

ADMINISTRATIVE CLAIM

Pursuant to 11 U.S.C. §§503(b)(9)

FILED


OCT 10 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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

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?	<u>American Red Cross</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Lori Polacheck, Esq., American Red Cross</u> Name <u>431 18th St. NW</u> Number Street <u>Washington DC 20006</u> City State ZIP Code Contact phone <u>202-303-5466</u> Contact email <u>Lori.Polacheck@redcross.org</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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? \$ 11,660.00. Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 11,660.00

* 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.

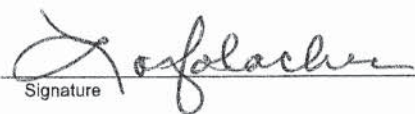
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

503(b)(9) Claim

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

Invoice Number	Invoice Date	Due Date	Invoice Total	Balance Due
42210582	8/21/2018	9/20/2018	\$5,612.00	\$5,612.00
42208612	8/14/2018	9/13/2018	\$6,048.00	\$6,048.00
			TOTAL CLAIM	\$11,660.00

AMERICAN RED CROSS

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

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

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42210582
CUSTOMER NUMBER:	N055B8NWMMR-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:	21-Aug-2018

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	23	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	0	0.00	0.00	0.00
00003	N055A8B	SHP-Scheduled	5	0	0.00	0.00	0.00
00004	N055E0336V00	Red Cells AS-1 500mL LeuRed	13	0	2,743.00	0.00	2,743.00
00005	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	5	0	1,055.00	0.00	1,055.00
00006	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	3	0	633.00	0.00	633.00
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	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	21	0	147.00	0.00	147.00
00010	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	2	0	14.00	0.00	14.00
00011		Accepted forms of payment are check, wire or ACH					
BALANCE DUE ON THIS INVOICE:							\$5,612.00
QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org							

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42210582
CUSTOMER NUMBER:	N055B8NWMMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	21-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00012	Order/PO No:	S0935007023846 Shipment Date: 08-13-2018			Total:	517.00
00013	N055A8B	SHP-Scheduled	SF0935007023846	1	0.00	0.00
00014	N05587100	ZIKA NEG	W202418878707004	1	0.00	0.00
00015	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W202418878707004	1	7.00	7.00
00016	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W202418878707004	1	510.00	510.00
00017						
00018	Order/PO No:	S0935007024682 Shipment Date: 08-13-2018			Total:	1,308.00
00019	N055A8B	SHP-Scheduled	SF0935007024682	1	0.00	0.00
00020	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111867944100W	1	7.00	7.00
00021	N05587100	ZIKA NEG	W20111867944100W	1	0.00	0.00
00022	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111867944100W	1	211.00	211.00
00023	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869843700D	1	211.00	211.00
00024	N05587100	ZIKA NEG	W20111869843700D	1	0.00	0.00
00025	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869843700D	1	7.00	7.00
00026	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870626000S	1	7.00	7.00
00027	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870626000S	1	211.00	211.00
00028	N05587100	ZIKA NEG	W20111870626000S	1	0.00	0.00
00029	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870626300M	1	7.00	7.00
00030	N05587100	ZIKA NEG	W20111870626300M	1	0.00	0.00
00031	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870626300M	1	211.00	211.00
00032	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870681200X	1	7.00	7.00
00033	N05587100	ZIKA NEG	W20111870681200X	1	0.00	0.00
00034	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111870681200X	1	211.00	211.00
00035	N05587100	ZIKA NEG	W20111871622700Z	1	0.00	0.00
00036	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111871622700Z	1	211.00	211.00
00037	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111871622700Z	1	7.00	7.00
00038						
00039	Order/PO No:	S0935007040363 Shipment Date: 08-16-2018			Total:	1,090.00
00040	N055A8B	SHP-Scheduled	SF0935007040363	1	0.00	0.00
00041	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111871819400Q	1	211.00	211.00
00042	N05587100	ZIKA NEG	W20111871819400Q	1	0.00	0.00
00043	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111871819400Q	1	7.00	7.00
00044	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20201844552000W	1	211.00	211.00
00045	N05587100	ZIKA NEG	W20201844552000W	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

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

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42210582
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	21-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20201844552000V	1	7.00	7.00
00047	N05587100	ZIKA NEG	W202418695660003	1	0.00	0.00
00048	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418695660003	1	7.00	7.00
00049	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418695660003	1	211.00	211.00
00050	N05587100	ZIKA NEG	W20241869566400V	1	0.00	0.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869566400V	1	211.00	211.00
00052	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869566400V	1	7.00	7.00
00053	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20551830607300T	1	7.00	7.00
00054	N05587100	ZIKA NEG	W20551830607300T	1	0.00	0.00
00055	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20551830607300T	1	211.00	211.00
00056						
00057	Order/PO No:	S0935007041433 Shipment Date: 08-17-2018			Total:	517.00
00058	N055A8B	SHP-Scheduled	SF0935007041433	1	0.00	0.00
00059	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111886421900S	1	7.00	7.00
00060	N05588801	Anti-CMV negative	W20111886421900S	1	0.00	0.00
00061	N055E3087V00	Platelets Aph ACD-A LeuRed Cnt1	W20111886421900S	1	510.00	510.00
00062	N05587100	ZIKA NEG	W20111886421900S	1	0.00	0.00
00063						
00064	Order/PO No:	S0935007041593 Shipment Date: 08-17-2018			Total:	2,180.00
00065	N055A8B	SHP-Scheduled	SF0935007041593	1	0.00	0.00
00066	N05587100	ZIKA NEG	W201118704364007	1	0.00	0.00
00067	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W201118704364007	1	211.00	211.00
00068	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118704364007	1	7.00	7.00
00069	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870437900U	1	7.00	7.00
00070	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111870437900U	1	211.00	211.00
00071	N05587100	ZIKA NEG	W20111870437900U	1	0.00	0.00
00072	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20111870438600V	1	211.00	211.00
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111870438600V	1	7.00	7.00
00074	N05587100	ZIKA NEG	W20111870438600V	1	0.00	0.00
00075	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20241865270700X	1	211.00	211.00
00076	N05587100	ZIKA NEG	W20241865270700X	1	0.00	0.00
00077	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241865270700X	1	7.00	7.00
00078	N05587100	ZIKA NEG	W202418652711004	1	0.00	0.00
00079	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W202418652711004	1	211.00	211.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

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

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42210582
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	21-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00080	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418652711004	1	7.00	7.00
00081	N05587100	ZIKA NEG	W20241869437800N	1	0.00	0.00
00082	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20241869437800N	1	211.00	211.00
00083	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869437800N	1	7.00	7.00
00084	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869438200V	1	7.00	7.00
00085	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869438200V	1	7.00	7.00
00086	N05587100	ZIKA NEG	W20241869438200V	1	0.00	0.00
00087	N055E0686V00	Red Cells Aph AS-3 LeuRed Cnt2	W20241869438200V	1	211.00	211.00
00088	N055E0685V00	Red Cells Aph AS-3 LeuRed Cnt1	W20241869438200V	1	211.00	211.00
00089	N05587100	ZIKA NEG	W20241869438200V	1	0.00	0.00
00090	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241870071100L	1	211.00	211.00
00091	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241870071100L	1	7.00	7.00
00092	N05587100	ZIKA NEG	W20241870071100L	1	0.00	0.00
00093	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241870212600N	1	211.00	211.00
00094	N05587100	ZIKA NEG	W20241870212600N	1	0.00	0.00
00095	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241870212600N	1	7.00	7.00
BALANCE DUE ON THIS INVOICE:						\$5,612.00
QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org						

AMERICAN RED CROSS

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

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

INVOICE SUMMARY ACTIVITY BLOOD SERVICES	
INVOICE NUMBER:	42208612
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:	14-Aug-2018

MESSAGE:

SUMMARY OF ACTIVITY BY PRODUCT FOR CURRENT BILLING PERIOD

SEQ NO	PRODUCT	DESCRIPTION	QUANTITY		DEBIT	CREDIT	TOTAL
			SHIPPED	RETURNED			
00001	N05587100	ZIKA NEG	25	0	0.00	0.00	0.00
00002	N05588801	Anti-CMV negative	1	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	23	0	4,853.00	0.00	4,853.00
00005	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	2	0	1,020.00	0.00	1,020.00
00006	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	23	0	161.00	0.00	161.00
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:							\$6,048.00
QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org							

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42208612
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	14-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00009	Order/PO No:	S0935006997498 Shipment Date: 08-06-2018			Total:	517.00
00010	N055A8B	SHP-Scheduled	SF0935006997498	1	0.00	0.00
00011	N05587100	ZIKA NEG	W20111885198800Q	1	0.00	0.00
00012	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20111885198800Q	1	7.00	7.00
00013	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20111885198800Q	1	510.00	510.00
00014						
00015	Order/PO No:	S0935006997554 Shipment Date: 08-06-2018			Total:	2,180.00
00016	N055A8B	SHP-Scheduled	SF0935006997554	1	0.00	0.00
00017	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111869054600K	1	211.00	211.00
00018	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111869054600K	1	7.00	7.00
00019	N05587100	ZIKA NEG	W20111869054600K	1	0.00	0.00
00020	N05587100	ZIKA NEG	W20111871033400E	1	0.00	0.00
00021	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111871033400E	1	211.00	211.00
00022	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111871033400E	1	7.00	7.00
00023	N05587100	ZIKA NEG	W202418652545000	1	0.00	0.00
00024	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418652545000	1	7.00	7.00
00025	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418652545000	1	211.00	211.00
00026	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869197800N	1	211.00	211.00
00027	N05587100	ZIKA NEG	W20241869197800N	1	0.00	0.00
00028	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869197800N	1	7.00	7.00
00029	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869198300T	1	211.00	211.00
00030	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869198300T	1	7.00	7.00
00031	N05587100	ZIKA NEG	W20241869198300T	1	0.00	0.00
00032	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869517300X	1	211.00	211.00
00033	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869517300X	1	7.00	7.00
00034	N05587100	ZIKA NEG	W20241869517300X	1	0.00	0.00
00035	N05587100	ZIKA NEG	W20241869652800W	1	0.00	0.00
00036	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869652800W	1	7.00	7.00
00037	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869652800W	1	211.00	211.00
00038	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418696531005	1	7.00	7.00
00039	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418696531005	1	211.00	211.00
00040	N05587100	ZIKA NEG	W202418696531005	1	0.00	0.00
00041	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241870052500P	1	7.00	7.00
00042	N05587100	ZIKA NEG	W20241870052500P	1	0.00	0.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

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

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42208612
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	14-Aug-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	W20241870052500P	1	211.00	211.00
00044	N05587100	ZIKA NEG	W20241870053100T	1	0.00	0.00
00045	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241870053100T	1	211.00	211.00
00046	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241870053100T	1	7.00	7.00
00047						
00048	Order/PO No:	S0935007010236 Shipment Date: 08-08-2018			Total:	2,834.00
00049	N055A8B	SHP-Scheduled	SF0935007010236	1	0.00	0.00
00050	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118700423007	1	7.00	7.00
00051	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118700423007	1	211.00	211.00
00052	N05587100	ZIKA NEG	W201118700423007	1	0.00	0.00
00053	N05587100	ZIKA NEG	W201118704189005	1	0.00	0.00
00054	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118704189005	1	211.00	211.00
00055	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118704189005	1	7.00	7.00
00056	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W201118706553002	1	7.00	7.00
00057	N055E0336V00	Red Cells AS-1 500mL LeuRed	W201118706553002	1	211.00	211.00
00058	N05587100	ZIKA NEG	W201118706553002	1	0.00	0.00
00059	N05587100	ZIKA NEG	W20111871021700O	1	0.00	0.00
00060	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20111871021700O	1	7.00	7.00
00061	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20111871021700O	1	211.00	211.00
00062	N05587100	ZIKA NEG	W20241868295200M	1	0.00	0.00
00063	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868295200M	1	211.00	211.00
00064	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868295200M	1	7.00	7.00
00065	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241868495400N	1	7.00	7.00
00066	N05587100	ZIKA NEG	W20241868495400N	1	0.00	0.00
00067	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241868495400N	1	211.00	211.00
00068	N05587100	ZIKA NEG	W20241869528600F	1	0.00	0.00
00069	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20241869528600F	1	211.00	211.00
00070	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20241869528600F	1	7.00	7.00
00071	N05587100	ZIKA NEG	W202418695305004	1	0.00	0.00
00072	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418695305004	1	211.00	211.00
00073	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418695305004	1	7.00	7.00
00074	N05587100	ZIKA NEG	W202418695379005	1	0.00	0.00
00075	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418695379005	1	211.00	211.00
00076	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418695379005	1	7.00	7.00

BALANCE DUE ON THIS INVOICE: CONTINUED...

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

AMERICAN RED CROSS

DETAILED INVOICE BY SHIPMENT BLOOD SERVICES	
INVOICE NUMBER:	42208612
CUSTOMER NUMBER:	N055B8NWMR-100001
SELLING UNIT:	BD08-055-Arkansas Rgn
INVOICE DATE:	14-Aug-2018

NORTHWEST MISSISSIPPI REG MED CENTER

SEQ NO	PRODUCT	DESCRIPTION	WBN/DIN	QUANTITY SHP/RTN	UNIT PRICE	TOTAL
00077	N05587100	ZIKA NEG	W202418697716008	1	0.00	0.00
00078	N055E0336V00	Red Cells AS-1 500mL LeuRed	W202418697716008	1	211.00	211.00
00079	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W202418697716008	1	7.00	7.00
00080	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321801819100T	1	7.00	7.00
00081	N05587100	ZIKA NEG	W20321801819100T	1	0.00	0.00
00082	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20321801819100T	1	211.00	211.00
00083	N05587100	ZIKA NEG	W20321805451700R	1	0.00	0.00
00084	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20321805451700R	1	211.00	211.00
00085	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321805451700R	1	7.00	7.00
00086	N055ZIKARBC	ZIKA Cost Recovery-Red Blood Cell	W20321805662600M	1	7.00	7.00
00087	N055E0336V00	Red Cells AS-1 500mL LeuRed	W20321805662600M	1	211.00	211.00
00088	N05587100	ZIKA NEG	W20321805662600M	1	0.00	0.00
00089						
00090	Order/PO No:	S0935007015911 Shipment Date: 08-10-2018			Total:	517.00
00091	N055A8B	SHP-Scheduled	SF0935007015911	1	0.00	0.00
00092	N055ZIKASDP	ZIKA Cost Recovery-Single Donor Platelet	W20241887867900H	1	7.00	7.00
00093	N05588801	Anti-CMV negative	W20241887867900H	1	0.00	0.00
00094	N055E3088V00	Platelets Aph ACD-A LeuRed Cnt2	W20241887867900H	1	510.00	510.00
00095	N05587100	ZIKA NEG	W20241887867900H	1	0.00	0.00
BALANCE DUE ON THIS INVOICE:						\$6,048.00
QUESTIONS REGARDING YOUR ORDER CALL: 314-658-2082 or email BSR055@redcross.org						

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: (6759953)
AMERICAN RED CROSS
(ADMINISTRATIVE)
LORI POLACHEK ESQ
431 18TH ST NW
WASHINGTON DC
20006

Claim No: 8
Original Filed
Date: 10/10/2018
Original Entered
Date: 10/10/2018

Status:
Filed by: CR
Entered by: Intake3
Modified:

Admin claimed: \$11660.00

History:

[Details](#) [8-1](#) 10/10/2018 Claim #8 filed by AMERICAN RED CROSS, Admin claimed: \$11660.00 (Intake3)

Description: (8-1) 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*	
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	\$11660.00	