18;Days Overdue 16;Interest Rate .58%	1	26.97	26.97

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99021077
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018
DUE DATE:	30-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00031					
				BALANCE DUE ON THIS INVOICE:	$211.16

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42195531
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	30-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05586870	AB ID/EACH PANEL & MEDIA	1	0	62.00	0.00	62.00
00002	N05586880	DAT, EACH ANTISERA	1	0	23.00	0.00	23.00
00003	N05586885	AB ID/EACH SELECTED REAGENT CELL	9	0	90.00	0.00	90.00
00004	N05586900	ABO TYPE	1	0	25.00	0.00	25.00
00005	N05586901	RH TYPE	1	0	20.00	0.00	20.00
00006	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	1	0	28.00	0.00	28.00
00007	N05586906	RH PHENOTYPING COMPLETE	1	0	60.00	0.00	60.00
00008	N05587100	ZIKA NEG	18	0	0.00	0.00	0.00
00009	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00010	N055A8B	SHP-Scheduled	4	0	0.00	0.00	0.00
00011	N055E0336V00	Red Cells AS-1 500mL LeuRed	16	0	3,376.00	0.00	3,376.00
00012	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00013	N055E3089V00	Platelets Aph ACD-A LeuRed Cnt3	1	0	510.00	0.00	510.00
00014	N055REF07	GEL, RED CELL PREP	4	0	24.00	0.00	24.00
00015	N055REF10	IRL CASE TRACKING CODE	1	0	0.00	0.00	0.00
00016	N055REF33	IRL SAMPLE, URGENT, AFTER ROUTINE HOURS	1	0	200.00	0.00	200.00
00017	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	16	0	112.00	0.00	112.00
00018	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00019		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$5,054.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42195531
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00020	Order/PO No:	S0935006842303 Shipment Date: 06-25-2018			Total:	517.00
00021	N055A8B	SHP-Scheduled	SF0935006842303	1	0.00	0.00
00022	N05587100	ZIKA NEG	W20111885373500*	1	0.00	0.00
00023	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885373500*	1	7.00	7.00
00024	N055E3089V00	Platelets Aph ACD-A LeuRed Cnt3	W20111885373500*	1	510.00	510.00
00025						
00026	Order/PO No:	S0935006843426 Shipment Date: 06-25-2018			Total:	1,090.00
00027	N055A8B	SHP-Scheduled	SF0935006843426	1	0.00	0.00
00028	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867892100G	1	211.00	211.00
00029	N05587100	ZIKA NEG	W20111867892100G	1	0.00	0.00
00030	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867892100G	1	7.00	7.00
00031	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118682843002	1	211.00	211.00
00032	N05587100	ZIKA NEG	W201118682843002	1	0.00	0.00
00033	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118682843002	1	7.00	7.00
00034	N05587100	ZIKA NEG	W201118683572000	1	0.00	0.00
00035	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118683572000	1	7.00	7.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118683572000	1	211.00	211.00
00037	N05587100	ZIKA NEG	W20111868357800P	1	0.00	0.00
00038	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868357800P	1	211.00	211.00
00039	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868357800P	1	7.00	7.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868357900N	1	7.00	7.00
00041	N05587100	ZIKA NEG	W20111868357900N	1	0.00	0.00
00042	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868357900N	1	211.00	211.00
00043						
00044	Order/PO No:	S0935006858778 Shipment Date: 06-28-2018			Total:	2,398.00
00045	N055A8B	SHP-Scheduled	SF0935006858778	1	0.00	0.00
00046	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111864141600*	1	211.00	211.00
00047	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111864141600*	1	7.00	7.00
00048	N05587100	ZIKA NEG	W20111864141600*	1	0.00	0.00
00049	N05587100	ZIKA NEG	W201118641422003	1	0.00	0.00
00050	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118641422003	1	211.00	211.00
00051	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118641422003	1	7.00	7.00
00052	N05587100	ZIKA NEG	W201118641423001	1	0.00	0.00
00053	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118641423001	1	7.00	7.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42195531
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00054	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118641423001	1	211.00	211.00
00055	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111864144100Y	1	211.00	211.00
00056	N05587100	ZIKA NEG	W20111864144100Y	1	0.00	0.00
00057	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111864144100Y	1	7.00	7.00
00058	N05587100	ZIKA NEG	W201118673454007	1	0.00	0.00
00059	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118673454007	1	7.00	7.00
00060	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118673454007	1	211.00	211.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867451900Q	1	211.00	211.00
00062	N05587100	ZIKA NEG	W20111867451900Q	1	0.00	0.00
00063	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867451900Q	1	7.00	7.00
00064	N05587100	ZIKA NEG	W20111867452400W	1	0.00	0.00
00065	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867452400W	1	7.00	7.00
00066	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867452400W	1	211.00	211.00
00067	N05587100	ZIKA NEG	W201118679058009	1	0.00	0.00
00068	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118679058009	1	211.00	211.00
00069	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118679058009	1	7.00	7.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867995100P	1	7.00	7.00
00071	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867995100P	1	211.00	211.00
00072	N05587100	ZIKA NEG	W20111867995100P	1	0.00	0.00
00073	N05587100	ZIKA NEG	W20241865343600V	1	0.00	0.00
00074	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241865343600V	1	211.00	211.00
00075	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241865343600V	1	7.00	7.00
00076	N05587100	ZIKA NEG	W20241868320100A	1	0.00	0.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868320100A	1	211.00	211.00
00078	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868320100A	1	7.00	7.00
00079						
00080	Order/PO No:	S0935006859924 Shipment Date: 06-29-2018			Total:	517.00
00081	N055A8B	SHP-Scheduled	SF0935006859924	1	0.00	0.00
00082	N05588801	Anti-CMV negative	W20111886141400X	1	0.00	0.00
00083	N05587100	ZIKA NEG	W20111886141400X	1	0.00	0.00
00084	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886141400X	1	7.00	7.00
00085	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111886141400X	1	510.00	510.00
00086						
00087	Order/PO No:	3624041-St Louis MO IRL Service Date: 06-22-2018			Total:	532.00

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42195531
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00088	N05586901	RH TYPE	NONE	1	20.00	20.00
00089		Patient :	NONE			
00090			NONE			
00091			NONE			
00092			NONE			
00093			NONE			
00094	N05586905		NONE	1	28.00	28.00
00095			NONE			
00096			NONE			
00097			NONE			
00098			NONE			
00099			NONE			
00100	N05586906		NONE	1	60.00	60.00
00101			NONE			
00102			NONE			
00103			NONE			
00104			NONE			
00105			NONE			
00106	N055REF10		NONE	1	0.00	0.00
00107			NONE			
00108			NONE			
00109			NONE			
00110			NONE			
00111			NONE			
00112	N055REF33		NONE	1	200.00	200.00
00113			NONE			
00114			NONE			
00115			NONE			
00116			NONE			
00117			NONE			
00118	N05586885		NONE	9	10.00	90.00
00119			NONE			
00120			NONE			
00121			NONE			

REDACTED

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING Y ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42195531
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	30-Jun-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00122		PO# :3624041-St Louis MO IRL	NONE			
00123			NONE			
00124	N05586900		NONE	1	25.00	25.00
00125			NONE			
00126			NONE			
00127			NONE			
00128			NONE			
00129			NONE			
00130	N055REF07		NONE	4	6.00	24.00
00131			NONE			
00132			NONE			
00133			NONE			
00134			NONE			
00135			NONE			
00136	N05586880		NONE	1	23.00	23.00
00137			NONE			
00138			NONE			
00139			NONE			
00140			NONE			
00141			NONE			
00142	N05586870		NONE	1	62.00	62.00
00143			NONE			
00144			NONE			
00145			NONE			
00146			NONE			
00147			NONE			
				BALANCE DUE ON THIS INVOICE:		$5,054.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42199023
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	10-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	22	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00003	N055A8B	SHP-Scheduled	2	0	0.00	0.00	0.00
00004	N055E0336V00	Red Cells AS-1 500mL LeuRed	14	0	2,954.00	0.00	2,954.00
00005	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	2	0	422.00	0.00	422.00
00006	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	4	0	844.00	0.00	844.00
00007	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00008	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	1	0	510.00	0.00	510.00
00009	N055J8B	SHP-Unscheduled	3	0	240.00	0.00	240.00
00010	N055Y8B	STAT Fee	1	0	100.00	0.00	100.00
00011	N055Z2M	SUR - Blood Type LRBC ON	6	0	0.00	0.00	0.00
00012	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	20	0	140.00	0.00	140.00
00013	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00014		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$5,734.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42199023
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00015	Order/PO No:	S0935006865858 Shipment Date: 07-01-2018			Total:	1,052.00
00016	N055Y8B	STAT Fee	SF0935006865858	1	100.00	100.00
00017	N055J8B	SHP-Unscheduled	SF0935006865858	1	80.00	80.00
00018	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20111867097200B	1	211.00	211.00
00019	N05587100	ZIKA NEG	W20111867097200B	1	0.00	0.00
00020	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867097200B	1	7.00	7.00
00021	N05587100	ZIKA NEG	W20111868648000Y	1	0.00	0.00
00022	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20111868648000Y	1	211.00	211.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868648000Y	1	7.00	7.00
00024	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W202118378736000	1	211.00	211.00
00025	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202118378736000	1	7.00	7.00
00026	N05587100	ZIKA NEG	W202118378736000	1	0.00	0.00
00027	N05587100	ZIKA NEG	W20211838251700C	1	0.00	0.00
00028	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20211838251700C	1	7.00	7.00
00029	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20211838251700C	1	211.00	211.00
00030	N055Z2M	SUR - Blood Type LRBC ON	NONE	2	0.00	0.00
00031						
00032	Order/PO No:	S0935006867897 Shipment Date: 07-02-2018			Total:	517.00
00033	N055A8B	SHP-Scheduled	SF0935006867897	1	0.00	0.00
00034	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885378500G	1	7.00	7.00
00035	N05588801	Anti-CMV negative	W20111885378500G	1	0.00	0.00
00036	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20111885378500G	1	510.00	510.00
00037	N05587100	ZIKA NEG	W20111885378500G	1	0.00	0.00
00038						
00039	Order/PO No:	S0935006868441 Shipment Date: 07-02-2018			Total:	872.00
00040	N055A8B	SHP-Scheduled	SF0935006868441	1	0.00	0.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866431000I	1	7.00	7.00
00042	N05587100	ZIKA NEG	W20111866431000I	1	0.00	0.00
00043	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866431000I	1	211.00	211.00
00044	N05587100	ZIKA NEG	W20111867909500*	1	0.00	0.00
00045	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867909500*	1	7.00	7.00
00046	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867909500*	1	211.00	211.00
00047	N05587100	ZIKA NEG	W201118684272008	1	0.00	0.00
00048	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118684272008	1	7.00	7.00

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42199023
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00049	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118684272008	1	211.00	211.00
00050	N05587100	ZIKA NEG	W201118697072001	1	0.00	0.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118697072001	1	211.00	211.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118697072001	1	7.00	7.00
00053						
00054	Order/PO No:	S0935006879861 Shipment Date: 07-05-2018			Total:	2,696.00
00055	N055J8B	SHP-Unscheduled	SF0935006879861	1	80.00	80.00
00056	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118659142007	1	211.00	211.00
00057	N05587100	ZIKA NEG	W201118659142007	1	0.00	0.00
00058	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118659142007	1	7.00	7.00
00059	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866193000A	1	211.00	211.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866193000A	1	7.00	7.00
00061	N05587100	ZIKA NEG	W20111866193000A	1	0.00	0.00
00062	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866936000T	1	7.00	7.00
00063	N05587100	ZIKA NEG	W20111866936000T	1	0.00	0.00
00064	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866936000T	1	211.00	211.00
00065	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866949500*	1	7.00	7.00
00066	N05587100	ZIKA NEG	W20111866949500*	1	0.00	0.00
00067	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866949500*	1	211.00	211.00
00068	N05587100	ZIKA NEG	W201118686198001	1	0.00	0.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118686198001	1	211.00	211.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118686198001	1	7.00	7.00
00071	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868965100H	1	211.00	211.00
00072	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868965100H	1	7.00	7.00
00073	N05587100	ZIKA NEG	W20111868965100H	1	0.00	0.00
00074	N05587100	ZIKA NEG	W201118693722009	1	0.00	0.00
00075	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118693722009	1	211.00	211.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118693722009	1	7.00	7.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870108300*	1	211.00	211.00
00078	N05587100	ZIKA NEG	W20111870108300*	1	0.00	0.00
00079	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870108300*	1	7.00	7.00
00080	N05587100	ZIKA NEG	W20111870302300S	1	0.00	0.00
00081	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870302300S	1	211.00	211.00
00082	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870302300S	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42199023
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	10-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00083	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118704653000	1	7.00	7.00
00084	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118704653000	1	7.00	7.00
00085	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W201118704653000	1	211.00	211.00
00086	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W201118704653000	1	211.00	211.00
00087	N05587100	ZIKA NEG	W201118704653000	1	0.00	0.00
00088	N05587100	ZIKA NEG	W201118704653000	1	0.00	0.00
00089	N05587100	ZIKA NEG	W202418653493000	1	0.00	0.00
00090	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W202418653493000	1	211.00	211.00
00091	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418653493000	1	7.00	7.00
00092	N055Z2M	SUR - Blood Type LRBC ON	NONE	4	0.00	0.00
00093						
00094	Order/PO No:	S0935006879905 Shipment Date: 07-05-2018			Total:	597.00
00095	N055J8B	SHP-Unscheduled	SF0935006879905	1	80.00	80.00
00096	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118855174001	1	7.00	7.00
00097	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W201118855174001	1	510.00	510.00
00098	N05587100	ZIKA NEG	W201118855174001	1	0.00	0.00
					BALANCE DUE ON THIS INVOICE:	$5,734.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42199636
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	17-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	21	0	0.00	0.00	0.00
00002	N055A8B	SHP-Scheduled	4	0	0.00	0.00	0.00
00003	N055E0336V00	Red Cells AS-1 500mL LeuRed	19	0	4,009.00	0.00	4,009.00
00004	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00005	N055E3089V00	Platelets Aph ACD-A LeuRed Cnt3	1	0	510.00	0.00	510.00
00006	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	19	0	133.00	0.00	133.00
00007	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00008		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$5,176.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42199636
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	17-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00009	Order/PO No:	S0935006891945 Shipment Date: 07-09-2018			Total:	517.00
00010	N055A8B	SHP-Scheduled	SF0935006891945	1	0.00	0.00
00011	N05587100	ZIKA NEG	W201118861477003	1	0.00	0.00
00012	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118861477003	1	7.00	7.00
00013	N055E3089V00	Platelets Aph ACD-A LeuRed Cnt3	W201118861477003	1	510.00	510.00
00014						
00015	Order/PO No:	S0935006892657 Shipment Date: 07-09-2018			Total:	872.00
00016	N055A8B	SHP-Scheduled	SF0935006892657	1	0.00	0.00
00017	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111865506600Q	1	7.00	7.00
00018	N05587100	ZIKA NEG	W20111865506600Q	1	0.00	0.00
00019	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111865506600Q	1	211.00	211.00
00020	N05587100	ZIKA NEG	W20111865506900K	1	0.00	0.00
00021	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111865506900K	1	7.00	7.00
00022	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111865506900K	1	211.00	211.00
00023	N05587100	ZIKA NEG	W201118680083008	1	0.00	0.00
00024	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118680083008	1	7.00	7.00
00025	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118680083008	1	211.00	211.00
00026	N05587100	ZIKA NEG	W20111869805900X	1	0.00	0.00
00027	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869805900X	1	211.00	211.00
00028	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869805900X	1	7.00	7.00
00029						
00030	Order/PO No:	S0935006909139 Shipment Date: 07-12-2018			Total:	3,270.00
00031	N055A8B	SHP-Scheduled	SF0935006909139	1	0.00	0.00
00032	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118680095000	1	211.00	211.00
00033	N05587100	ZIKA NEG	W201118680095000	1	0.00	0.00
00034	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118680095000	1	7.00	7.00
00035	N05587100	ZIKA NEG	W20111868533900N	1	0.00	0.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868533900N	1	211.00	211.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868533900N	1	7.00	7.00
00038	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868534200X	1	211.00	211.00
00039	N05587100	ZIKA NEG	W20111868534200X	1	0.00	0.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868534200X	1	7.00	7.00
00041	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869217300E	1	211.00	211.00
00042	N05587100	ZIKA NEG	W20111869217300E	1	0.00	0.00

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42199636
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	17-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00043	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869217300E	1	7.00	7.00
00044	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869604900W	1	7.00	7.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869604900W	1	211.00	211.00
00046	N05587100	ZIKA NEG	W20111869604900W	1	0.00	0.00
00047	N05587100	ZIKA NEG	W20111869768800S	1	0.00	0.00
00048	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869768800S	1	211.00	211.00
00049	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869768800S	1	7.00	7.00
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869966400C	1	7.00	7.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869966400C	1	211.00	211.00
00052	N05587100	ZIKA NEG	W20111869966400C	1	0.00	0.00
00053	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870309800R	1	7.00	7.00
00054	N05587100	ZIKA NEG	W20111870309800R	1	0.00	0.00
00055	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870309800R	1	211.00	211.00
00056	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870475600C	1	211.00	211.00
00057	N05587100	ZIKA NEG	W20111870475600C	1	0.00	0.00
00058	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870475600C	1	7.00	7.00
00059	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418640409006	1	7.00	7.00
00060	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418640409006	1	211.00	211.00
00061	N05587100	ZIKA NEG	W202418640409006	1	0.00	0.00
00062	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866522900I	1	211.00	211.00
00063	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866522900I	1	7.00	7.00
00064	N05587100	ZIKA NEG	W20241866522900I	1	0.00	0.00
00065	N05587100	ZIKA NEG	W20241866588600Q	1	0.00	0.00
00066	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866588600Q	1	7.00	7.00
00067	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866588600Q	1	211.00	211.00
00068	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867304600W	1	7.00	7.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867304600W	1	211.00	211.00
00070	N05587100	ZIKA NEG	W20241867304600W	1	0.00	0.00
00071	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867304900Q	1	211.00	211.00
00072	N05587100	ZIKA NEG	W20241867304900Q	1	0.00	0.00
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867304900Q	1	7.00	7.00
00074	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868910300T	1	7.00	7.00
00075	N05587100	ZIKA NEG	W20241868910300T	1	0.00	0.00
00076	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868910300T	1	211.00	211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42199636
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	17-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00077						
00078	Order/PO No:	S0935006910953 Shipment Date: 07-13-2018			Total:	517.00
00079	N055A8B	SHP-Scheduled	SF0935006910953	1	0.00	0.00
00080	N05587100	ZIKA NEG	W201118849923001	1	0.00	0.00
00081	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118849923001	1	7.00	7.00
00082	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W201118849923001	1	510.00	510.00
					BALANCE DUE ON THIS INVOICE:	$5,176.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42203457
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	26-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05587100	ZIKA NEG	19	0	0.00	0.00	0.00
00002	N055A8B	SHP-Scheduled	4	0	0.00	0.00	0.00
00003	N055E0336V00	Red Cells AS-1 500mL LeuRed	15	0	3,165.00	0.00	3,165.00
00004	N055E0678V00	Red Cells Aph AS-3 LeuRed	2	0	422.00	0.00	422.00
00005	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00006	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	1	0	510.00	0.00	510.00
00007	N055J8B	SHP-Unscheduled	1	0	80.00	0.00	80.00
00008	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	17	0	119.00	0.00	119.00
00009	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00010		Accepted forms of payment are check, wire or ACH					

BALANCE DUE ON THIS INVOICE:	$4,820.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42203457
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00011	Order/PO No:	S0935006919786 Shipment Date: 07-16-2018			Total:	516.00
00012	N055J8B	SHP-Unscheduled	SF0935006919786	1	80.00	80.00
00013	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869271200M	1	7.00	7.00
00014	N055E0678V00	Red Cells Aph AS-3 LeuRed	W20241869271200M	1	211.00	211.00
00015	N05587100	ZIKA NEG	W20241869271200M	1	0.00	0.00
00016	N055E0678V00	Red Cells Aph AS-3 LeuRed	W20551830210900R	1	211.00	211.00
00017	N05587100	ZIKA NEG	W20551830210900R	1	0.00	0.00
00018	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551830210900R	1	7.00	7.00
00019						
00020	Order/PO No:	S0935006919821 Shipment Date: 07-16-2018			Total:	517.00
00021	N055A8B	SHP-Scheduled	SF0935006919821	1	0.00	0.00
00022	N05587100	ZIKA NEG	W201118853861000	1	0.00	0.00
00023	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118853861000	1	7.00	7.00
00024	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W201118853861000	1	510.00	510.00
00025						
00026	Order/PO No:	S0935006937128 Shipment Date: 07-20-2018			Total:	1,308.00
00027	N055A8B	SHP-Scheduled	SF0935006937128	1	0.00	0.00
00028	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118663334001	1	7.00	7.00
00029	N05587100	ZIKA NEG	W201118663334001	1	0.00	0.00
00030	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118663334001	1	211.00	211.00
00031	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869484400A	1	211.00	211.00
00032	N05587100	ZIKA NEG	W20111869484400A	1	0.00	0.00
00033	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869484400A	1	7.00	7.00
00034	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870767800Y	1	7.00	7.00
00035	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870767800Y	1	211.00	211.00
00036	N05587100	ZIKA NEG	W20111870767800Y	1	0.00	0.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870767900W	1	7.00	7.00
00038	N05587100	ZIKA NEG	W20111870767900W	1	0.00	0.00
00039	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870767900W	1	211.00	211.00
00040	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118712034006	1	7.00	7.00
00041	N05587100	ZIKA NEG	W201118712034006	1	0.00	0.00
00042	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118712034006	1	211.00	211.00
00043	N05587100	ZIKA NEG	W202418691607003	1	0.00	0.00
00044	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418691607003	1	211.00	211.00
					BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42203457
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00045	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418691607003	1	7.00	7.00
00046						
00047	Order/PO No:	S0935006937172 Shipment Date: 07-20-2018			Total:	517.00
00048	N055A8B	SHP-Scheduled	SF0935006937172	1	0.00	0.00
00049	N05587100	ZIKA NEG	W20111885387000M	1	0.00	0.00
00050	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885387000M	1	7.00	7.00
00051	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20111885387000M	1	510.00	510.00
00052						
00053	Order/PO No:	S0935006944289 Shipment Date: 07-22-2018			Total:	1,962.00
00054	N055A8B	SHP-Scheduled	SF0935006944289	1	0.00	0.00
00055	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20091805112800X	1	211.00	211.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20091805112800X	1	7.00	7.00
00057	N05587100	ZIKA NEG	W20091805112800X	1	0.00	0.00
00058	N05587100	ZIKA NEG	W201118693387007	1	0.00	0.00
00059	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118693387007	1	211.00	211.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118693387007	1	7.00	7.00
00061	N05587100	ZIKA NEG	W20111869343100V	1	0.00	0.00
00062	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869343100V	1	7.00	7.00
00063	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869343100V	1	211.00	211.00
00064	N05587100	ZIKA NEG	W20111869788100Q	1	0.00	0.00
00065	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869788100Q	1	211.00	211.00
00066	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869788100Q	1	7.00	7.00
00067	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870128600E	1	211.00	211.00
00068	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870128600E	1	7.00	7.00
00069	N05587100	ZIKA NEG	W20111870128600E	1	0.00	0.00
00070	N05587100	ZIKA NEG	W20111870768900S	1	0.00	0.00
00071	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870768900S	1	7.00	7.00
00072	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870768900S	1	211.00	211.00
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111871351400W	1	7.00	7.00
00074	N05587100	ZIKA NEG	W20111871351400W	1	0.00	0.00
00075	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111871351400W	1	211.00	211.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20171835688500K	1	7.00	7.00
00077	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20171835688500K	1	211.00	211.00
00078	N05587100	ZIKA NEG	W20171835688500K	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42203457
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	26-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00079	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867228100Q	1	7.00	7.00
00080	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241867228100Q	1	211.00	211.00
00081	N05587100	ZIKA NEG	W20241867228100Q	1	0.00	0.00
					BALANCE DUE ON THIS INVOICE:	$4,820.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42204075
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	31-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY SHIPPED	QUANTITY RETURNED	DEBIT	CREDIT	TOTAL
00001	N05586870	AB ID/EACH PANEL & MEDIA	1	0	62.00	0.00	62.00
00002	N05586880	DAT, EACH ANTISERA	1	0	23.00	0.00	23.00
00003	N05586885	AB ID/EACH SELECTED REAGENT CELL	3	0	30.00	0.00	30.00
00004	N05586886	INDIRECT TITER, PER AB	1	0	75.00	0.00	75.00
00005	N05586900	ABO TYPE	1	0	25.00	0.00	25.00
00006	N05586901	RH TYPE	1	0	20.00	0.00	20.00
00007	N05586905	RBC AG, OTHER THAN ABO OR D, EACH	1	0	28.00	0.00	28.00
00008	N05586906	RH PHENOTYPING COMPLETE	1	0	60.00	0.00	60.00
00009	N05586976	DILUTION OF SERUM, PER ALIQUOT	1	0	16.00	0.00	16.00
00010	N05587100	ZIKA NEG	26	0	0.00	0.00	0.00
00011	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00012	N055A8B	SHP-Scheduled	5	0	0.00	0.00	0.00
00013	N055E0336V00	Red Cells AS-1 500mL LeuRed	21	0	4,431.00	0.00	4,431.00
00014	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	1	0	211.00	0.00	211.00
00015	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	1	0	211.00	0.00	211.00
00016	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	3	0	1,530.00	0.00	1,530.00
00017	N055J8B	SHP-Unscheduled	1	0	80.00	0.00	80.00
00018	N055REF10	IRL CASE TRACKING CODE	1	0	0.00	0.00	0.00
00019	N055TYPEOP	Blood Type LRBC OP	11	0	1,100.00	0.00	1,100.00
00020	N055Y8B	STAT Fee	1	0	100.00	0.00	100.00
00021	N055Z2M	SUR - Blood Type LRBC ON	1	0	0.00	0.00	0.00
00022	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	23	0	161.00	0.00	161.00
00023	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	3	0	21.00	0.00	21.00
00024		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$8,184.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42204075
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00025	Order/PO No:	S0935006945286 Shipment Date: 07-23-2018			Total:	517.00
00026	N055A8B	SHP-Scheduled	SF0935006945286	1	0.00	0.00
00027	N05587100	ZIKA NEG	W20111885999200H	1	0.00	0.00
00028	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885999200H	1	7.00	7.00
00029	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111885999200H	1	510.00	510.00
00030						
00031	Order/PO No:	S0935006963579 Shipment Date: 07-27-2018			Total:	517.00
00032	N055A8B	SHP-Scheduled	SF0935006963579	1	0.00	0.00
00033	N05587100	ZIKA NEG	W20111885392100W	1	0.00	0.00
00034	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885392100W	1	7.00	7.00
00035	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111885392100W	1	510.00	510.00
00036						
00037	Order/PO No:	S0935006963814 Shipment Date: 07-27-2018			Total:	2,398.00
00038	N055A8B	SHP-Scheduled	SF0935006963814	1	0.00	0.00
00039	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118660878002	1	7.00	7.00
00040	N05587100	ZIKA NEG	W201118660878002	1	0.00	0.00
00041	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118660878002	1	211.00	211.00
00042	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866088200A	1	211.00	211.00
00043	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866088200A	1	7.00	7.00
00044	N05587100	ZIKA NEG	W20111866088200A	1	0.00	0.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111866098900P	1	211.00	211.00
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111866098900P	1	7.00	7.00
00047	N05587100	ZIKA NEG	W20111866098900P	1	0.00	0.00
00048	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868456000T	1	211.00	211.00
00049	N05587100	ZIKA NEG	W20111868456000T	1	0.00	0.00
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868456000T	1	7.00	7.00
00051	N05587100	ZIKA NEG	W20111870496300Z	1	0.00	0.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870496300Z	1	7.00	7.00
00053	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870496300Z	1	211.00	211.00
00054	N05587100	ZIKA NEG	W20111870780400H	1	0.00	0.00
00055	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870780400H	1	7.00	7.00
00056	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870780400H	1	211.00	211.00
00057	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870780600D	1	7.00	7.00
00058	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870780600D	1	211.00	211.00

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42204075
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00059	N05587100	ZIKA NEG	W201118707806000D	1	0.00	0.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118707808009	1	7.00	7.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118707808009	1	211.00	211.00
00062	N05587100	ZIKA NEG	W201118707808009	1	0.00	0.00
00063	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870781100J	1	7.00	7.00
00064	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870781100J	1	211.00	211.00
00065	N05587100	ZIKA NEG	W20111870781100J	1	0.00	0.00
00066	N05587100	ZIKA NEG	W202418691783008	1	0.00	0.00
00067	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418691783008	1	7.00	7.00
00068	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418691783008	1	211.00	211.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869551500L	1	211.00	211.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869551500L	1	7.00	7.00
00071	N05587100	ZIKA NEG	W20241869551500L	1	0.00	0.00
00072						
00073	Order/PO No:	S0935006972041 Shipment Date: 07-30-2018			Total:	517.00
00074	N055A8B	SHP-Scheduled	SF0935006972041	1	0.00	0.00
00075	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886068000D	1	7.00	7.00
00076	N05588801	Anti-CMV negative	W20111886068000D	1	0.00	0.00
00077	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111886068000D	1	510.00	510.00
00078	N05587100	ZIKA NEG	W20111886068000D	1	0.00	0.00
00079						
00080	Order/PO No:	S0935006972096 Shipment Date: 07-30-2018			Total:	1,744.00
00081	N055A8B	SHP-Scheduled	SF0935006972096	1	0.00	0.00
00082	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868461600T	1	7.00	7.00
00083	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868461600T	1	211.00	211.00
00084	N05587100	ZIKA NEG	W20111868461600T	1	0.00	0.00
00085	N05587100	ZIKA NEG	W20111868976900Q	1	0.00	0.00
00086	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868976900Q	1	211.00	211.00
00087	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868976900Q	1	7.00	7.00
00088	N05587100	ZIKA NEG	W20111869645900X	1	0.00	0.00
00089	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869645900X	1	7.00	7.00
00090	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869645900X	1	211.00	211.00
00091	N05587100	ZIKA NEG	W201118696471004	1	0.00	0.00
00092	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118696471004	1	211.00	211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42204075
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00093	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118696471004	1	7.00	7.00
00094	N05587100	ZIKA NEG	W201118712291009	1	0.00	0.00
00095	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118712291009	1	7.00	7.00
00096	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118712291009	1	211.00	211.00
00097	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418668579000	1	7.00	7.00
00098	N05587100	ZIKA NEG	W202418668579000	1	0.00	0.00
00099	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418668579000	1	211.00	211.00
00100	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418683848006	1	7.00	7.00
00101	N05587100	ZIKA NEG	W202418683848006	1	0.00	0.00
00102	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418683848006	1	211.00	211.00
00103	N05587100	ZIKA NEG	W20241869079600E	1	0.00	0.00
00104	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20241869079600E	1	211.00	211.00
00105	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869079600E	1	7.00	7.00
00106	N055Z2M	SUR - Blood Type LRBC ON	NONE	1	0.00	0.00
00107						
00108	Order/PO No:	S0935006972975 Shipment Date: 07-30-2018			Total:	1,052.00
00109	N055J8B	SHP-Unscheduled	SF0935006972975	1	80.00	80.00
00110	N055Y8B	STAT Fee	SF0935006972975	1	100.00	100.00
00111	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867742900J	1	7.00	7.00
00112	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867742900J	1	211.00	211.00
00113	N05587100	ZIKA NEG	W20111867742900J	1	0.00	0.00
00114	N05587100	ZIKA NEG	W20111868070200N	1	0.00	0.00
00115	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20111868070200N	1	211.00	211.00
00116	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868070200N	1	7.00	7.00
00117	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868181400S	1	211.00	211.00
00118	N05587100	ZIKA NEG	W20111868181400S	1	0.00	0.00
00119	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868181400S	1	7.00	7.00
00120	N05587100	ZIKA NEG	W20111871214400V	1	0.00	0.00
00121	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111871214400V	1	7.00	7.00
00122	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111871214400V	1	211.00	211.00
00123						
00124	Order/PO No:	3762974-St Louis MO IRL Service Date: 07-28-2018			Total:	339.00
00125	N05586976	DILUTION OF SERUM, PER ALIQUOT	NONE	1	16.00	16.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42204075
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00126		Patient :	NONE			
00127			NONE			
00128			NONE			
00129			NONE			
00130			NONE			
00131	N05586870		NONE	1	62.00	62.00
00132			NONE			
00133			NONE			
00134			NONE			
00135			NONE			
00136			NONE			
00137	N05586880		NONE	1	23.00	23.00
00138			NONE			
00139			NONE			
00140			NONE			
00141			NONE			
00142			NONE			
00143	N05586886		NONE	1	75.00	75.00
00144			NONE			
00145			NONE			
00146			NONE			
00147			NONE			
00148			NONE			
00149	N05586906		NONE	1	60.00	60.00
00150			NONE			
00151			NONE			
00152			NONE			
00153			NONE			
00154			NONE			
00155	N055REF10		NONE	1	0.00	0.00
00156			NONE			
00157			NONE			
00158			NONE			
00159			NONE			

REDACTED

BALANCE DUE ON THIS INVOICE: CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42204075
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00160		Relationship :	NONE			
00161	N05586885	AB ID/EACH SELECTED REAGENT CELL	NONE	3	10.00	30.00
00162			NONE			
00163			NONE			
00164			NONE			
00165			NONE			
00166			NONE			
00167	N05586900		NONE	1	25.00	25.00
00168			NONE			
00169			NONE			
00170			NONE			
00171			NONE			
00172			NONE			
00173	N05586905		NONE	1	28.00	28.00
00174			NONE			
00175			NONE			
00176			NONE			
00177			NONE			
00178			NONE			
00179	N05586901		NONE	1	20.00	20.00
00180			NONE			
00181			NONE			
00182			NONE			
00183			NONE			
00184			NONE			
00185						
00186	Dr Adj/PO No:				Total:	1,100.00
00187	N055TYPEOP		NONE	11	100.00	1,100.00

REDACTED

BALANCE DUE ON THIS INVOICE:	$8,184.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE	
INVOICE NUMBER:	99021354
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	DUE IMMEDIATELY
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	31-Jul-2018
DUE DATE:	30-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
00001	FINANCE CHG	Interest for Overdue 42182682;Due Date	1	52.26	52.26
00002		14-JUN-18;Overdue Amount 8719;Calculate Interest To			
00003		31-JUL-18;Last Interest 30-JUN-18;Days Overdue			
00004		47;Interest Rate .58%			
00005					
00006	FINANCE CHG	Interest for Overdue 42184675;Due Date	1	28.23	28.23
00007		21-JUN-18;Overdue Amount 3650;Calculate Interest To			
00008		31-JUL-18;Days Overdue 40;Interest Rate .58%			
00009					
00010	FINANCE CHG	Interest for Overdue 42186851;Due Date	1	54.34	54.34
00011		30-JUN-18;Overdue Amount 9067;Calculate Interest To			
00012		31-JUL-18;Days Overdue 31;Interest Rate .58%			
00013					
00014	FINANCE CHG	Interest for Overdue 42188974;Due Date	1	23.94	23.94
00015		12-JUL-18;Overdue Amount 6516;Calculate Interest To			
00016		31-JUL-18;Days Overdue 19;Interest Rate .58%			
00017					
00018	FINANCE CHG	Interest for Overdue 42191392;Due Date	1	12.84	12.84
00019		19-JUL-18;Overdue Amount 5533;Calculate Interest To			
00020		31-JUL-18;Days Overdue 12;Interest Rate .58%			
00021					
				BALANCE DUE ON THIS INVOICE:	$171.61

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBER ON ALL CORRESPONDENCES

AMERICAN RED CROSS

REMIT TO:
AMERICAN RED CROSS
PO BOX 730040
DALLAS, TX 75373-0040

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42206095
CUSTOMER NUMBER:	N055B8NWMR-100001
PAYMENT TERMS:	NET 30
ARC FEDERAL TAX ID:	53-0196605
A/R PHONE NUMBER:	888-316-4695
SELLING UNIT:	BD08-055-Arkansas Rgn
PURCHASE ORDER NUMBER:	
INVOICE DATE:	07-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	17	0	0.00	0.00	0.00
00002	N055A8B	SHP-Scheduled	3	0	0.00	0.00	0.00
00003	N055E0336V00	Red Cells AS-1 500mL LeuRed	10	0	2,110.00	0.00	2,110.00
00004	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	2	0	422.00	0.00	422.00
00005	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	4	0	844.00	0.00	844.00
00006	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	1	0	510.00	0.00	510.00
00007	N055J8B	SHP-Unscheduled	1	0	80.00	0.00	80.00
00008	N055Y8B	STAT Fee	1	0	100.00	0.00	100.00
00009	N055Z2M	SUR - Blood Type LRBC ON	3	0	0.00	0.00	0.00
00010	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	16	0	112.00	0.00	112.00
00011	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	1	0	7.00	0.00	7.00
00012		Accepted forms of payment are check, wire or ACH					
						BALANCE DUE ON THIS INVOICE:	$4,185.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42206095
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	07-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00013	Order/PO No:	S0935006981743 Shipment Date: 08-01-2018			Total:	872.00
00014	N055A8B	SHP-Scheduled	SF0935006981743	1	0.00	0.00
00015	N055Z2M	SUR - Blood Type LRBC ON	SF0935006981743	1	0.00	0.00
00016	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111868544300N	1	7.00	7.00
00017	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111868544300N	1	211.00	211.00
00018	N05587100	ZIKA NEG	W20111868544300N	1	0.00	0.00
00019	N05587100	ZIKA NEG	W20111869345000P	1	0.00	0.00
00020	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869345000P	1	7.00	7.00
00021	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869345000P	1	211.00	211.00
00022	N05587100	ZIKA NEG	W20111869499600F	1	0.00	0.00
00023	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869499600F	1	7.00	7.00
00024	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869499600F	1	211.00	211.00
00025	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869279300P	1	211.00	211.00
00026	N05587100	ZIKA NEG	W20241869279300P	1	0.00	0.00
00027	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869279300P	1	7.00	7.00
00028						
00029	Order/PO No:	S0935006981831 Shipment Date: 08-01-2018			Total:	616.00
00030	N055Z2M	SUR - Blood Type LRBC ON	SF0935006981831	2	0.00	0.00
00031	N055Y8B	STAT Fee	SF0935006981831	1	100.00	100.00
00032	N055J8B	SHP-Unscheduled	SF0935006981831	1	80.00	80.00
00033	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111867495200T	1	211.00	211.00
00034	N05587100	ZIKA NEG	W20111867495200T	1	0.00	0.00
00035	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867495200T	1	7.00	7.00
00036	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118688873005	1	7.00	7.00
00037	N05587100	ZIKA NEG	W201118688873005	1	0.00	0.00
00038	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W201118688873005	1	211.00	211.00
00039						
00040	Order/PO No:	S0935006988739 Shipment Date: 08-02-2018			Total:	2,180.00
00041	N055A8B	SHP-Scheduled	SF0935006988739	1	0.00	0.00
00042	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241866440600W	1	7.00	7.00
00043	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241866440600W	1	211.00	211.00
00044	N05587100	ZIKA NEG	W20241866440600W	1	0.00	0.00
00045	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241867317600C	1	7.00	7.00
00046	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20241867317600C	1	211.00	211.00

BALANCE DUE ON THIS INVOICE:	CONTINUED...

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42206095
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	07-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00047	N05587100	ZIKA NEG	W20241867317600C	1	0.00	0.00
00048	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868583400N	1	7.00	7.00
00049	N05587100	ZIKA NEG	W20241868583400N	1	0.00	0.00
00050	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868583400N	1	211.00	211.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868744800B	1	211.00	211.00
00052	N05587100	ZIKA NEG	W20241868744800B	1	0.00	0.00
00053	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868744800B	1	7.00	7.00
00054	N05587100	ZIKA NEG	W20241869183300K	1	0.00	0.00
00055	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20241869183300K	1	211.00	211.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869183300K	1	7.00	7.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869383400N	1	211.00	211.00
00058	N05587100	ZIKA NEG	W20241869383400N	1	0.00	0.00
00059	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869383400N	1	7.00	7.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869384000R	1	7.00	7.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869384000R	1	211.00	211.00
00062	N05587100	ZIKA NEG	W20241869384000R	1	0.00	0.00
00063	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418694339000	1	7.00	7.00
00064	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W202418694339000	1	211.00	211.00
00065	N05587100	ZIKA NEG	W202418694339000	1	0.00	0.00
00066	N05587100	ZIKA NEG	W20241869508700T	1	0.00	0.00
00067	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20241869508700T	1	211.00	211.00
00068	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869508700T	1	7.00	7.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869754100M	1	211.00	211.00
00070	N05587100	ZIKA NEG	W20241869754100M	1	0.00	0.00
00071	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869754100M	1	7.00	7.00
00072						
00073	Order/PO No:	S0935006989765 Shipment Date: 08-03-2018			Total:	517.00
00074	N055A8B	SHP-Scheduled	SF0935006989765	1	0.00	0.00
00075	N05587100	ZIKA NEG	W201118855323007	1	0.00	0.00
00076	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W201118855323007	1	7.00	7.00
00077	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W201118855323007	1	510.00	510.00
					BALANCE DUE ON THIS INVOICE:	$4,185.00

QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org

PLEASE REMEMBER TO INCLUDE INVOICE NUMBERS WITH ALL REMITTANCES

American Red Cross

Office of the General Counsel
431 18th Street NW
Washington, DC 20006

Writer's Direct Dial
(202) 303-5519
Jill.Warren@redcross.org

October 9, 2018

SENT VIA FEDERAL EXPRESS
US Bankruptcy Court
Middle District of Tennessee
Attn: Clerk of the Bankruptcy Court
701 Broadway, 1st Floor
Nashville, TN 37203

RE: *Curae Health, Inc., Case No. 3:18-BK-05665*
Claim for Clarksdale Regional Medical Center, *Case No. 3:18-bk-05678*

Dear Sir or Madam:

Enclosed please find Proof of Claim forms for two claims, an unsecured claim and a 503(b)(9) claim, on behalf of the American Red Cross against Clarksdale Regional Medical Center, Inc., with supporting invoices. Also enclosed is an extra copy of each Proof of Claim for you to stamp to indicate the date of filing and return in the enclosed, pre-paid, self-addressed envelope.

If you have any questions regarding this matter please do not hesitate to contact me.

Sincerely,

Jill Warren
Senior Legal Assistant

PROOF OF CLAIM FILING INFORMATION FOR

CURAE HEALTH, INC.

CASE NO. 3:18-BK-05665

US BANKRUPTCY COURT, MIDDLE DISTRICT OF TENNESSEE, NASHVILLE DIVISION

Debtor Name	Case Number
Curae Health, Inc.	3:18-bk-05665
Amory Regional Medical Center, Inc.	3:18-bk-05675
Batesville Regional Medical Center, Inc.	3:18-bk-05676
Clarksdale Regional Medical Center, Inc.	3:18-bk-05678
Amory Regional Physicians LLC	3:18-bk-05680
Batesville Regional Physicians LLC	3:18-bk-05681
Clarksdale Regional Physicians LLC	3:18-bk-05682

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

The Bankruptcy Court for the Middle District of Tennessee prefers that proofs of claim be filed electronically through the ECF system. If that is not possible, you may send completed Proofs of Claims to:

US Bankruptcy Court – Middle District of Tennessee
701 Broadway, 1st Floor
Nashville, TN 37203

MIDDLE DISTRICT OF TENNESSEE
Claims Register

3:18-bk-05678 Clarksdale Regional Medical Center Inc.

Judge: Charles M Walker **Chapter:** 11

Office: Nashville **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

Creditor: (6759943)
AMERICAN RED CROSS
LORI POLACHECK ESQ
431 18TH ST NW
WASHINGTON DC
20006

Claim No: 7
Original Filed Date: 10/10/2018
Original Entered Date: 10/10/2018

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: $73191.14

History:

Details 7-1 10/10/2018 Claim #7 filed by AMERICAN RED CROSS, Amount claimed: $73191.14 (Intake1)

Description: (7-1) Blood products sold to debtor

Remarks:

Claims Register Summary

Case Name: Clarksdale Regional Medical Center Inc.
Case Number: 3:18-bk-05678
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	$73191.14
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		