

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

1/17/2019

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 Claim

1. Who is the current creditor?	<u>C. R. Bard, 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 <u>Bard Medical; Davol Inc.; Bard Peripheral Vascular, Inc.; Bard Access Systems, Inc.</u>	
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?	Where should notices to the creditor be sent? <u>C. R. Bard, Inc.</u> Name <u>c/o Hunton Andrews Kurth LLP</u> <u>Attn: Robert A. Rich, Esq.</u> <u>200 Park Avenue</u> <u>New York, NY 10166</u> Contact phone <u>212 309 1132</u> Contact email <u>rrich2@huntonak.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) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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>\$ 13119.79</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).</p> <p>Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>Goods sold. Please see attachment.</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><div>Value of property:</div><div>\$ _____</div><div>Amount of the claim that is secured:</div><div>\$ _____</div><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><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div><div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></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)(_) 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 1/17/2019
MM / DD / YYYY

/s/ Greg Dadika
Signature

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

Name	<u>Greg Dadika</u>		
	First name	Middle name	Last name
Title	<u>Authorized Signatory</u>		
Company	<u>C. R. Bard, Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>1 Becton Drive</u>		
	Number Street		
	<u>Franklin Lakes, NJ 07417</u>		
	City State ZIP Code		
Contact phone	<u>212 309 1132</u>	Email	<u>rrech2@huntonak.com</u>

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:

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 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.

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: _____

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

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____

(The sum of the secured and unsecured amounts should match the amount in line 7.)

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

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

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition.

\$ _____

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: _____

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

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

☒ No

☐ Yes. *Check all that apply.*

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* 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 \$12,475*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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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: January 7, 2019



Signature

Print the name 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. **Basis for Claim.** As set forth on the schedule attached hereto as Exhibit 1, prior to the Petition Date, C. R. Bard, Inc. (the “Claimant”), through its Bard Medical division and subsidiaries Bard Access Systems, Inc., Bard Peripheral Vascular, Inc. and Davol Inc., provided medical supplies (the “Medical Supplies”) to the Debtor in the aggregate amount of \$13,119.79 (the “Claim Amount”). Copies of the invoices which set forth the Claim Amount are attached hereto as Exhibit 2. 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. **Separate 503(b)(9) Claim.** 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 Downing
730 Central Avenue
Murray 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.

<u>Division</u>	<u>Invoice #</u>	<u>Date</u>	<u>PO #</u>	<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

INVOICE #		INVOICE DATE		SALES ORDER #	
77975730		05/07/18		7054285 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
101	10184266		10161449		10161449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-526-4455			749-6720131		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
05/07/18	11110074	5300	FEDERAL EXPRESS-GRD	1	2.22 LB	TPB	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	107	177805 10801741038997	CathPedStraight 5Fr	62.4000	\$62.40	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: \$62.40

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	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
77975078		05/07/18		7097738 SZ	
DIV		SHIP TO		SOLD TO	
111		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				749-6727963	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/07/18	11123292	5300	FEDERAL EXPRESS-SO	1	1.41 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	111	C2010A 10801741085076	CoaxialBiopsyNeedle BardTruGuide 19Ga7.8cm		85.0000	\$85.00	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:

\$85.00

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(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:

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107 Bard Medical

112 Bard Puerto Rico

122 Bard Japan

104 Glens Falls

109 Davol

115 Bard Brachytherapy

140 Bard Shannon

106 Bard Access Systems/Dymax

111 Bard Peripheral Vascular

121 Bard International



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
77986129		05/09/18		7105714 SZ	
DIV		SHIP TO		SOLD TO	
109		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-556-6275				749-6729486	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/09/18	11133323	5300	FEDERAL EXPRESS-2D	1	1.94 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	1010010 10801741010436	Avitene Microfibrillar Flour Avitene 0.5 gram		366.1020	\$366.10	N

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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.

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104 Glens Falls
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115 Bard Brachytherapy
121 Bard International

122 Bard Japan
140 Bard Shannon



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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

INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
78020794	05/17/18	7133464 SZ
DIV	SHIP TO	SOLD TO
109	10184266	10161449
GLN SHIP TO	GLN BILL TO	
CUSTOMER SERVICE	CUSTOMER PO #	
800-556-6275	749-6734620	
REMIT TO:		
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275		

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/16/18	11170378	5300	FEDERAL EXPRESS-2D	1	1.94 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	1010010 10801741010436	Avitene Microfibrillar Flour Avitene 0.5 gram		366.1020	\$366.10	N

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE

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112 Bard Puerto Rico

115 Bard Brachytherapy

121 Bard International

122 Bard Japan

140 Bard Shannon



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78044967		05/23/18		7155442 SZ	
DIV		SHIP TO		SOLD TO	
111		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				749-6738798	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/23/18	11200298	5300	FEDERAL EXPRESS-SO	1	4.26 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	111	C2010A 10801741085076	CoaxialBiopsyNeedle BardTruGuide 19Ga7.8cm		85.0000	\$85.00	N
1.0000	CA	111	122010 10801741084666	DisposableBiopsyInstrument BardMonopty 20Ga10cm		346.3000	\$346.30	N

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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:

\$431.30

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

121 Bard International

122 Bard Japan

140 Bard Shannon



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78045605		05/23/18		7157348 SZ	
DIV		SHIP TO		SOLD TO	
111		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				749-6739307	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/23/18	11202743	5300	FEDERAL EXPRESS-SO	1	4.96 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
5.0000	EA	111	1809600 00801741027130	PPMRIfullSP9.6SrbINT		260.0000	\$1,300.00	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL: \$1,300.00

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DIVISION LEGEND:

101 CR Bard Corporate	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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

INVOICE

INVOICE			
INVOICE #		INVOICE DATE	SALES ORDER #
78065564		05/29/18	7172240 SZ
DIV	SHIP TO	SOLD TO	BILL TO
109	10184266	10161449	10161449
GLN SHIP TO		GLN BILL TO	
CUSTOMER SERVICE		CUSTOMER PO #	
800-556-6275		749-6741724	
REMIT TO:			
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275			

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER		CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/29/18	11224193	5300	FEDERAL EXPRESS-2D		1	2.37 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION			UNIT PRICE	EXTENDED AMOUNT	T
2.0000	CA	109	1010010 10801741010436	Avitene Microfibrillar Flour Avitene 0.5 gram			366.1020	\$732.20	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$732.20

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

121 Bard International

122 Bard Japan

140 Bard Shannon



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

INVOICE

INVOICE					
INVOICE #		INVOICE DATE		SALES ORDER #	
78066150		05/29/18		7173667 SZ	
DIV		SHIP TO		SOLD TO	
111		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				749-6742003	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
05/29/18	11225779	5300	FEDERAL EXPRESS-SO	1	3.72 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	111	121816 10801741084642	BiopsyInstrument BardMonopty 18Ga16cm		320.1000	\$320.10	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$320.10

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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



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

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INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78124111		06/12/18		7222124 SZ	
DIV	SHIP TO	SOLD TO		BILL TO	
109	10184266	10161449		10161449	
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			749-6751142		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

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1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
06/12/18	11289098	5300	FEDERAL EXPRESS-2D	1	1.36 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION			UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	5955460 00801741031724	VentralightST wEchoPS 4"x6"Eli			531.6000	\$531.60	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$531.60

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.

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



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

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INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78195855		06/28/18		7249749 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
101	10184266		10161449		10161449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-526-4455			749-6755529		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
06/28/18	11325982	5300	FEDERAL EXPRESS-GRD	1	8.71 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
1.0000	CA	107	7008A 10801741112512	RefillFreshAir Medi-Aire 8oz		125.2800	\$125.28	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$125.28

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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



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

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ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78193314		06/28/18		7249790 SZ	
DIV	SHIP TO	SOLD TO		BILL TO	
109	10184266	10161449		10161449	
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			749-6755539		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
06/28/18	11326011	5300	FEDERAL EXPRESS-2D	1	1.94 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION			UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	1010010 10801741010436	Avitene Microfibrillar Flour Avitene 0.5 gram			366.1020	\$366.10	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$366.10

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DIVISION LEGEND:

101 CR Bard Corporate	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



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100 CROSSINGS BLVD
WARWICK RI 02886

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INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78193290		06/28/18		7239942 SZ	
DIV		SHIP TO		SOLD TO	
109		10184266		10161449	
GLN SHIP TO		GLN BILL TO			
CUSTOMER SERVICE		CUSTOMER PO #			
800-556-6275		749-6753898			
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
06/28/18	11314046	5300	FEDERAL EXPRESS-2D	1	2.66 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION			UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	5955600 00801741031731	VentralightST wEchoPS 6" Circl			825.0000	\$825.00	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$825.00

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DIVISION LEGEND:	101 CR Bard Corporate	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
	104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
	106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78193428		06/28/18		7267377 SO	
DIV		SHIP TO		SOLD TO	
111		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				749-6758651	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
06/28/18	11349136	5300	FEDERAL EXPRESS-SO	1	5.76 LB	PPD			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
6.0000	EA	111	1809600 00801741027130	PPMRifullSP9.6SirbINT		260.0000	\$1,560.00	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$1,560.00

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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



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78193291		06/28/18		7239982 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
111	10184266		10161449		10161449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-321-4254			749-6753883		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

BILL TO:

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

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
06/28/18	11314100	5300	FEDERAL EXPRESS-SO	1	5.76 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
6.0000	EA	111	1809600 00801741027130	PPMRfullSP9.6SlrbINT		260.0000	\$1,560.00	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$1,560.00

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DIVISION LEGEND:

101 CR Bard Corporate	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78212273		07/03/18		7297440 SZ	
DIV	SHIP TO	SOLD TO		BILL TO	
109	10184266	10161449		10161449	
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			749-6763695		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
07/03/18	11390411	5300	FEDERAL EXPRESS-2D	1	2.80 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
3.0000	CA	109	1010010 10801741010436	Avitene Microfibrillar Flour Avitene 0.5 gram		366.1020	\$1,098.31	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$1,098.31

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DIVISION LEGEND:			
101 CR Bard Corporate	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78211025		07/03/18		7294249 SZ	
DIV	SHIP TO		SOLD TO		BILL TO
111	10184266		10161449		10161449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-321-4254			749-6762995		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
07/03/18	11386755	5300	FEDERAL EXPRESS-SO	1	2.31 LB	PPD			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
2.0000	CA	111	864017D 10801741032254	UltraClipDualTrigger UltraClip 17g x 10cm Coil		370.0000	\$740.00	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$740.00

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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



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78255803		07/16/18		7336056 SO	
DIV	SHIP TO		SOLD TO		BILL TO
109	10184266		10161449		10161449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			749-6769920		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
07/16/18	11438441	5300	FEDERAL EXPRESS-2D	1	1.15 LB	TPB	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
2.0000	CA	109	0117070 00801741030963	PERFIX LIGHT PLUG LARGE	171.6000	\$343.20	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$343.20

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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



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 DATE	SALES ORDER #
45401435	07/17/18	S6952722
SALES REP	SHIP TO	SOLD TO
T5564648	10083865	10083865
GLN SHIP TO	GLN SOLD TO	GLN BILL TO
CUSTOMER SERVICE	CUSTOMER PO #	
1-800-545-0890	749-6769913	
REMIT TO:		
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275		

SHIP TO:

NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/17/18			FXGR	1	2.00		450615984274	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	1
1	CS		900013B01 10801741037778	OQ500153189297 PLEASE SEND FAX CONFIRMATIONS OF PRICING TO 662-624-3397. P NG KIT, 21 GA, 10 PACK		236.6000	\$236.60	

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PAYMENT TERMS: NET 30

INVOICE TOTAL:

\$236.60

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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 DATE		SALES ORDER #	
45401346		07/17/18		S6952592	
SALES REP		SHIP TO		SOLD TO	
T5564648		10083865		10161449	
GLN SHIP TO		GLN SOLD TO		GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
1-800-545-0890				749-6769870	
REMIT TO:					
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
07/17/18			FXGR	1	3.00		422321762135
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION	UNIT PRICE	EXTENDED AMOUNT	T
2	CS		0642210 10801741047685	OQ500153173587 SWIS, 22 ga x 1.0 in (Sterile) 233613	87.4000	\$174.80	

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PAYMENT TERMS: NET 30

INVOICE TOTAL:

\$174.80

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DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78282783		07/23/18		7357785 SO	
DIV	SHIP TO		SOLD TO		BILL TO
109	10184266		10161449		10161449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			749-6773093		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/23/18	11466673	5300	FEDERAL EXPRESS-2D	2	2.48 LB	TPB		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1.0000	CA	109	0117060 00801741030956	PERFIX LIGHT PLUG MEDIUM		169.6000	\$169.60	N
1.0000	CA	109	5955450 00801741031717	VentralightSTwEcho PS 4.5"Circ		580.0000	\$580.00	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$749.60

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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



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78290604		07/24/18		7367022 SO	
DIV		SHIP TO		SOLD TO	
109		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-556-6275				749-6774131	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
07/24/18	11478073	5300	FEDERAL EXPRESS-2D	1	1.94 LB	TPB			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
1.0000	CA	109	1010010 10801741010436	Avitene Microfibrillar Flour Avitene 0.5 gram		366.1020	\$366.10	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$366.10

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DIVISION LEGEND:

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104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



BARD PERIPHERAL VASCULAR INC
1415 W 3RD ST
TEMPE AZ 85281

BILL TO:

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

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78312034		07/30/18		7335788 SZ	
DIV		SHIP TO		SOLD TO	
111		10184266		10161449	
GLN SHIP TO				GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
800-321-4254				749-6769913	
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
07/30/18	11497538	5300	FEDERAL EXPRESS-SO	1	3.15 LB	PPD		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
3.0000	EA	111	1809600 00801741027130	PPMRIfullSP9.6SrbINT		260.0000	\$780.00	N

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$780.00

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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

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		