

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05678

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Cardinal Health 200, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)														
	Other names the creditor used with the debtor _____														
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____														
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0"><tr><td>Where should notices to the creditor be sent?</td><td>Where should payments to the creditor be sent? (if different)</td></tr><tr><td><u>Debra A. Willet, VP & Assoc. General Counsel</u> Name</td><td>_____ Name</td></tr><tr><td><u>7000 Cardinal Place</u> Number Street</td><td>_____ Number Street</td></tr><tr><td><u>Dublin OH 43017</u> City State ZIP Code</td><td>_____ City State ZIP Code</td></tr><tr><td>Contact phone <u>614.757.3428</u></td><td>Contact phone _____</td></tr><tr><td>Contact email <u>Debra.Willet@Cardinalhealth.com</u></td><td>Contact email _____</td></tr><tr><td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____</td></tr></table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	<u>Debra A. Willet, VP & Assoc. General Counsel</u> Name	_____ Name	<u>7000 Cardinal Place</u> Number Street	_____ Number Street	<u>Dublin OH 43017</u> City State ZIP Code	_____ City State ZIP Code	Contact phone <u>614.757.3428</u>	Contact phone _____	Contact email <u>Debra.Willet@Cardinalhealth.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____	
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Contact email <u>Debra.Willet@Cardinalhealth.com</u>	Contact email _____														
Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____															
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): <u>No. 37</u> Filed on <u>01/18/2019</u> MM / DD / YYYY														
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____														

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

6. Do you have any number you use to identify the debtor? No
Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 11,021.50 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

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 loan? 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: Potential recoupment and/or setoff of \$450.93 in credits

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

No

Yes. Check one:

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.	\$ <u>6,062.26</u>

* 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 05/09/2019
MM / DD / YYYY

Brad K Phister
Signature

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

Name Bradley Keith Phister
First name Middle name Last name

Title Credit Advisor

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

Address 7000 Cardinal Place
Number Street

Dublin OH 43017
City State ZIP Code

Contact phone _____ Email _____

CLARKSDALE REGIONAL MEDICAL CENTER
Case No. 18-05678
Chapter 11

Rider to Amended Proof of General Unsecured Claim of Cardinal Health 200, LLC

This Amended Proof of Claim of Cardinal Health 200, LLC (“CH 200”), and its affiliates, against Clarksdale Regional Medical Center (“Clarksdale Regional” or the “Debtor”), in the amount of \$11,021.50, arises out of the following circumstances.

Cardinal Health, Inc. (“Cardinal Health”) is an approximately \$130 billion global company that specializes in medical and pharmaceutical distribution, technologies and supply services to various health organizations including, but not limited to, hospitals, pharmacies, nursing homes, imaging centers and clinics. Cardinal Health employs more than 30,000 people in over ten countries, and has numerous facilities worldwide. CH 200, a subsidiary of Cardinal Health, provides certain medical and surgical supplies and distribution services to various entities, including, but not limited to, hospitals, clinics, and nursing homes. Clarksdale Regional executed the Credit Application, previously attached to the original Proof of Claim **Exhibit A**, in connection with its request that Cardinal Health provide certain medical and surgical supplies to it.

As of the Petition Date, Clarksdale Regional owed CH 200 \$11,021.50 for unpaid medical and surgical supplies shipped to Clarksdale Regional pre-petition (the “CH 200 Clarksdale Pre-Petition Claim”). This amount is further subject to the recoupment or setoff of credits in the amount of \$450.93, which would result in a net total unsecured claim of CH 200 of \$10,570.12. A summary chart reflecting the invoices comprising the total pre-petition claim of CH 200, including the invoices comprising the CH 200 Clarksdale Pre-Petition Claim, was attached to the original Proof of Claim as **Exhibit B**. Proofs of delivery for the 503(b)(9) period, to the extent available, are attached here as **Exhibit C**.

Simultaneously herewith, CH 200 is filing a 503(b)(9) administrative claim in the amount of \$6,062.26 for unpaid supplies provided to the Debtor in the twenty day prior to the Debtor's bankruptcy filing (the "CH 200 Clarksdale 503(b)(9) Claim"). CH 200 is not seeking a double-recovery; to the extent that the CH 200 Clarksdale 503(b)(9) Claim is paid, the CH 200 Clarksdale Pre-Petition Claim should be reduced accordingly. Thus, if the CH 200 Clarksdale 503(b)(9) Claim is paid in full, the CH 200 Clarksdale Pre-Petition Claim will be reduced to \$4,958.79, less any credits which CH 200 may recoup or be permitted to set off. However, to the extent that the CH 200 Clarksdale 503(b)(9) Claim is not paid in full as an administrative expense, CH 200 reserves the right to seek payment of the entire CH 200 Clarksdale Pre-Petition Claim.

CH 200, and its affiliates, reserve their rights to amend and supplement this Proof of Claim and/or to file additional proofs of claim for additional claims or administrative claims, as they may deem appropriate. The filing of this Proof of Claim by CH 200 is not intended as, and shall not be construed as CH 200's consent to the determination of the Debtor's liability to CH 200 by any particular court, including, without limitation, the Bankruptcy Court.

EXHIBIT C



January 17, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **431337929959**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 15, 2018 13:07
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	431337929959	Ship date:	Aug 13, 2018
		Weight:	11.8 lbs/5.4 kg

Recipient:
CLARKSDALE, MS US

Shipper:
GRAND PRAIRIE, TX US

Reference

8094387966

Purchase order number:

749-6785130

Shipment Id

431337929959

Thank you for choosing FedEx.



January 17, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **431337931205**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 15, 2018 13:07
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	431337931205	Ship date:	Aug 13, 2018
		Weight:	2.2 lbs/1.0 kg

Recipient:
CLARKSDALE, MS US

Shipper:
GRAND PRAIRIE, TX US

Reference	8094387966
Purchase order number:	749-6785130
Shipment Id	431337931205

Thank you for choosing FedEx.

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):**

<p><i>Creditor:</i> (6729412) CARDINAL HEALTH 200 LLC 7000 CARDINAL PLACE DUBLIN, OH 43017</p>	<p>Claim No: 37 <i>Original Filed</i> <i>Date:</i> 01/18/2019 <i>Original Entered</i> <i>Date:</i> 01/18/2019 <i>Last Amendment</i> <i>Filed:</i> 05/09/2019 <i>Last Amendment</i> <i>Entered:</i> 05/09/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> DANIEL HAYS PURYEAR <i>Modified:</i></p>
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Amount claimed: \$11021.50
 Secured claimed: \$0.00
 Priority claimed: \$6062.26

History:

- [Details](#) [37-1](#) 01/18/2019 Claim #37 filed by CARDINAL HEALTH 200 LLC, Amount claimed: \$70777.52 (PURYEAR, DANIEL)
- [Details](#) [37-2](#) 05/09/2019 Amended Claim #37 filed by CARDINAL HEALTH 200 LLC, Amount claimed: \$11021.50 (PURYEAR, DANIEL)

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*	\$11021.50
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	\$0.00	
Priority	\$6062.26	
Administrative		