

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05678

FILED

U.S. Bankruptcy Court
MIDDLE DISTRICT OF TENNESSEE

1/16/2019

MATTHEW T. LOUGHNEY, Clerk

**Official Form 410
Proof of Claim**

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Alcon Laboratories, Inc.</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>Alcon Laboratories, Inc.</u> Name <u>Saul Ewing Arnstein & Lehr LLP (Sean Williams)</u> <u>161 North Clark Street</u> <u>Suite 4200</u> <u>Chicago, IL 60601</u> Contact phone <u>312-876-6934</u> Contact email <u>sean.williams@saul.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Alcon Laboratories, Inc.</u> Name <u>Attn: Bankruptcy TB-4</u> <u>6201 S. Freeway</u> <u>Fort Worth, TX 76134</u> Contact phone <u>817-551-4734</u> Contact email <u>sondra.davis@alcon.com</u>
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? _____	

Official Form 410

Proof of Claim

page 1

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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ 37341.12</div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>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 healthcare information.</p> <p style="text-align: center;">Goods sold</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <div>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.)</div> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) 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 1/16/2019
 MM / DD / YYYY

/s/ Sondra Davis

Signature

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

Name	<u>Sondra Davis</u>		
	First name	Middle name	Last name
Title	<u>Paralegal</u>		
Company	_____		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>6201 S. Freeway</u>		
	Number Street		
	<u>Fort Worth, TX 76134</u>		
	City	State	ZIP Code
Contact phone	<u>817-551-4734</u>	Email	<u>sondra.davis@alcon.com</u>

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05678

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>Alcon Laboratories, Inc.</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?		Where should payments to the creditor be sent? (if different)
	<u>Saul Ewing Arnstein & Lehr (Sean Williams)</u> Name <u>161 N. Clark Street, Suite 4200</u> Number Street <u>Chicago IL 60601</u> City State ZIP Code Contact phone <u>312-876-6934</u> Contact email <u>sean.williams@saul.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		<u>Alcon Laboratories, Inc.</u> Name <u>Attn: Bankruptcy TB4-2, 6201 S. Freeway</u> Number Street <u>Fort Worth TX 76134</u> City State ZIP Code Contact phone <u>817-551-4734</u> Contact email <u>sondra.davis@alcon.com</u>
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>37,341.12</u> . Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Goods Sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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)() 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.

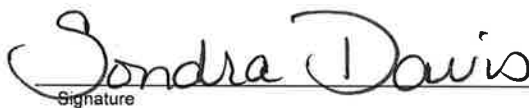
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

01/16/2019
MM DD YYYY


Signature

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

Name Sondra Davis

First name

Middle name

Last name

Title Paralegal

Company Alcon Laboratories, Inc.

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 6201 S. Freeway

Number Street

Fort Worth

T

76134

City

State

ZIP Code

Contact phone 817-551-4734

Email sondra.davis@alcon.com

ALCON LABORATORIES, INC.**Invoice Summary**

Date	Inv #	Amount
01/04/2018	9653338092	\$ 5,261.40
01/11/2018	9652754475	\$ 810.00
01/22/2018	9652814149	\$ 3,156.84
01/22/2018	9652811658	\$ 466.00
02/01/2018	9652879922	\$ 466.00
02/08/2018	9652924209	\$ 450.00
02/09/2018	9652931327	\$ 684.00
02/12/2018	9652945537	\$ 108.00
02/21/2018	9653004309	\$ 323.00
02/27/2018	9653042439	\$ 124.00
03/07/2018	9653089669	\$ 248.00
03/08/2018	9653104323	\$ 257.00
03/13/2018	9653161371	\$ 357.00
03/15/2018	9653188337	\$ 3,156.84
03/16/2018	9653192831	\$ 357.00
03/21/2018	9653224273	\$ 342.00
04/05/2018	9653319706	\$ 1,080.00
04/09/2018	9652702866	\$ 5,261.40
04/12/2018	9653364318	\$ 353.00
05/03/2018	9653501913	\$ 995.00
05/15/2018	9653564127	\$ 451.00
05/23/2018	9653625193	\$ 416.50
05/23/2018	9653627014	\$ 2,630.70
05/30/2018	9653656349	\$ 109.00
06/20/2018	9653785431	\$ 51.00
06/27/2018	9653822598	\$ 90.20
07/10/2018	9653891314	\$ 5,261.40
07/25/2018	9653994295	\$ 288.00
08/15/2018	9654117426	\$ 1,578.42
08/20/2018	9654142722	\$ 288.00
08/23/2018	9654163542	\$ 342.00
08/27/2018	9654187872	\$ 1,578.42
TOTAL		\$ 37,341.12

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
02	21	2018	9653004309
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1014227802 Alcon Sales Order PACKING SLIP NO. 1513453091

P.O. NO. 749-6673438		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.190	SA60AT.190 ACRYSO SP FOLDABLE 6.0 OPTIC Serial Number: 12540202018 Consign Billing Serial Number: 12574287071 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.230	SA60AT.230 ACRYSO SP FOLDABLE 6.0 OPTIC Serial Number: 12491684067 Consign Billing Serial Number: 12507509089 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
MTA4U0.195	MTA4U0.195 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial Number: 12431575028 Consign Billing Serial Number: 12553005099 Consign Replacement	1	EA			85.00	85.00	0.00	85.00
ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 303.00
FREIGHT & HANDLING FEE 20.00
PAY THIS AMOUNT 323.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
03/23/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	02	21	2018	9653004309

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 03/23/2018
PAY : 323.00

IF PAYMENT IS RECEIVED
AFTER 03/23/2018
PAY : 323.00

0100145705965300430900000323000000032300000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
02/09/2018			9652931327
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1014005290 Alcon Sales Order PACKING SLIP NO. 1513211373

P.O. NO.	749-6663918	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)	
Item Number		Item Description		Shipped					UOM
SA60AT.225		SA60AT.225 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 21169175189 Consign Billing Serial Number: 12484113063 Consign Replacement		1	EA	109.00	109.00	0.00	109.00
SA60AT.175		SA60AT.175 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12514372053 Consign Billing Serial Number: 12577285023 Consign Replacement		1	EA	109.00	109.00	0.00	109.00
SA60AT.195		SA60AT.195 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12481298091 Consign Billing Serial Number: 12515666068 Consign Replacement		1	EA	109.00	109.00	0.00	109.00
SA60AT.195		SA60AT.195 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12484024043 Consign Billing Serial Number: 12515666067 Consign Replacement		1	EA	109.00	109.00	0.00	109.00
SA60AT.240		SA60AT.240 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12507522051 Consign Billing Serial Number: 12511383082 Consign Replacement		1	EA	109.00	109.00	0.00	109.00
SA60AT.210		SA60AT.210 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12548705047 Consign Billing Serial Number: 12553361074 Consign Replacement		1	EA	109.00	109.00	0.00	109.00
		ORDERED BY: Yatasha Muskin, 6626243453							
		PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT							

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
02	01	2018	9652879922
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

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NW MISSISSIPPI REG MED CT
PO BOX 1218
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CLARKSDALE MS 38614-1218

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ORDER NO. 1013839690 Alcon Sales Order PACKING SLIP NO. 1513031054

P.O. NO. 749-6653266		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.175	SA60AT.175 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12500247124 Consign Billing Serial Number: 12574271056 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.175	SA60AT.175 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12515658015 Consign Billing Serial Number: 12574271057 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.205	SA60AT.205 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12500783131 Consign Billing Serial Number: 12511381057 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.245	SA60AT.245 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12479651088 Consign Billing Serial Number: 12553383011 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 436.00
FREIGHT & HANDLING FEE 30.00
PAY THIS AMOUNT 466.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
03/03/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	02	01	2018	9652879922

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 03/03/2018
PAY : 466.00

IF PAYMENT IS RECEIVED
AFTER 03/03/2018
PAY : 466.00

0100145705965287992200000466000000046600000000

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
01	04	2018	9652702866
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1013259505 Alcon Sales Order PACKING SLIP NO. 1512393938,1700172105

P.O. NO. 749-6630878		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
AS6544-25	CATARACT NW MISS REG MED CTR	10	CV			526.14	5,261.40	0.00	5,261.40
	1 CV = 2 EA								
6544-14	CATARACT NW MISS REG MED CTR	20	EA						
8065977758	MONARCH II (B) CARTRIDGES SGL USE	20	EA						
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	20	EA						
0065080050	BSS PLUS 500ML KIT GLASS-USA	20	EA						
0065079515	BSS 15ML-USA	40	EA						
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	20	EA						
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	20	EA						
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	20	EA						
ORDERED BY: Yatasha Muskin, 6626243453									
Alcon will be closed Monday, January 15 2018 In observance of Martin Luther King Jr Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
02/03/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	01	04	2018	9652702866

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 02/03/2018
PAY : 5,261.40

IF PAYMENT IS RECEIVED
AFTER 02/03/2018
PAY : 5,261.40

0100145705965270286600005261400000526140000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
01	22	2018	9652814149
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1013642049 Alcon Sales Order PACKING SLIP NO. 1512809502,1700176724

P.O. NO. 749-6647524		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
AS6544-25	CATARACT NW MISS REG MED CTR	6	CV			526.14	3,156.84	0.00	3,156.84
	1 CV = 2 EA								
6544-14	CATARACT NW MISS REG MED CTR	12	EA						
8065977758	MONARCH II (B) CARTRIDGES SGL USE	12	EA						
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	12	EA						
0065080050	BSS PLUS 500ML KIT GLASS-USA	12	EA						
0065079515	BSS 15ML-USA	24	EA						
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	12	EA						
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	12	EA						
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	12	EA						
ORDERED BY: Yatasha Muskin, 6626243453									
PRODUCT DISASSOCIATION FROM PAK# as6544-25 ITEM REMOVED: 8065977758 REMOVED DUE TO: backorder SHIP FROM ALTERNATE DC (Y/N) y PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 3,156.84

PAY THIS AMOUNT 3,156.84

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
02/21/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	01	22	2018	9652814149

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 02/21/2018
PAY : 3,156.84

IF PAYMENT
IS RECEIVED
AFTER 02/21/2018
PAY : 3,156.84

0100145705965281414900003156840000315684000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
01	22	2018	9652811658
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1013642419 Alcon Sales Order PACKING SLIP NO. 1512810174

P.O. NO. 749-6638580		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.190	SA60AT.190 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 21169288159 Consign Billing Serial Number: 12540202018 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.195	SA60AT.195 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12515664097 Consign Billing Serial Number: 12514374046 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.200	SA60AT.200 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12526268103 Consign Billing Serial Number: 12534726111 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.230	SA60AT.230 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 21169509064 Consign Billing Serial Number: 12491684067 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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GROSS 436.00
FREIGHT & HANDLING FEE 30.00
PAY THIS AMOUNT 466.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827
PAYMENT IS DUE ON 02/21/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	01	22	2018	9652811658

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 02/21/2018
PAY : 466.00

IF PAYMENT IS RECEIVED
AFTER 02/21/2018
PAY : 466.00

0100145705965281165800000466000000046600000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
01	11	2018	9652754475
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1013432297 Alcon Sales Order PACKING SLIP NO. 1512581108

P.O. NO. 749-6638570		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065993047	CLEARCUT SLIT FULL HANDLE3.0MM ANG DUAL 1 BOX = 6 EA	4	BOX			96.00	384.00	0.00	384.00
8065692101	SUTURE AU-5 10-0 BLACK NYLONMONOFIL 12I 1 BOX = 12 EA	2	BOX			213.00	426.00	0.00	426.00
ORDERED BY: Yatasha Muskin, 6626243453									
Alcon will be closed Monday, January 15 2018 In observance of Martin Luther King Jr Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
02/10/2018

GROSS 810.00
PAY THIS AMOUNT 810.00

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	01	11	2018	9652754475

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 02/10/2018
PAY : 810.00

IF PAYMENT
IS RECEIVED
AFTER 02/10/2018
PAY : 810.00

0100145705965275447500000810000000081000000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
02	08	2018	9652924209
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1013980517 Alcon Sales Order PACKING SLIP NO. 1513185114

P.O. NO. 749-6663915		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8888501238	SOLARSHIELD LITE CATARACT PC2 ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	300	EA			1.50	450.00	0.00	450.00

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GROSS 450.00

PAY THIS AMOUNT 450.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
03/10/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	02	08	2018	9652924209

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 03/10/2018
PAY : 450.00

IF PAYMENT
IS RECEIVED
AFTER 03/10/2018
PAY : 450.00

0100145705965292420900000450000000045000000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
02	12	2018	9652945537
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1014039137 Alcon Sales Order PACKING SLIP NO. 1513247615

P.O. NO. 749-6666425		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8888501246	SINGLE CLEAR EYE SHIELD ORDERED BY: TRENT HITCHCOCK PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	300	EA			0.36	108.00	0.00	108.00

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 108.00

PAY THIS AMOUNT 108.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
03/14/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	02	12	2018	9652945537

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 03/14/2018
PAY : 108.00

IF PAYMENT
IS RECEIVED
AFTER 03/14/2018
PAY : 108.00

0100145705965294553700000108000000010800000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
02	27	2018	9653042439
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1014337241 Alcon Consn Issue PACKING SLIP NO. 1513574052

P.O. NO.	UI FEBRUARY BILLING	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description		Shipped	UOM				
MA60AC.185	MA60AC.185 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial Number: 12222621029 Consign Bill-only Customer reference: 10/25/2017 TOM S COOPER ORDERED BY: IMPLANT BILLING SERIAL NUMBER REPORTED AS IMPLANTED PER RECEIVED IMPLANT CARD. NO PURCHASE ORDER HAS BEEN RECEIVED WITHIN 60 DAYS FROM CUSTOMER. BILLING PO IS UI + CURRENT MONTH + BILLING. IMPLANT DATE & IMPLANTING PHYSICIAN NAME ARE REFERENCED. PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT		1	EA	124.00	124.00	0.00	124.00

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 124.00

PAY THIS AMOUNT 124.00

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
03/29/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	02	27	2018	9653042439



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 03/29/2018
PAY : 124.00

IF PAYMENT
IS RECEIVED
AFTER 03/29/2018
PAY : 124.00

0100145705965304243900000124000000012400000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
03	13	2018	9653161371
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1014620315 Alcon Sales Order PACKING SLIP NO. 1513884277

P.O. NO. 749-6686645		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.185	SA60AT.185 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12500257181 Consign Billing Serial Number: 12570100082 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.205	SA60AT.205 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12511381057 Consign Billing Serial Number: 12510073139 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.215	SA60AT.215 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12500328134 Consign Billing Serial Number: 12573431038 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON 04/12/2018

GROSS	327.00
FREIGHT & HANDLING FEE	30.00
PAY THIS AMOUNT	357.00

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	03	13	2018	9653161371

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 04/12/2018
PAY : 357.00

IF PAYMENT IS RECEIVED
AFTER 04/12/2018
PAY : 357.00

0100145705965316137100000357000000035700000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
03	16	2018	9653192831
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1014695118 Alcon Sales Order PACKING SLIP NO. 1513974570

P.O. NO. 749-6691224		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.215	SA60AT.215 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 12526808071 Consign Billing Serial Number: 12573420058 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.210	SA60AT.210 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 12549970065 Consign Billing Serial Number: 12576234055 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.230	SA60AT.230 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 21169509072 Consign Billing Serial Number: 12544573061 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 327.00
FREIGHT & HANDLING FEE 30.00
PAY THIS AMOUNT 357.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827
PAYMENT IS DUE ON 04/15/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	03	16	2018	9653192831

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 04/15/2018
PAY : 357.00

IF PAYMENT IS RECEIVED
AFTER 04/15/2018
PAY : 357.00

0100145705965319283100000357000000035700000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
04	05	2018	9653319706
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1015073744 Alcon Sales Order PACKING SLIP NO. 1514388603

P.O. NO. 749-6706797		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065751196	INF ULTRAVIT 23GA ANT VIT PAK 1 BOX = 6 EA ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	1	BOX			1,080.00	1,080.00	0.00	1,080.00

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GROSS 1,080.00

PAY THIS AMOUNT 1,080.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
05/05/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	04	05	2018	9653319706

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 05/05/2018
PAY : 1,080.00

IF PAYMENT IS RECEIVED
AFTER 05/05/2018
PAY : 1,080.00

010014570596533197060000108000000001080000000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
05	03	2018	9653501913
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1015623237 Alcon Sales Order PACKING SLIP NO. 1514987941

P.O. NO.	749-6725634	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description		Shipped	UOM				
47053	EXPRESS FILTRATION DEV. P50		1	EA	995.00	995.00	0.00	995.00
	ORDERED BY: Yatasha Muskin, 6626243453							
	Alcon will be closed Monday, May 28 2018							
	In observance of Memorial Day							
	PER MISSISSIPPI LAWS							
	ALL EXPIRED DRUGS FULL OR PARTIAL ARE							
	RETURNABLE UP TO 6 MONTHS PAST DATE OF							
	EXPIRATION FOR CREDIT OR REPLACEMENT							

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GROSS 995.00

PAY THIS AMOUNT 995.00

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
06/02/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	05	03	2018	9653501913



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 06/02/2018
PAY : 995.00

IF PAYMENT
IS RECEIVED
AFTER 06/02/2018
PAY : 995.00

0100145705965350191300000995000000099500000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
05	23	2018	9653625193
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1016010231 Alcon Sales Order PACKING SLIP NO. 1515413592

P.O. NO.		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065993047	CLEARCUT SLIT FULL HANDLE3.0MM ANG DUAL 1 BOX = 6 EA	4	BOX			96.00	384.00	0.00	384.00
8065420220	IRRIGATING 25G 4MM BEND-TIPANT CHAMBER 1 BOX = 10 EA	1	BOX			32.50	32.50	0.00	32.50
ORDERED BY: Yatasha Muskin, 6626243453									
Alcon will be closed Monday, May 28 2018 In observance of Memorial Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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GROSS 416.50

PAY THIS AMOUNT 416.50

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
06/22/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	05	23	2018	9653625193

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 06/22/2018
PAY : 416.50

IF PAYMENT
IS RECEIVED
AFTER 06/22/2018
PAY : 416.50

0100145705965362519300000416500000041650000000

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
05	30	2018	9653656349
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

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ORDER NO. 1016132339 Alcon Consn Issue PACKING SLIP NO. 1515548835

P.O. NO.	UI MAY BILLING	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description		Shipped	UOM				
SA60AT.185	SA60AT.185 ACRYOF SP FOLDABLE 6.0 OPTIC Serial Number: 21145905064 Consign Bill-only Customer reference: 12/12/2017 VICTOR G PANG ORDERED BY: IMPLANT BILLING SERIAL NUMBER REPORTED AS IMPLANT PER RECEIVED IMPLANT CARD. NO PURCHASE ORDER HAS BEEN RECEIVED WITHIN 60 DAYS FROM CUSTOMER. BILLING PO IS UI + CURRENT MONTH + BILLING. IMPLANT DATE & IMPLANTING PHYSICIAN NAME ARE REFERENCED. PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT		1	EA	109.00	109.00	0.00	109.00

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GROSS 109.00

PAY THIS AMOUNT 109.00

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
06/29/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	05	30	2018	9653656349



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 06/29/2018
PAY : 109.00

IF PAYMENT
IS RECEIVED
AFTER 06/29/2018
PAY : 109.00

0100145705965365634900000109000000010900000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
07	10	2018	9653891314
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1016925143 Alcon Sales Order PACKING SLIP NO. 1516415910,1700223897

P.O. NO. 749-6765566		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
AS6544-25	CATARACT NW MISS REG MED CTR	10	CV			526.14	5,261.40	0.00	5,261.40
	1 CV = 2 EA								
6544-14	CATARACT NW MISS REG MED CTR	20	EA						
8065977758	MONARCH II (B) CARTRIDGES SGL USE	20	EA						
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	20	EA						
0065080050	BSS PLUS 500ML KIT GLASS-USA	20	EA						
0065079515	BSS 15ML-USA	40	EA						
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	20	EA						
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	20	EA						
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	20	EA						
ORDERED BY: Yatasha Muskin, 6626243453									
PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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GROSS 5,261.40

PAY THIS AMOUNT 5,261.40

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
08/09/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	07	10	2018	9653891314



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 08/09/2018
PAY : 5,261.40

IF PAYMENT
IS RECEIVED
AFTER 08/09/2018
PAY : 5,261.40

0100145705965389131400005261400000526140000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
08	15	2018	9654117426
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1017627604 Alcon Sales Order PACKING SLIP NO. 1517190884,1700234348

P.O. NO. 749-6786719		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
AS6544-25	CATARACT NW MISS REG MED CTR	3	CV			526.14	1,578.42	0.00	1,578.42
	1 CV = 2 EA								
6544-14	CATARACT NW MISS REG MED CTR	6	EA						
8065977758	MONARCH II (B) CARTRIDGES SGL USE	6	EA						
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	6	EA						
0065080050	BSS PLUS 500ML KIT GLASS-USA	6	EA						
0065079515	BSS 15ML-USA	12	EA						
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	6	EA						
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	6	EA						
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	6	EA						
ORDERED BY: Yatasha Muskin, 6626243453									
Alcon will be closed Monday, September 3, 2018 In observance of Labor Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 1,578.42

PAY THIS AMOUNT 1,578.42

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
09/14/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	08	15	2018	9654117426



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 09/14/2018
PAY : 1,578.42

IF PAYMENT
IS RECEIVED
AFTER 09/14/2018
PAY : 1,578.42

0100145705965411742600001578420000157842000000

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
08	27	2018	9654187872
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1017860941 Alcon Sales Order PACKING SLIP NO. 1517447456,1700237768

P.O. NO.	749-6793136	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM					
AS6544-25	CATARACT NW MISS REG MED CTR 1 CV = 2 EA	3	CV		526.14	1,578.42	0.00	1,578.42
6544-14	CATARACT NW MISS REG MED CTR	6	EA					
8065977758	MONARCH II (B) CARTRIDGES SGL USE	6	EA					
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	6	EA					
0065080050	BSS PLUS 500ML KIT GLASS-USA	6	EA					
0065079515	BSS 15ML-USA	12	EA					
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	6	EA					
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	6	EA					
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	6	EA					
ORDERED BY: Yatasha Muskin, 6626243453								
Alcon will be closed Monday, September 3, 2018 In observance of Labor Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT								

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 1,578.42

PAY THIS AMOUNT 1,578.42

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
09/26/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	08	27	2018	9654187872



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 09/26/2018
PAY : 1,578.42

IF PAYMENT
IS RECEIVED
AFTER 09/26/2018
PAY : 1,578.42

0100145705965418787200001578420000157842000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
08	23	2018	9654163542
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1017778503 Alcon Sales Order PACKING SLIP NO. 1517359166

P.O. NO. 749-6791059		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.185	SA60AT.185 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 12426580108 Direct Purchase	1	EA			109.00	109.00	0.00	109.00
SA60AT.230	SA60AT.230 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 12627986011 Direct Purchase Serial Number: 12627986012 Direct Purchase	2	EA			109.00	218.00	0.00	218.00
ORDERED BY: Yatasha Muskin, 6626243453									
Alcon will be closed Monday, September 3, 2018 In observance of Labor Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 327.00
FREIGHT & HANDLING FEE 15.00
PAY THIS AMOUNT 342.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
09/22/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	08	23	2018	9654163542

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 09/22/2018
PAY : 342.00

IF PAYMENT IS RECEIVED
AFTER 09/22/2018
PAY : 342.00

0100145705965416354200000342000000034200000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
08	20	2018	9654142722
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1017728654 Alcon Sales Order PACKING SLIP NO. 1517303411

P.O. NO. 749-6789293		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065993047	CLEARCUT SLIT FULL HANDLE3.0MM ANG DUAL 1 BOX = 6 EA ORDERED BY: Yatasha Muskin, 6626243453 Alcon will be closed Monday, September 3, 2018 In observance of Labor Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	3	BOX			96.00	288.00	0.00	288.00

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 288.00

PAY THIS AMOUNT 288.00

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
09/19/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	08	20	2018	9654142722



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 09/19/2018
PAY : 288.00

IF PAYMENT
IS RECEIVED
AFTER 09/19/2018
PAY : 288.00

0100145705965414272200000288000000028800000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
07	25	2018	9653994295
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1017253935 Alcon Sales Order PACKING SLIP NO. 1516774644

P.O. NO. 749-6775276		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065993047	CLEARCUT SLIT FULL HANDLE3.0MM ANG DUAL 1 BOX = 6 EA ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	3	BOX			96.00	288.00	0.00	288.00

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GROSS 288.00

PAY THIS AMOUNT 288.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
08/24/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	07	25	2018	9653994295

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 08/24/2018
PAY : 288.00

IF PAYMENT
IS RECEIVED
AFTER 08/24/2018
PAY : 288.00

0100145705965399429500000288000000028800000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
06	27	2018	9653822598
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1016700064 Alcon Sales Order PACKING SLIP NO. 1516168401

P.O. NO. 749-6759644		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065103120	EYE-PAK DRAPE BLUE NW FABRICAPERTURE FB 1 BOX = 10 EA ORDERED BY: Yatasha Muskin, 6626243453 Alcon will be closed Wednesday, July 4 2018 In observance of Independence Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	1	BOX			90.20	90.20	0.00	90.20

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GROSS 90.20

PAY THIS AMOUNT 90.20

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
07/27/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	06	27	2018	9653822598



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 07/27/2018
PAY : 90.20

IF PAYMENT
IS RECEIVED
AFTER 07/27/2018
PAY : 90.20

0100145705965382259800000090200000009020000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
06	20	2018	9653785431
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1016562420 Alcon Sales Order PACKING SLIP NO. 1516014014

P.O. NO. 749-6755523		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065112620	EYE-PAK DRAPE MICRO-EMBOSSDPLASTIC INC 1 BOX = 20 EA ORDERED BY: Yatasha Muskin, 6626243453 Alcon will be closed Wednesday, July 4 2018 In observance of Independence Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	1	BOX			51.00	51.00	0.00	51.00

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GROSS 51.00

PAY THIS AMOUNT 51.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
07/20/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	06	20	2018	9653785431

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 07/20/2018
PAY : 51.00

IF PAYMENT
IS RECEIVED
AFTER 07/20/2018
PAY : 51.00

0100145705965378543100000051000000005100000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
05	23	2018	9653627014
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1016005599 Alcon Sales Order PACKING SLIP NO. 1515407891,1700211215

P.O. NO. 749-6738797		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
AS6544-25	CATARACT NW MISS REG MED CTR 1 CV = 2 EA	5	CV			526.14	2,630.70	0.00	2,630.70
6544-14	CATARACT NW MISS REG MED CTR	10	EA						
8065977758	MONARCH II (B) CARTRIDGES SGL USE	10	EA						
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	10	EA						
0065080050	BSS PLUS 500ML KIT GLASS-USA	10	EA						
0065079515	BSS 15ML-USA	20	EA						
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	10	EA						
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	10	EA						
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	10	EA						
ORDERED BY: Yatasha Muskin, 6626243453									
Alcon will be closed Monday, May 28 2018 In observance of Memorial Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
06/22/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	05	23	2018	9653627014

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 06/22/2018
PAY : 2,630.70

IF PAYMENT
IS RECEIVED
AFTER 06/22/2018
PAY : 2,630.70

0100145705965362701400002630700000263070000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
05	15	2018	9653564127
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1015822461 Alcon Sales Order PACKING SLIP NO. 1515205683

P.O. NO.	749-6732657	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM					
SA60AT.225	SA60AT.225 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12590461028 Direct Purchase	1	EA	109.00	109.00	0.00	109.00	
SA60AT.185	SA60AT.185 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12600102059 Direct Purchase	1	EA	109.00	109.00	0.00	109.00	
SA60AT.220	SA60AT.220 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12598296038 Direct Purchase	1	EA	109.00	109.00	0.00	109.00	
SA60AT.260	SA60AT.260 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12581354021 Direct Purchase	1	EA	109.00	109.00	0.00	109.00	
900121618	FREIGHT SURGICAL	1	EA	0.00	0.00	0.00	0.00	
ORDERED BY: Yatasha Muskin, 6626243453								
Alcon will be closed Monday, May 28 2018 In observance of Memorial Day PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT								

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 436.00
FREIGHT & HANDLING FEE 15.00
PAY THIS AMOUNT 451.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
06/14/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	05	15	2018	9653564127

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 06/14/2018
PAY : 451.00

IF PAYMENT IS RECEIVED
AFTER 06/14/2018
PAY : 451.00

0100145705965356412700000451000000045100000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
04	12	2018	9653364318
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1015213919 Alcon Sales Order PACKING SLIP NO. 1514540927

P.O. NO. 749-6711535		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065993047	CLEARCUT SLIT FULL HANDLE 3.0MM ANG DUAL 1 BOX = 6 EA	3	BOX			96.00	288.00	0.00	288.00
8065420220	IRRIGATING 25G 4MM BEND-TIP ANT CHAMBER 1 BOX = 10 EA	2	BOX			32.50	65.00	0.00	65.00
ORDERED BY: Yatasha Muskin, 6626243453									
PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 353.00

PAY THIS AMOUNT 353.00

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
05/12/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	04	12	2018	9653364318



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 05/12/2018
PAY : 353.00

IF PAYMENT
IS RECEIVED
AFTER 05/12/2018
PAY : 353.00

0100145705965336431800000353000000035300000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE				INVOICE NUMBER
MO	DAY	YR		
04	09	2018		9653338092
TERMS FROM INVOICE DATE				
Net 30 days				
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775				
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.				

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1015138274 Alcon Sales Order PACKING SLIP NO. 1514457408,1700198354

P.O. NO.		749-6708014		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number		Item Description				Shipped	UOM				
AS6544-25		CATARACT NW MISS REG MED CTR				10	CV	526.14	5,261.40	0.00	5,261.40
		1 CV = 2 EA									
6544-14		CATARACT NW MISS REG MED CTR				20	EA				
8065977758		MONARCH II (B) CARTRIDGES SGL USE				20	EA				
8065741085		ULTRASOUND FMS 0.9MM ABS 30RPAK				20	EA				
0065080050		BSS PLUS 500ML KIT GLASS-USA				20	EA				
0065079515		BSS 15ML-USA				40	EA				
0065074114		TETRACAINE HCL 0.5% 4ML SOLN -USA				20	EA				
0065002315		MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA				20	EA				
8065183135		DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST				20	EA				
		ORDERED BY: Yatasha Muskin, 6626243453									
		PER MISSISSIPPI LAWS									
		ALL EXPIRED DRUGS FULL OR PARTIAL ARE									
		RETURNABLE UP TO 6 MONTHS PAST DATE OF									
		EXPIRATION FOR CREDIT OR REPLACEMENT									

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
05/09/2018

GROSS 5,261.40
PAY THIS AMOUNT 5,261.40

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	04	09	2018	9653338092

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 05/09/2018
PAY : 5,261.40

IF PAYMENT
IS RECEIVED
AFTER 05/09/2018
PAY : 5,261.40

0100145705965333809200005261400000526140000000

SHIP TO: 100080533
 NW MISSISSIPPI REG MED CT
 1 HOSPITAL DR
 CLARKSDALE MS 38614-7204

Alcon Laboratories, Inc.
 6201 South Freeway
 Fort Worth TX 76134-2099 USA

BILL TO: 100145705
 NW MISSISSIPPI REG MED CT
 PO BOX 1218
 ACCOUNTS PAYABLE
 CLARKSDALE MS 38614-1218

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
03	21	2018	9653224273
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1014781714 Alcon Sales Order PACKING SLIP NO. 1514068217

P.O. NO.		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number		Item Description		Shipped	UOM				
SA60AT.095		SA60AT.095 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12524557026 Direct Purchase		1	EA	109.00	109.00	0.00	109.00
SA60AT.090		SA60AT.090 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12581328012 Direct Purchase		1	EA	109.00	109.00	0.00	109.00
SA60AT.065		SA60AT.065 ACRYSOFF SP FOLDABLE 6.0 OPTIC Serial Number: 12583952068 Direct Purchase		1	EA	109.00	109.00	0.00	109.00
The following IOLs are additions to your Alcon Consignment Inventory:									
SA60AT.115 SA60AT.115 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12526770052 Add to Consignment - \$0.00									
SA60AT.190 SA60AT.190 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12574286014 Add to Consignment - \$0.00									
SA60AT.140 SA60AT.140 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12511334057 Add to Consignment - \$0.00									
MA60AC.270 MA60AC.270 ACRYSOFF MP FOLDABLE 6.0 OPTIC									
Serial: 12557775004 Add to Consignment - \$0.00									
MA60AC.170 MA60AC.170 ACRYSOFF MP FOLDABLE 6.0 OPTIC									
Serial: 12585330055 Add to Consignment - \$0.00									
MA60AC.150 MA60AC.150 ACRYSOFF MP FOLDABLE 6.0 OPTIC									
Serial: 12577045080 Add to Consignment - \$0.00									
MA60AC.145 MA60AC.145 ACRYSOFF MP FOLDABLE 6.0 OPTIC									
Serial: 12538914081 Add to Consignment - \$0.00									
SA60AT.275 SA60AT.275 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12511396120 Add to Consignment - \$0.00									
SA60AT.135 SA60AT.135 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12524577128 Add to Consignment - \$0.00									
SA60AT.130 SA60AT.130 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12485405053 Add to Consignment - \$0.00									
SA60AT.100 SA60AT.100 ACRYSOFF SP FOLDABLE 6.0 OPTIC									
Serial: 12524562051 Add to Consignment - \$0.00									
MTA4U0.290 MTA4U0.290 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12556933087 Add to Consignment - \$0.00									
MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12562304078 Add to Consignment - \$0.00									
MTA4U0.265 MTA4U0.265 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12556930003 Add to Consignment - \$0.00									
MTA4U0.250 MTA4U0.250 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12553023080 Add to Consignment - \$0.00									
MTA4U0.245 MTA4U0.245 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12543517065 Add to Consignment - \$0.00									
MTA4U0.235 MTA4U0.235 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12543513071 Add to Consignment - \$0.00									
MTA4U0.175 MTA4U0.175 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12565378005 Add to Consignment - \$0.00									
MTA4U0.175 MTA4U0.175 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12565378041 Add to Consignment - \$0.00									
MTA4U0.155 MTA4U0.155 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12556899004 Add to Consignment - \$0.00									
MTA4U0.155 MTA4U0.155 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12556899005 Add to Consignment - \$0.00									
MTA4U0.105 MTA4U0.105 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12552979074 Add to Consignment - \$0.00									
MTA4U0.150 MTA4U0.150 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12558886032 Add to Consignment - \$0.00									
MTA4U0.150 MTA4U0.150 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12558886034 Add to Consignment - \$0.00									
MTA4U0.135 MTA4U0.135 PMMA SP 5.5 OPTIC 13.0 LENGTH									
Serial: 12550568003 Add to Consignment - \$0.00									
MTA4U0.135 MTA4U0.135 PMMA SP 5.5 OPTIC 13.0 LENGTH									

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

BILL TO: 100145705

NW MISSISSIPPI REG MED CT

DATE			INVOICE NUMBER
MO	DAY	YR	
03	21	2018	9653224273
TERMS FROM INVOICE DATE			
Net 30 days			

ORDER NO. 1014781714 Alcon Sales Order PACKING SLIP NO 1514068217

P.O. NO.	749-6695661	T Indicates Taxable Item	QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description		Shipped	UOM				
	Serial: 12550568096 Add to Consignment - \$0.00 MTA4U0.145 MTA4U0.145 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12558883065 Add to Consignment - \$0.00 MTA4U0.145 MTA4U0.145 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12558883066 Add to Consignment - \$0.00 MTA4U0.140 MTA4U0.140 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12334091058 Add to Consignment - \$0.00 MTA4U0.140 MTA4U0.140 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12556895050 Add to Consignment - \$0.00 ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT							

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For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON 04/20/2018

GROSS	327.00
FREIGHT & HANDLING FEE	15.00
PAY THIS AMOUNT	342.00

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	03	21	2018	9653224273

↑ PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 04/20/2018
PAY : 342.00

IF PAYMENT
IS RECEIVED
AFTER 04/20/2018
PAY : 342.00

01001457059653224273000000342000000034200000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
03	15	2018	9653188337
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

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ORDER NO. 1014647363 Alcon Sales Order PACKING SLIP NO. 1513914455,1700191370

P.O. NO. 749-6690576		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
AS6544-25	CATARACT NW MISS REG MED CTR 1 CV = 2 EA	6	CV			526.14	3,156.84	0.00	3,156.84
6544-14	CATARACT NW MISS REG MED CTR	12	EA						
8065977758	MONARCH II (B) CARTRIDGES SGL USE	12	EA						
8065741085	ULTRASOUND FMS 0.9MM ABS 30RPAK	12	EA						
0065080050	BSS PLUS 500ML KIT GLASS-USA	12	EA						
0065079515	BSS 15ML-USA	24	EA						
0065074114	TETRACAINE HCL 0.5% 4ML SOLN -USA	12	EA						
0065002315	MIOSTAT 0.01% 1.5ML INTRAOCULAR SOL -USA	12	EA						
8065183135	DUOVISC (0.40PRO/0.35VIS) OPH VISC SYST	12	EA						
ORDERED BY: Yatasha Muskin, 6626243453									
PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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GROSS 3,156.84

PAY THIS AMOUNT 3,156.84

For Customer Service or Invoice questions, call:

Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
04/14/2018



IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	03	15	2018	9653188337



PLEASE REFER TO THIS
NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT
IS RECEIVED
BY 04/14/2018
PAY : 3,156.84

IF PAYMENT
IS RECEIVED
AFTER 04/14/2018
PAY : 3,156.84

0100145705965318833700003156840000315684000000

SHIP TO: 100080533
 NW MISSISSIPPI REG MED CT
 1 HOSPITAL DR
 CLARKSDALE MS 38614-7204

Alcon Laboratories, Inc.
 6201 South Freeway
 Fort Worth TX 76134-2099 USA

BILL TO: 100145705
 NW MISSISSIPPI REG MED CT
 PO BOX 1218
 ACCOUNTS PAYABLE
 CLARKSDALE MS 38614-1218

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
03	08	2018	9653104323
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

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ORDER NO. 1014529669 Alcon Sales Order PACKING SLIP NO. 1513786256

P.O. NO. 749-6686261		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
8065993047	CLEARCUT SLIT FULL HANDLE 3.0MM ANG DUAL 1 BOX = 6 EA	2	BOX			96.00	192.00	0.00	192.00
8065420220	IRRIGATING 25G 4MM BEND-TIP ANT CHAMBER 1 BOX = 10 EA	2	BOX			32.50	65.00	0.00	65.00
ORDERED BY: Yatasha Muskin, 6626243453									
PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT									

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For Customer Service or Invoice questions, call:
 Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
 Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
 04/07/2018

GROSS 257.00
 PAY THIS AMOUNT 257.00

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	03	08	2018	9653104323

↑ PLEASE REFER TO THIS
 NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
 Dallas PNC Bank/Lockbox 677775
 P.O. Box 677775
 Dallas TX 75267-7775

IF PAYMENT
 IS RECEIVED
 BY 04/07/2018
 PAY : 257.00

IF PAYMENT
 IS RECEIVED
 AFTER 04/07/2018
 PAY : 257.00

0100145705965310432300000257000000025700000000

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth TX 76134-2099 USA

SHIP TO: 100080533
NW MISSISSIPPI REG MED CT
1 HOSPITAL DR
CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE NUMBER
MO	DAY	YR	
03	07	2018	9653089669
TERMS FROM INVOICE DATE			
Net 30 days			
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775			
All claims for pricing, shortages, or shipping errors must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.			

BILL TO: 100145705
NW MISSISSIPPI REG MED CT
PO BOX 1218
ACCOUNTS PAYABLE
CLARKSDALE MS 38614-1218

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO. 1014502823 Alcon Sales Order PACKING SLIP NO. 1513756322

P.O. NO. 749-6679928		T Indicates Taxable Item		QUANTITY		Unit Price	Extended Price	Discount Allowance	Net Price (USD)
Item Number	Item Description	Shipped	UOM						
SA60AT.170	SA60AT.170 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 12494184087 Consign Billing Serial Number: 12566729026 Consign Replacement	1	EA			109.00	109.00	0.00	109.00
SA60AT.210	SA60AT.210 ACRYSOFT SP FOLDABLE 6.0 OPTIC Serial Number: 12491585152 Consign Billing Serial Number: 12576237082 Consign Replacement ORDERED BY: Yatasha Muskin, 6626243453 PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE RETURNABLE UP TO 6 MONTHS PAST DATE OF EXPIRATION FOR CREDIT OR REPLACEMENT	1	EA			109.00	109.00	0.00	109.00

The above prices may be based upon an understanding that the products purchased herein from Alcon Laboratories, Inc. will be for "own use" as defined in the United States Supreme court ruling of Abbott Laboratories versus Portland Retail Druggists Association. Cash discounts are not applied to tax. You may have an obligation to report these purchases on cost reports or claims submitted to federal health care programs.

GROSS 218.00
FREIGHT & HANDLING FEE 30.00
PAY THIS AMOUNT 248.00

For Customer Service or Invoice questions, call:
Surgical: 1-800-862-5266, Vision Care: 1-800-241-5999,
Surgical Service Contracts, Labor & Parts: 1-800-832-7827

PAYMENT IS DUE ON
04/06/2018

↑ IMPORTANT - DETACH HERE FOR PROPER CREDIT

REMITTANCE ADVICE				
BILL-TO ACCOUNT	DATE			INVOICE NUMBER
	MO	DAY	YR	
100145705	03	07	2018	9653089669

↑ PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

RETURN THIS SLIP WITH YOUR REMITTANCE TO:

Alcon Laboratories, Inc.
Dallas PNC Bank/Lockbox 677775
P.O. Box 677775
Dallas TX 75267-7775

IF PAYMENT IS RECEIVED
BY 04/06/2018
PAY : 248.00

IF PAYMENT IS RECEIVED
AFTER 04/06/2018
PAY : 248.00

0100145705965308966900000248000000024800000000

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: (6822762)

Claim No: 19

Status:

Alcon Laboratories, Inc.

Original Filed

Filed by: CR

Saul Ewing Arnstein & Lehr LLP

Date: 01/16/2019

Entered by: admin

(Sean Williams)

Original Entered

Modified:

161 North Clark Street

Date: 01/16/2019

Suite 4200

Chicago, IL 60601

Amount claimed: \$37341.12

History:

[Details](#) [19-1](#) 01/16/2019 Claim #19 filed by Alcon Laboratories, Inc., Amount claimed: \$37341.12 (admin)

Description:

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*	\$37341.12
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		