Fill in this information to identify the case:				
Debtor 1 Clarksdale Regional M	edical 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

1/17/2019

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 Clair	m						
1.Who is the current creditor?	C. R. Bard, Inc.						
orealter.	Name of the current creditor (the person or entity to be paid for this claim)						
	Other names the creditor used with the debtor	Bard Medical; Davol Inc.; Bard Peripheral Vascular, Inc.; Bard Access Systems, Inc.					
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?	_					
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
and payments to the creditor be sent?	C. R. Bard, Inc.	unierent)					
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name					
	c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, NY 10166						
	Contact phone212 309 1132	Contact phone					
	Contact email <u>rrich2@huntonak.com</u>	Contact email					
	Uniform claim identifier for electronic payments in	n chapter 13 (if you use one):					
4.Does this claim amend one already filed?	✓ No✓ Yes. Claim number on court claims registry	/ (if known) Filed on					
		MM / DD / YYYY					
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?						
Official Form 410	Proof of C	laim page 1					

6.Do you have any number you use to identify the debtor?		No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:						
7.How much is the claim?	\$		Does this amount include ✓ No	de interest	or other charges?			
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
3.What is the basis of the claim?	dea Bar	mples: Goods sold, money loth, or credit card. Attach redakruptcy Rule 3001(c). it disclosing information that i	acted copies of any docur	nents supp	orting the claim required by			
	Go	oods sold. Please see attachn	nent.					
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property: ☐ Real estate. If the clai	m is secured by the debto		al residence, file a <i>Mortgage</i> –A) with this <i>Proof of Claim</i> .			
		Basis for perfection:						
		Attach redacted copies of cinterest (for example, a mo document that shows the lie	rtgage, lien, certificate of	title, financ	ee of perfection of a security ing statement, or other			
		Value of property:	\$					
		Amount of the claim that secured:	is <u></u> \$		_			
		Amount of the claim that unsecured:	s <u>\$</u>		(The sum of the secured and unsecured amounts should match the amount in line 7.)			
		Amount necessary to cur date of the petition:	e any default as of the	\$				
		Annual Interest Rate (whe	en case was filed)		%			
		☐ Fixed ☐ Variable						
10.Is this claim based on a lease?		No Yes. Amount necessary t o	o cure any default as of	the date o	of the petition.\$			
11.Is this claim subject to a right of setoff?	Y	No Yes. Identify the property:						

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	Y	No Yes. Check all that appl	/v:	Amount entitled to priority
A claim may be partly priority and partly		_	gations (including alimony and child support)	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.		☐ Up to \$2,850* of depo	sits toward purchase, lease, or rental of prersonal, family, or household use. 11	\$
		☐ Wages, salaries, or co 180 days before the b	ommissions (up to \$12,850*) earned within ankruptcy petition is filed or the debtor's ever is earlier. 11 U.S.C. § 507(a)(4).	\$
			red to governmental units. 11 U.S.C. §	\$
		☐ Contributions to an en	nployee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☐ Other. Specify subsec	etion of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to adjust of adjustment.	stment on 4/01/19 and every 3 years after that for case	es begun on or after the date
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.	I und the a I hav and c I dec	I am a guarantor, surety, erstand that an authorized sign mount of the claim, the creditor e examined the information in the correct. Idare under penalty of perjury that cuted on date 1/17/	ebtor, or their authorized agent. Bankruptcy endorser, or other codebtor. Bankruptcy Rulature on this Proof of Claim serves as an acknowledg gave the debtor credit for any payments received towhis Proof of Claim and have a reasonable belief that that the foregoing is true and correct.	le 3005. ment that when calculating ard the debt.
	ŭ		who is completing and signing this claim:	
	Nan	ne	Greg Dadika	
	Title	•	First name Middle name Last name Authorized Signatory	
	Con	npany	C. R. Bard, Inc.	
	Add	ress	Identify the corporate servicer as the company if the servicer 1 Becton Drive	e authorized agent is a
			Number Street Franklin Lakes, NJ 07417	
	Con	atact phone 212 309 11	City State ZIP Code 32 Emailrrich2@huntona	ık.com

Official Form 410 Proof of Claim page 3

Fill in this information to identify the case:					
Debtor 1	Clarksdale Regional Medical Center Inc.				
Debtor 2 (Spouse, if f	iling)				
United State	s Bankruptcy Court for the: Middle District of Tennessee				
Case numbe	er 18-05678				

Official Form 410

Proof of Claim Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case.

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			
Who is the current creditor?	C. R. Bard, Inc. Name of the current creditor (the person Other names the creditor used with the cacess Systems, Inc.		
Has this claim been acquired from someone else?	☑ No ☐ Yes. From Whom?		
Where should notices and payments to the creditor be sent?	Where should notices to the creditor	be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq and - 200 Park Avenue New York, New York 10166 Telephone: (212) 309-1132 Email: rrich2@HuntonAK.com	C. R. Bard, Inc. Attn: Sabina Downing 730 Central Avenue Murray Hill, NJ 07974 Telephone: (908) 277-8000	C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, New York 10166 Telephone number: (212) 309-1132 Email: rrich2@HuntonAK.com
Does this claim amend one already filed?	⊠ No ☐ Yes. Claim number on court claims re	egistry (if known)	Filed onMM / DD / YYYY
Do you know if anyone else has filed a proof of claim for this claim?	⊠ No □ Yes. Who made the earlier filing?		

12/15

Pa	art 2: Give Information Ab	out the Claim as of the Date the Case W	/as Filed				
6.	Do you have any number you use to identify the debtor?	☑ No ☐ Yes. Last 4 digits of the debtor's acc ☐ Yes. Last 4 digits of the	ount or any number you use	to identify the debtor:			
7.	How much is the claim?	\$ 13,119.79 Does this amount include interest or other charges? ☑ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
8.	What is the basis of the	Examples: Goods sold, money loaned, I	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.				
	claim?	Attach redacted copies of any document	ts supporting the claim requi	red by Bankruptcy Rule 3001(c).			
		Limit disclosing information that is entitle	ed to privacy, such as health	care information.			
		Goods sold. Please see attachment					
9.	Is all or part of the claim secured?	⊠ No □ Yes. The claim is secured by a lien on property.					
		Nature of property:					
		☐ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.					
		☐ Motor vehicle					
		☐ Other. Describe:					
		Basis for perfection:					
				perfection of a security interest (for example, a ment that shows the lien has been filed or			
		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	s of the date of the petition:	\$			
		Annual Interest Rate (when case was file ☐ Fixed ☐ Variable	ed)%				
10.	Is this claim based on a lease?	⊠ No □ Yes. Amount necessary to cure any o	default as of the date of the p	petition. \$			
11.	Is this claim subject to a right of setoff?	⊠ No ☐ Yes. Identify the property:					

12. Is all or part of the claim	⊠ No					
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Chec	k all that apply:	Amount entitled to priority			
A claim may be partly priority and partly nonpriority. For	☐ Domestic 11 U.S.C.	\$				
example, in some categories, the law limits the amount entitled to priority.		75* of deposits toward purchase, lease, or rental of property or services al, family, or household use. 11 U.S.C. § 507(a)(7).	\$			
	bankruptcy	alaries, or commissions (up to \$12,475*) earned within 180 days before the petition is filed or the debtor's business ends, whichever is earlier. § 507(a)(4).	\$			
	☐ Taxes or p	penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
	☐ Contribution	ons to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
	☐ Other.		\$			
	* Amounts are s	ubject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after	er the date of adjustment.			
Part 3: Sign Below The person completing this	Check the app	propriate box:				
proof of claim must sign and date it.	☑ I am the cre	editor.				
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.					
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.		nat an authorized signature on this Proof of Claim serves as an acknowledg the claim, the creditor gave the debtor credit for any payments received tov				
A person who files a fraudulent claim could be fined up to \$500,000,	I have examin correct.	ed the information in this Proof of Claim and have a reasonable belief that t	ne information is true and			
imprisoned for up to 5 years, or both.		r penalty of perjury that the foregoing is true and correct.				
18 U.S.C. §§ 152, 157, and 3571.	Executed on d	ate: January 7, 2019				
	Print the nam	e of the person who is completing and signing this claim:				
	Name	Greg Dadika				
	Title	Authorized Signatory				
	Company	C. R. Bard, Inc. Identify the corporate servicer as the company if the authorized agent is a	servicer.			
	Address	730 Central Avenue				
		Murray Hill, NJ 07974				

ATTACHMENT TO PROOF OF CLAIM OF C. R. BARD, INC.

- 1. **Debtor.** On August 24, 2018 (the "Petition Date"), Clarksdale Regional Medical Center Inc. d/b/a Northwest Mississippi Medical Center (the "Debtor") filed for bankruptcy relief in the United States Bankruptcy Court for the Middle District of Tennessee (the "Bankruptcy Court").
- 2. <u>Basis for Claim.</u> As set forth on the schedule attached hereto as <u>Exhibit 1</u>, prior to the Petition Date, C. R. Bard, Inc. (the "<u>Claimant</u>"), through its Bard Medical division and subsidiaries Bard Access Systems, Inc., Bard Peripheral Vascular, Inc. and Davol Inc., provided medical supplies (the "<u>Medical Supplies</u>") to the Debtor in the aggregate amount of \$13,119.79 (the "<u>Claim Amount</u>"). Copies of the invoices which set forth the Claim Amount are attached hereto as <u>Exhibit 2</u>. As of the date hereof, the Debtor has not paid for the Medical Supplies.
- 3. Classification of Claim. The Claim Amount is a general unsecured claim pursuant to section 502 of Title 11 of the United States Code, except to the extent that the Claimant may assert the Claim Amount by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates.
- 4. <u>Separate 503(b)(9) Claim</u>. In accordance with the Bankruptcy Court's order entered on December 11, 2018 (Docket No. 544), the Claimant has asserted additional claims, which are entitled to priority under 11 U.S.C. § 503(b)(9), through a separate proof of claim.
- 5. Reservation of Rights. This proof of claim is filed with full reservation of rights, including the right to assert additional, supplementary and/or amended proofs of claim and requests for administrative expense reimbursements based on events, information and/or documents obtained from the Debtor or others through discovery or otherwise. Without in any way limiting the foregoing, the Claimant reserves the right to assert any claim it may have against the Debtor or

against any other party or property other than the Debtor or the property of its estate. Without in any way limiting the foregoing, the Claimant reserves the right to assert this claim by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates against the Claimant. This proof of claim is not intended, nor should it be construed, as the Claimant's consent to jurisdiction in the Bankruptcy Court, or as a waiver of the Claimant's right to a trial by jury in any action or proceeding.

6. **Notices.** All notices concerning this proof of claim should be sent to:

C. R. Bard, Inc.Attn: Sabina Downing730 Central AvenueMurray Hill, New Jersey 07974

-and-

Robert A. Rich, Esq. Hunton Andrews Kurth LLP 200 Park Avenue New York, New York 10166

Attorneys for the Claimant

Exhibit 1 - Schedule

CLARKSDALE REGIONAL MEDICAL CENTER INC DBA NORTHWEST MISSISSIPPI MEDICAL CENTER CASE # 3:18-bk-05678

Proof of Claim of C. R. Bard, Inc.

Division	Invoice #	<u>Date</u>	PO #_	<u>Amount</u>
Bard Medical	77975730	05/07/2018	749-6720131	62.40
Bard Peripheral Vascular Inc	77975078	05/07/2018	749-6727963	85.00
Davol Inc.	77986129	05/09/2018	749-6729486	366.10
Davol Inc.	78020794	05/17/2018	749-6734620	366.10
Bard Peripheral Vascular Inc	78044967	05/23/2018	749-6738798	431.30
Bard Peripheral Vascular Inc	78045605	05/23/2018	749-6739307	1,300.00
Davol Inc.	78065564	05/29/2018	749-6741724	732.20
Bard Peripheral Vascular Inc	78066150	05/29/2018	749-6742003	320.10
Davol Inc.	78124111	06/12/2018	749-6751142	531.60
Bard Medical	78195855	06/28/2018	749-6755529	125.28
Davol Inc.	78193314	06/28/2018	749-6755539	366.10
Davol Inc.	78193290	06/28/2018	749-6753898	825.00
Bard Peripheral Vascular Inc	78193428	06/28/2018	749-6758651	1,560.00
Bard Peripheral Vascular Inc	78193291	06/28/2018	749-6753883	1,560.00
Davol Inc.	78212273	07/03/2018	749-6763695	1,098.31
Bard Peripheral Vascular Inc	78211025	07/03/2018	749-6762995	740.00
Davol Inc.	78255803	07/16/2018	749-6769920	343.20
Bard Access Systems Inc.	45401435	07/17/2018	749-6769913	236.60
Bard Access Systems Inc.	45401346	07/17/2018	749-6769870	174.80
Davol Inc.	78282783	07/23/2018	749-6773093	749.60
Davol Inc.	78290604	07/24/2018	749-6774131	366.10
Bard Peripheral Vascular Inc	78312034	07/30/2018	749-6769913	780.00

\$13,119.79

EXHIBIT 2

INVOICES



C.R. BARD 8195 INDUSTRIAL BLVD COVINGTON, GA 30014

BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	II Y V		
INVOICE # INVOICE DA		ATE SALES ORDER	
77975730	05/07/18		
DIV	SHIP TO	SOLD TO	BILL TO
101	10184266	10161449	10161449
GLN SH	IP TO	GLN B	ILL TO
CUSTOMER		CUSTON	IER PO#
800-526	-4455	749-6720131	
	REMITT	O:	·
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO	20275	The second second second

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPME ORDER NU	IMBER		CARRIER		CARTONS	WEIGHT	FREIGHT	***************************************	BILL OF LADING	
05/07/18	111100)74	5300	FEDERAL EXPRE	SS-GRD	1	2.22 LB	TPB	· · · · · · · · · · · · · · · · · · ·	LADING	
QUANTITY SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN		DESCRIF	MOIT		PRICE	EXTENDED AMOUNT	Т
1.0000	CA	107	1778 1080	05 1741038997	CathPedSt 5Fr	raight			62.4000	\$62.40	-

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <a href="mailto:contact-us-to-decom-contact-us

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico 115 Bard Brachytherapy 122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

			lang.	
INVOICE#	INVOICE DA	TE	SALE	S ORDER #
77975078	05/07/18			
DIV	SHIP TO	5	SOLD TO	BILL TO
111	10184266		0161449	10161449
GLN SH	IP TO		GLN BI	
CUSTOMER	SERVICE		CUSTOM	ER PO#
800-321	-4254	749-6727963		
	REMIT	TO:		
	C.R. BARD INC			The state of the s
	PO BOX 75767			
	CHARLOTTE N	C 282	75	

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

11123292 5300 FEDERAL EXPRESS-SO 1 1.41 LB PPD
SHIPPED UOM DIV CATALOG NUMBER/GTIN DESCRIPTION UNIT PRICE EXTENDED AMOUNT 1.0000 CA 111 C2010A CoaxialBiopsyNeedle 85,0000 \$85,000
1.0000 CA 111 C2010A CoaxialBiopsyNeedle 85,0000 \$85,000

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C., 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medically program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical 109 Davol

112 Bard Puerto Rico

122 Bard Japan

111 Bard Peripheral Vascular

115 Bard Brachytherapy 121 Bard International

140 Bard Shannon



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	11440			
INVOICE #	INVOICE DA	INVOICE DATE		S ORDER#
77986129	05/09/18		7105714 SZ	
DIV	SHIP TO	S	OLD TO	BILL TO
109	109 10184266		0161449	10161449
GLN SHIP TO			GLN B	
CUSTOMER 800-556			CUSTOM	
	REMIT	TO:	749-67	29486
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO			

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.

You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when regulired, any discounts earned, including those items invoiced at no charge.

104 Glens Falls

109 Davol 106 Bard Access Systems/Dymax

107 Bard Medical

111 Bard Peripheral Vascular

112 Bard Puerto Rico

122 Bard Japan 140 Bard Shannon

115 Bard Brachytherapy 121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	1144	A Value	1	
INVOICE #	INVOICE DA	TE	E SALES ORDER#	
78020794	05/17/18		7133464 SZ	
DIV	SHIP TO	SC	LD TO	BILL TO
109	10184266		61449	10161449
GLN SH	IP TO		GLN B	ILL TO
CUSTOMER	SERVICE		CUSTOM	ER PO#
800-556	6275	749-6734620		
	REMIT	O;		
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO	20071		was a state of the

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPME ORDER NU	MBER		CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF	
05/16/18	111703	378	5300	FEDERAL EXPR	ESS-2D	1	1.94 LB	TPB		LADING	
QUANTITY SHIPPED	UOM	DIV	<u> </u>	CATALOG NUMBER/GTIN		DESCRI			PRICE	EXTENDED AMOUNT	1
1.0000	СА	109	1010	010 1741010436	Avitene Mi Avitene 0.£	icrofibrillar Floui 5 gram	r	3	66.1020	\$366.10	1
									The second secon		
		Try and Collecting States	!								And delice in the contract of

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs@crbard.com</u> to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation, Under 42 U.S.C. 120a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicald program, as and when required, any discounts earned, including those items invoiced at no charge.

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical

109 Davol 111 Bard Peripheral Vascular

112 Bard Puerto Rico 115 Bard Brachytherapy

122 Bard Japan

121 Bard International

140 Bard Shannon



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	TIAA 🔿			
INVOICE #	INVOICE DA	INVOICE DATE		S ORDER#
78044967	05/23/18	***************************************		5442 SZ
DIV	SHIP TO		OLD TO	BILL TO
111	10184266		0161449	10161449
GLN SH	IP TO		GLN B	
CUSTOMER 800-321		*********	CUSTOM	
000-021	REMIT	ro:	749-67	38798
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO			

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI RDER NL	JMBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT TERMS	***************************************	BILL OF	
05/23/18	11200	298	5300	FEDERAL EXPR	ESS-SO	1 1	4.26 LB	PPD		LADING	
QUANTITY SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN		DESCRIF			PRICE	EXTENDED AMOUNT	T
1.0000	CA	111	C201	10A 1741085076	CoaxialBio BardTruG	psyNeedle uide 19Ga7.8cm	1		85.0000	\$85.00	N
1.0000	CA	111	1220 1080	10 1741084666	Disposable BardMono	Biopsylnstrume pty 20Ga10cm	ent	3	346,3000	\$346.30	N
o valvery shall agence	Complete Com										
								Constitution of the Consti	A to see the second		
The second secon	-										
		- L. W						A STATE OF THE STA		With a side	

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation, Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicald program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico 115 Bard Brachytherapy

122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

121 Bard International

140 Bard Shannon



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

		MAACI			
INVOICE#		INVOICE DATE	SALE	S ORDER#	
78045605		05/23/18	71:	7348 SZ	
DIV		IP TO	SOLD TO	BILL TO	
111 10184		84266	10161449	10161449	
GLN SI	IIP TO		GLN B	ILL TO	
CUSTOMER	SERVIC	E	CUSTON	ER PO#	
800-321	1-4254		749-6739307		
		REMIT TO			
	C.R, I	BARD INC.		The state of the s	
	PO B	OX 75767			
	CHAR	RLOTTE NC 2	8275		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI ORDER NU	JMBER				CARTONS	WEIGHT	FREIGH		BILL OF
05/23/18	11202	743	5300	FEDERAL EXPRE	SS-SO	1	4.96 LB	PPD	-	LADING
QUANTITY SHIPPED	NOM	DIV		CATALOG NUMBER/GTIN		DESC	CRIPTION		IT PRICE	EXTENDED .
5.0000	EA	111	1809	9600 91741027130	PPMRIfullSP	9.6SlrbIN	Т	The state of the s	260.0000	\$1,300.00
	odan, militaria de la propesa		Table Control of the						-	
									To comment the second	
	The state of the s									

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation, Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate 104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical 109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico

122 Bard Japan 140 Bard Shannon

115 Bard Brachytherapy 121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

INVOICE#	INVOICE DAT	E	SAL	ES ORDER#
78065564	05/29/18	7172240 SZ		
DIV	SHIP TO	8	OLD TO	BILL TO
109	10184266	~	0161449	10161449
GLN SH	IP TO	GLN BILL TO		
CUSTOMER	SERVICE		CUSTO	MER PO#
800-556	-6275	749-6741724		
	REMITT	0:		
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NC	282	75	**************************************

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI ORDER NU	IMBER				GARTONS	WEIGHT	FREIGHT	· · · · · · · · · · · · · · · · · · ·	BILL OF	
05/29/18	11224	193	5300	FEDERAL EXPR	RESS-2D	1	2.37 LB	TPB		LADING	
QUANTITY SHIPPED	MOU	DIV		CATALOG NUMBER/GTIN		DESCRIP	· · · · · · · · · · · · · · · · · · ·	UNITE	RICE	EXTENDED AMOUNT	7
2.0000	CA	109	1010	010 1741010436	Avitene Mic Avitene 0.5	crofibrillar Flour gram			6.1020	\$732.2	\dashv

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation, Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical

109 Davol 111 Bard Peripheral Vascular 112 Bard Puerto Rico

115 Bard Brachytherapy

122 Bard Japan 140 Bard Shannon

121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

INVOICE #					
	INVOICE	INVOICE DATE		S ORDER#	
78066150	05/29/1	18	717	3667 SZ	
DIV	SHIP TO	3	SOLD TO BILL TO		
111	10184266		0161449	10161449	
GLN S	SHIP TO	1	GLN B		
CUSTOME	R SERVICE		CUSTOM	ER PO#	
800-32	21-4254		749-6742003		
-	REMI	TTO:			
	C.R. BARD IN	3.			
	PO BOX 75767				
	CHARLOTTE	VC 282	75		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI ORDER NU	ENT JMBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF	
05/29/18	11225	779	5300	FEDERAL EXPRE	ESS-SO	1	3.72 LB	TERMS PPD	* · · · · · · · · · · · · · · · · · · ·	LADING	
QUANTITY SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN		DESCI	RIPTION		PRICE	EXTENDED	T
1.0000	GA	111	1218 1080	16 1741084642	Biopsylnstru BardMonopty	ment			320.1000	\$320.10 N	

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when regulred, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical

109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico

115 Bard Brachytherapy 121 Bard International

122 Bard Japan 140 Bard Shannon



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

-144	II TO MAKE			
INVOICE DA	DATE SALES ORDER #			
06/12/18		222124 SZ		
SHIP TO	SOLD TO	BILL TO		
10184266	10161449	10161449		
IP TO		BILL TO		
SERVICE	CUSTOMER PO#			
-6275	749-6751142			
REMIT				
C.R. BARD INC. PO BOX 75767 CHARLOTTE NO	28275			
	invoice da 06/12/18 SHIP TO 10184266 IP TO SERVICE -6275 REMIT 1 C.R. BARD INC. PO BOX 75767	06/12/18 7 SHIP TO SOLD TO 10184266 10161449 IP TO GLN SERVICE CUSTO 6275 749-6 REMIT TO: C.R. BARD INC.		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI ORDER N	JMBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF LADING	
06/12/18	11289	098	5300	FEDERAL EXPR	ESS-2D	1	1.36 LB	TPB	· · · · · · · · · · · · · · · · · · ·	LAUING	
QUANTITY SHIPPED		DIV		CATALOG NUMBER/GTIN		DESCRIF			T PRICE	EXTENDED AMOUNT	7
1.0000	CA	109	5955 0080	3460 1741031724	VentralightS	T wEchoPS 4	"x6"Eli		531.6000	\$531.60	-
											The second secon

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Sate Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

106 Bard Access Systems/Dymax

104 Glens Falls

107 Bard Medical 109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico 115 Bard Brachytherapy

122 Bard Japan

121 Bard International

140 Bard Shannon



C.R. BARD 8195 INDUSTRIAL BLVD COVINGTON, GA 30014

BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	11440			
INVOICE#	INVOICE DAT	DATE SALES ORDER #		
78195855	06/28/18		49749 SZ	
DIV	SHIP TO	SOLD TO	BILL TO	
101	10184266	10161449	10161449	
GLN SH	IP TO	GLN BILL TO		
CUSTOMER	SERVICE	CUSTON	IER PO#	
800-526	-4455	749-6755529		
	REMIT	O:		
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO	28275		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPME ORDER NU	IMBER		CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF LADING
06/28/18	113259	982	5300	FEDERAL EXPRES	SS-GRD	1	8.71 LB	TPB	-	777 - 40 20 70 70
QUANTITY SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN		DESC	CRIPTION		TPRICE	EXTENDED AMOUNT
1.0000	CA	107	7008. 1080	A 1741112512	RefillFreshAir Medi-Aire 8oz				125.2800	\$125.28
	Tabilis and plants in the second seco									
								A STATE OF THE STA		
									Andrew Martin Control of the Control	
		The state of the s							And the second s	

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls 106 Bard Access Systems/Dymax 107 Bard Medical 109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico 115 Bard Brachytherapy

122 Bard Japan 140 Bard Shannon

121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

INVOICE#	INVOICE DAT	TE	SAL	ES ORDER#	
78193314	06/28/18	8 7249790 SZ			
DIV	SHIP TO	SOLE	TO	BILL TO	
109	10184266	10161	449	10161449	
GLN SH	IP TO		GLN	BILL TO	
CUSTOMER	SERVICE		CUSTO	MER PO#	
800-556	-6275	749-6755539			
	REMIT	O:		······································	
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO	20275			

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI ORDER NU	JMBER		CARRIER		CARTONS	WEIGHT	FREIGHT	***************************************	BILL OF LADING	
06/28/18	11326	011	5300	FEDERAL EXPRE	SS-2D	1	1.94 LB	TPB		2712710	
QUANTITY SHIPPED	UOM	VIG		CATALOG NUMBER/GTIN		DESC	RIPTION		PRICE	EXTENDED AMOUNT	T
1.0000	СА	109	1010	And the second s	Avitene Micro Avitene 0.5 g	ofibrillar Flo			366.1020	\$366.1	

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$366.10

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

106 Bard Access Systems/Dymax

104 Glens Falls

107 Bard Medical 109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico

122 Bard Japan 140 Bard Shannon

121 Bard International

115 Bard Brachytherapy



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

INVOICE#	INVOICE DAT	TE SAI	ES ORDER#	
78193290	06/28/18			
DIV	SHIP TO	SOLD TO	BILL TO	
109	10184266	10161449	10161449	
GLN SH	IP TO	GLN	BILL TO	
CUSTOMER	SERVICE	CUSTO	MER PO#	
800-556	-6275	749-6753898		
	REMITT	O:		
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO	28275		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

DATE SHIPPED	SHIPMI ORDER NU	JMBER	SHIP WHSE		7	CARTONS	WEIGHT	FREIGHT		BILL OF LADING
06/28/18	11314	046	5300	FEDERAL EXPR	ESS-2D	1	2.66 LB	TPB		
QUANTITY SHIPPED		DIV		CATALOG NUMBER/GTIN		DES	CRIPTION		PRICE	EXTENDED AMOUNT
1.0000	CA	109	5955		VentralightST				325.0000	\$825.00 N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation, Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, Including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls 106 Bard Access Systems/Dymax 107 Bard Medical

111 Bard Peripheral Vascular

112 Bard Puerto Rico 115 Bard Brachytherapy 122 Bard Japan

121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

INVOICE #	INVOICE DAT	ATE SALES ORDER#		
78193428	06/28/18	726	7377 SO	
DIV	SHIP TO	SOLD TO	BILL TO	
111	10184266	10161449	10161449	
GLN SH	IIP TO	GLN B	ILL TO	
CUSTOMER	SERVICE	CUSTOMER PO#		
800-321	-4254	749-6758651		
	REMITT	0:		
	C.R. BARD INC.			
	PO BOX 75767			
	CHARLOTTE NO	28275		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPME RDER NU	MBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF LADING
06/28/18	113491	136	5300	FEDERAL EXPR	ESS-SO	1	5.76 LB	PPD		LADING
QUANTITY SHIPPED	MOU	VID	(CATALOG NUMBER/GTIN		DESCRIF		UNIT	PRICE	EXTENDED
6.0000	EA	111	1809 0080	600 1741027130	PPMRIfull	SP9.6SirbINT			0.000	\$1,560.00

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the frue net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate 104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerlo Rico 115 Bard Brachytherapy 122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

121 Bard International

140 Bard Shannon



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	HAAC			
INVOICE #	INVOICE DA	ATE SALES ORDER #		
78193291	06/28/18	3 72	39982 SZ	
DIV	SHIP TO	SOLD TO	BILL TO	
111	10184266	10161449	10161449	
GLN SH	HP TO	GLN BILL TO		
CUSTOMER	SERVICE	CUSTO	MER PO#	
800-321	1-4254	749-6753883		
	REMIT	TO:		
	C.R. BARD INC			
	PO BOX 75767			
	CHARLOTTE N	C 28275		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

DATE SHIPPED	SHIPMI ORDER NU	ENT JMBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF LADING	
06/28/18	11314	100	5300	FEDERAL EXPR	ESS-SO	1	5.76 LB	PPD			
QUANTITY		DIV	<u> </u>	CATALOG NUMBER/GTIN		DESCR	PTION	UNIT	PRICE	EXTENDED AMOUNT	Т
6.0000	EA	111	1809	9600 11741027130	PPMRIfullSf	P9.6SIrbINT		20	60.0000	\$1,560.0	0 N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

115 Bard Brachytherapy 121 Bard International

122 Bard Japan 140 Bard Shannon



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	114401	₩	
INVOICE #	INVOICE DATE	SALE	S ORDER #
78212273	07/03/18	729	7440 SZ
DIV	SHIP TO	SOLD TO	BILL TO
109	10184266	10161449	10161449
GLN SH	IP TO	GLN BI	
CUSTOMER	SERVICE	CUSTOM	ER PO#
800-556	-6275	749-67	63695
	REMIT TO	:	
C.R. BARD INC PO BOX 75767 CHARLOTTE N		1007-	and the second of the second o

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614**

	SHIPME ORDER NU	MBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	PREIGHT TERMS		BILL OF LADING	-
07/03/18	113904	411	5300	FEDERAL EXPRE	ESS-2D	1	2.80 LB	TPB			
QUANTITY SHIPPED	MON	DIV	'	CATALOG NUMBER/GTIN		DESC	PRIPTION	1	TPRICE	EXTENDED AMOUNT	Т
3.0000	CA	109	1010 1080	010 1741010436	Avitene Micro Avitene 0.5 g		our		366.1020	\$1,098.31	N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs@crbard.com</u> to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

106 Bard Access Systems/Dymax

107 Bard Medical 109 Davol

111 Bard Peripheral Vascular

112 Bard Puerto Rico 115 Bard Brachytherapy

122 Bard Japan 140 Bard Shannon

121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	114 2 💙		
INVOICE #	INVOICE DA	TE SAL	ES ORDER#
78211025	07/03/18	72	94249 SZ
DIV	SHIP TO	SOLD TO	BILL TO
111	10184266	10161449	10161449
GLN SH	IP TO	GLN	BILL TO
CUSTOMER	SERVICE	custo	MER PO#
800-321	4254	749-6	762995
	REMIT '	ro:	
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO		And and an artist of the second

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPMI ORDER NU	IMBER		CARRIER		CARTONS	WEIGHT	FREIGHT		BILL OF LADING	
07/03/18	11386	755	5300	FEDERAL EXPRI	ESS-SO	1	2.31 LB	PPD		LADING	
QUANTITY SHIPPED		DIV	1	CATALOG NUMBER/GTIN		DESCI	RIPTION		PRICE	EXTENDED	Т
2.0000	CA	111	8640 1080	917D 91741032254	UltraClipDua UltraClip 17ç	Trigger			70.0000	\$740.00	+
							·				
	The state of the s	der vurgetjensproget							Valley U.S. de la constant de la con		

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items involced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico

122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

115 Bard Brachytherapy 121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	11 T T			
INVOICE#	INVOICE DA	TE	SAL	ES ORDER#
78255803	07/16/18	}	73	36056 SO
אומ	SHIP TO	5	OLD TO	BILL TO
109	10184266	1	0161449	10161449
GLN SH	IP TO		GLN	BILL TO
CUSTOMER	SERVICE		CUSTO	IER PO#
800-556	-6275		749-6	769920
	REMIT	TO:		
	C.R. BARD INC		***************************************	
	PO BOX 75767			
	CHARLOTTE N	C 282	75	

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

	SHIPME ORDER NU	JMBER	SHIP WHSE	CARRIER		CARTONS	WEIG		FREIGHT TERMS	ta de la companya de	BILL OF LADING	
07/16/18	114384	441	5300	FEDERAL EXPRE	ESS-2D	1	1.15	LB	TPB	***************************************		
QUANTITY SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN		DESC	RIPTION	**************************************		PRICE	EXTENDED AMOUNT	Т
2.0000	CA	109	0117	7070 01741030963	PERFIX LIGH	HT PLUG	LARGE			171.6000	\$343.2	RO N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs@crbard.com</u> to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$343.20

The above charges may not reflect the Irue net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicald program, as and when required, any discounts earned, including those items involced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico

122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

115 Bard Brachytherapy 121 Bard International

140 Bard Shannon



BARD ACCESS SYSTEMS 605 NORTH 5600 WEST SALT LAKE CITY, UT 84116

BILL TO:

NORTHWEST MISSISSIPPI MED CT ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE, MS 38614 INVOICE

INVOICE#	INVOICE DA	TE	SAL	ES ORDER#
45401435	07/17/18	3	S	6952722
SALES REP	SHIP TO	SOL	OTO	BILL TO
T5564648	10083865	1008	3865	10161449
GLN SHIP TO	GLN SO	LD TO	1	GLN BILL TO
CUSTOMER 5 1-800-545				/IER PO#
	REMIT	TO:		
	C.R. BARD, I P.O. BOX 75			

SHIP TO:

NORTHWEST MISSISSIPPI MED CT 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

DATE SHIPPED	SHIPMI ORDER NU		SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT	***************************************	BILL OF LADING
07/17/18				FXGR		1	2.00		45	0615984274
QUANTITY SHIPPED	NOM	DIV		CATALOG NUMBER/GTIN		DES	CRIPTION	יואט	TPRICE	EXTENDED T
SHIPPED	CS	, div	9000		OQ50015318 PLEASE SEN PRICING TO	9297 ID FAX 0 662-624	CONFIRMATIONS OF -3397. P		236.6000	\$236.60
	The state of the s								Hard to the second seco	

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.

You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: NET 30

INVOICE TOTAL:

\$236.60

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.



BARD ACCESS SYSTEMS 605 NORTH 5600 WEST SALT LAKE CITY, UT 84116

BILL TO:

NORTHWEST MISSISSIPPI MED CT ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE, MS 38614 INVOICE

	HAAO	OL.		
INVOICE #	INVOICE DAT	E	SALES	ORDER#
45401346	07/17/18	18 S6952592		
SALES REP	SHIP TO	SOLDT	0	BILL TO
T5564648	10083865	1008386	55	10161449
GLN SHIP TO	GLN SOLI	OTO	GLI	N BILL TO
CUSTOMER S 1-800-545			STOMER 49-6769	
	REMITT			0.0
	C.R. BARD, IN P.O. BOX 7576 CHARLOTTE,	57		

SHIP TO:

NORTHWEST MISSISSIPPI MED CT 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

	SHIPMI ORDER NU	ENT JMBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT TERMS		BILL OF LADING	
07/17/18	. 1			FXGR		1 1	3.00		422	2321762135	***************************************
QUANTITY SHIPPED	MON	DIV		CATALOG NUMBER/GTIN		DESCR	IPTION	UNIT	PRICE	EXTENDED	T
2	CS		0642		OQ5001531 SWIS, 22 ga (Sterile) 233613	73587	·		87.4000	\$174.80	
								All many management of the second			

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: NET 30

INVOICE TOTAL:

\$174.80

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Sale Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(f)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

INVOICE #	INVOICE DA	TE	SALE	S ORDER#	
78282783	07/23/18		7357785 SO		
DIV	SHIP TO	SOLD TO		BILL TO	
109	10184266	10	0161449	10161449	
GLN SI	IIP TO		GLN B		
CUSTOMER	SERVICE		CUSTOM	ER PO#	
800-556	6-6275	749-6773093			
/ ·	REMIT	TO:	· · · · · · · · · · · · · · · · · · ·		
	C.R. BARD INC. PO BOX 75767				

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

7	SHIPPED ORDER NUMBER					CARTONS WEIGHT		FREIGHT TERMS		BILL OF LADING	
07/23/18	114666	373	5300	FEDERAL EXPRE	SS-2D 2 2.48 LB		TPB				
QUANTITY SHIPPED	UOM	VIG		CATALOG NUMBER/GTIN	DESCRIPTION			UNIT PRICE		Т	
1.0000	CA	109	0117 0080	060 1741030956	PERFIX LIGHT PLUG MEDIUM			1	69.6000	\$169.60	N
1.0000	CA	109	5955 0080	450 1741031717	VentralightST	wEcho P	S 4.5"Circ	£	80.0000	\$580.00	N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the line net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico 115 Bard Brachytherapy 122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

· · · · · · · · · · · · · · · · · · ·	114 W 🔾		leage,		
INVOICE #	INVOICE DA			S ORDER#	
78290604	07/24/18			7367022 SO	
DIV	SHIP TO	SOLD TO		BILL TO	
109	10184266	10	0161449	10161449	
GLN SH	IP TO		GLN BI		
CUSTOMER	SERVICE		CUSTOM	ER PO#	
800-556	-6275	749-6774131			
	REMIT	TO:			
	C.R. BARD INC.		***************************************		
	PO BOX 75767				
	CHARLOTTE N	C 282	75		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

SHIPPED C			ER NUMBER WHSE CARRIER			CARTONS	WEIGHT	FREIGHT		BILL OF LADING
07/24/18	114780	073	5300	FEDERAL EXPRE	ESS-2D	1	1.94 LB	TPB	· · · · · · · · · · · · · · · · · · ·	LADINO
QUANTITY SHIPPED	UOM	DIV		CATALOG NUMBER/GTIN		DESCRI			PRICE	EXTENDED .
1.0000	CA	109	1010	010 1741010436	Avitene Micr Avitene 0.5	ofibrillar Flou gram	·		66.1020	\$366.10 N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs@crbard.com</u> to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$366.10

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico

122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

115 Bard Brachytherapy 121 Bard International



BILL TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER ATTN: ACCOUNTS PAYABLE PO BOX 1218 CLARKSDALE MS 38614

INVOICE

	11440		luma .	
INVOICE #	INVOICE DA	TE SALES ORDER#		
78312034	07/30/18	07/30/18		5788 SZ
DIV	SHIP TO			BILL TO
111	10184266	1	0161449	10161449
GLN SH	IP TO		GLN B	
CUSTOMER			сиѕтом	ER PO#
800-321		749-6769913		
	REMIT	го:		
	C.R. BARD INC. PO BOX 75767 CHARLOTTE NO		-	The same of the sa

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614

DATE SHIPMENT SHIPPED ORDER NUMBER		*		***************************************	CARTONS	WEIGHT	FREIGHT		BILL OF		
07/30/18	11497	538	5300	FEDERAL EXPR	ESS-SO	1	3.15 LB	PPD		LADING	***************************************
QUANTITY SHIPPED	UOM	DIV	(CATALOG NUMBER/GTIN				PRICE	EXTENDED AMOUNT	T	
3.0000	EA	111	1809 0080	600 1741027130	PPMRIfullSF	9.6SIrbINT		2	60.0000	\$780.00	N
					and the same of th				Management of the Control of the Con		
					The state of the s						
		The state of the s									
									delicated property states are an account.		
				,					And the second	The state of the s	-

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: Net 30

INVOICE TOTAL:

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation, Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicald program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate

104 Glens Falls

107 Bard Medical 109 Davol

112 Bard Puerto Rico

122 Bard Japan

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

115 Bard Brachytherapy 121 Bard International

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: (6824023) Claim No: 32 Status:
C. R. Bard, Inc. Original Filed Filed by: CR
c/o Hunton Andrews Kurth LLP Date: 01/17/2019 Entered by: admin
Attn: Robert A. Rich, Esq. Original Entered Modified:

200 Park Avenue Date: 01/17/2019

New York, NY 10166

Amount claimed: \$13119.79

History:

Details 32-1 01/17/2019 Claim #32 filed by C. R. Bard, Inc., Amount claimed: \$13119.79 (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*	\$13119.79
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		