

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
 1/21/2019
 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?	HENRY SCHEIN _____ 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?	Where should notices to the creditor be sent? HENRY SCHEIN _____ Name 135 DURYEA ROAD MELVILLE, NY 11747 Contact phone <u>631-843-5769</u> Contact email <u>abe.thomas@henryschein.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 _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4214</u>
7. How much is the claim?	\$ <u>1041.95</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. <u>Goods Sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	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 1/21/2019
MM / DD / YYYY

/s/ Abraham Thomas

Signature

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

Name Abraham Thomas
First name Middle name Last name

Title Shared Services Credit Analyst

Company Henry Schein Inc

Address 135 Duryea Road
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street
Melville, NY 11747-3834
City State ZIP Code

Contact phone 631-843-5769 Email abe.thomas@henryschein.com

Debtor: 2474214 Northwest MS Regional Med

Invoice Date	Type	Invoice#	1-inv/ 2-backord	Doc#	PO#	Gross Amt	Open Amt	
10/13/2017	RI	46447669	01	46447669	829-6554231	\$792.94	\$691.81	
4/11/2018	RI	52256728	01	52256728	749-6709028	\$350.14	\$350.14	
					TOTAL =	1,143.08	1,041.95	0.00

INVOICE

SHIP TO/SOLD TO:
 Joseph Shleweet DI
 Northwest MS Regional Med
 1970 Hospital Dr
 CSEE Hlth Mgmt/Dntl Surg Dept
 Clarksdale, MS 38614-7202

BILL TO:
 Northwest MS Regional Med DI
 PO Box 1218
 Clarksdale, MS 38614-1218

010000247421446447669110000000000792941013174

Northwest MS Regional Med
 PO Box 1218
 Clarksdale, MS 38614-1218

BILL TO	SHIP TO	INVOICE AMOUNT
2474214	630630	792.94

INVOICE#	INVOICE DATE
46447669	10/13/17

CUSTOMER PO#
829-6554231

ORDER#	ORDER DATE	DUE DATE
56874981	10/12/17	11/12/17

D&B#:01-243-0880
 WHSE DEA# RH0238192 Fed ID: 11-3136595

LINE NO	ITEM CODE	UNIT SIZE	DESCRIPTION & STRENGTH	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM STATUS	UNIT PRICE	EXTENSION	BOX NO	REM
This order has been processed by our SOUTHWEST D.C. 1001 NOLEN DR. #400 GRAPEVINE, TX 76051										
FAX ORDER BY YATASHA MUSKIN PH# 662-624-3435										
1	777-9189	5/BX	3M CROWNS SS 2ND PRIM MOL E-UR-4	1	1	T	42.99	42.99	1	
2	777-3857	5/BX	3M CROWNS SS 2ND PRIM MOL E-UL-3	1	1	T	42.99	42.99	1	
3	777-5599	5/BX	3M CROWNS SS 1ST PRIM MOL D-LR-5	1	1	T	42.99	42.99	1	
4	777-1639	5/BX	3M CROWNS SS 1ST PRIM MOL D-LL-5	1	1	T	42.99	42.99	1	
5	777-5679	5/BX	3M CROWNS SS 1ST PRIM MOL D-UL-5	1	1	T	42.99	42.99	1	
6	777-1753	5/BX	3M CROWNS SS 1ST PRIM MOL D-UR-5	1	1	T	42.99	42.99	1	
7	777-0244	5/BX	3M CROWNS SS 2ND PRIM MOL E-LL-4	1	1	T	42.99	42.99	1	
8	777-8195	5/BX	3M CROWNS SS 2ND PRIM MOL E-LR-5	1	1	T	42.99	42.99	1	
9	777-7080	5/BX	3M CROWNS SS 2ND PRIM MOL E-LR-3	1	1	T	42.99	42.99	1	
10	777-8030	5/BX	3M CROWNS SS 1ST PRIM MOL D-LR-4	1	1	T	42.99	42.99	1	
11	777-6350	5/BX	3M CROWNS SS 2ND PRIM MOL E-LL-3	1	1	T	42.99	42.99	1	
12	777-7419	5/BX	3M CROWNS SS 1ST PRIM MOL D-LL-3	1	1	T	42.99	42.99	1	

BILL TO	SHIP TO	INVOICE#	INVOICE AMOUNT
2474214	630630	46447669	792.94
ORDER#	ORDER DATE	INVOICE DATE	# OF BOXES
56874981	10/12/17	10/13/17	1
CUSTOMER PO#		INVOICE#	# OF BOXES
829-6554231		46447669	1

ITEM STATUS KEY

- B - Backordered; Item will follow
- D - Discontinued; Item no longer available
- F - Special offer
- M - Manufacturer will ship Item directly to you
- P - Prescription Drug; Return Authorization Required
- R - Refrigerated Item; May be shipped separately
- S - Special Schein Pricing
- T - Taxable Item
- U - Temporarily unavailable, please reorder
- * - Item has SDS

REM KEY

- SK - School Kit
- NC - No Charge

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 Clarksdale, MS 38614-7202

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010000247421446447669110000000000792941013174

Northwest MS Regional Med
 PO Box 1218
 Clarksdale, MS 38614-1218

BILL TO	SHIP TO	INVOICE AMOUNT
2474214	630630	792.94

INVOICE#	INVOICE DATE
46447669	10/13/17

CUSTOMER PO#
829-6554231

Please detach here and mail the above with your payment

ORDER#	ORDER DATE	DUE DATE
56874981	10/12/17	11/12/17

D&B#:01-243-0880
 WHSE DEA# RH0238192 Fed ID: 11-3136595

LINE NO	ITEM CODE	UNIT SIZE	DESCRIPTION & STRENGTH	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM STATUS	UNIT PRICE	EXTENSION	BOX NO	REM	
13	777-3651	5/BX	3M CROWNS SS 1ST PRIM MOL D-LL-4	1	1	T	42.99	42.99	1		
14	777-9629	5/BX	3M CROWNS SS 2ND PRIM MOL E-UR-6	1	1	T	42.99	42.99	1		
15	777-7814	5/BX	3M CROWNS SS 1ST PRIM MOL D-UR-7	1	1	T	42.99	42.99	1		
16	777-2296	5/BX	3M CROWNS SS 2ND PRIM MOL E-UL-4	1	1	T	42.99	42.99	1		
17	777-7319	5/BX	3M CROWNS SS 2ND PRIM MOL E-UL-5	1	1	T	42.99	42.99	1		
===== PLEASE REFER TO BACK OF PAPERWORK FOR DISCLOSURES/TERMS OF SALE M/F: PO# 829-6554231 829 CLARSDALE STORES =====											
								MERCHANDISE TOTAL	730.83		
								SALES TAX	51.88		
								INSURANCE AND/OR FREIGHT	10.23		
								Invoice Date + 30 days	792.94		
Please remit payments only to the following address: Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055-0241											

BILL TO	SHIP TO	INVOICE#	INVOICE AMOUNT
2474214	630630	46447669	792.94
ORDER#	ORDER DATE	INVOICE DATE	# OF BOXES
56874981	10/12/17	10/13/17	1
CUSTOMER PO#		ORDER#	QUANTITY
829-6554231		2	2

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INVOICE

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 CSEE Hlth Mgmt/Dntl Surg Dept
 Clarksdale, MS 38614-7202

BILL TO:
 Northwest MS Regional Med DI
 PO Box 1218
 Clarksdale, MS 38614-1218

010000247421452256728110000000000350140411189

Northwest MS Regional Med
 PO Box 1218
 Clarksdale, MS 38614-1218

BILL TO	SHIP TO	INVOICE AMOUNT
2474214	630630	350.14

INVOICE#	INVOICE DATE
52256728	4/11/18

CUSTOMER PO#
749-6709028

Please detach here and mail the above with your payment

ORDER#	ORDER DATE	DUE DATE
62659791	04/10/18	05/11/18

D&B#:01-243-0880
 WHSE DEA# RH0238192 Fed ID: 11-3136595

LINE NO	ITEM CODE	UNIT SIZE	DESCRIPTION & STRENGTH	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM STATUS	UNIT PRICE	EXTENSION	BOX NO	REM
This order has been processed by our SOUTHWEST D.C. 1001 NOLEN DR. #400 GRAPEVINE, TX 76051										
FAX ORDER BY YATASHA MUSKIN PH# 662-624-3435										
1	777-5679	5/BX	3M CROWNS SS 1ST PRIM MOL D-UL-5	2	2		42.99	85.98	4	
2	107-8831	400/PK	MICROBRUSH APPLICATORS SF WHITE	4	4		28.99	115.96	4	
3	102-4581	6/CA	RAPID DEVELOPER & FIXER 3FX+3DV	3	3	*C	45.99	137.97	3	
CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.										
PLEASE REFER TO BACK OF PAPERWORK FOR DISCLOSURES/TERMS OF SALE M/F: PO# 749-6709028 749 CLARKSDALE CURAE STORES										
								MERCHANDISE TOTAL	339.91	
								INSURANCE AND/OR FREIGHT	10.23	
								Invoice Date + 30 days	350.14	
Please remit payments only to the following address: Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055-0241										

BILL TO	SHIP TO	INVOICE#	INVOICE AMOUNT
2474214	630630	52256728	350.14
ORDER#	ORDER DATE	INVOICE DATE	# OF BOXES
62659791	04/10/18	4/11/18	4
CUSTOMER PO#	ORDER#	INVOICE#	QUANTITY
749-6709028	62659791	52256728	1

ITEM STATUS KEY
B - Backordered; Item will follow
D - Discontinued; Item no longer available
F - Special offer
M - Manufacturer will ship Item directly to you
P - Prescription Drug; Return Authorization Required
R - Refrigerated Item; May be shipped separately
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T - Taxable
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REM KEY
SK - School Kit
NC - No Charge

Dental Terms & Conditions

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subject to a bundled discount or rebate pursuant to a purchase offer, promotion, or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain this invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion, or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock.

Continental U.S.:

All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates:

Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

• All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS). • Special delivery orders and hazardous material shipments can be shipped via United Parcel Service (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 States):

If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state DEA registration. For controlled substances, furnish a copy of your DEA registration verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For information on our Controlled Substance Ordering System please visit www.henryschein.com/e222; if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, please mail the form to:

Henry Schein, Inc. • Suite 300, 5315 West 74th Street • Indianapolis, IN 46268

REGULATORY REQUIREMENTS:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

GUARANTEED SATISFACTION:

If you have tried a product and it is defective or does not perform satisfactorily, we will provide credit, exchange or refund. It's your choice.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable).
- Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Opened handpieces, small equipment, and custom-ordered equipment
- Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items
- Opened computer hardware and software
- Controlled substances • Hazardous materials
- Expired products • Items that cannot be returned to the manufacturer
- Any item marked non-returnable

Prescription Drug Returns:

Please note that in order to comply with Federal and State Pedigree requirements, Henry Schein's policy on the return of Rx Drugs is as follows:

Rx Drugs which Henry Schein has purchased from wholesalers are not returnable. These items will be identified in your invoice with the code WH.

Rx Drugs which are purchased by Henry Schein directly from the manufacturer may be returned providing that the following key elements are met:

- 1) Only returns due to error in order or delivery will be allowed.
- 2) Returns of Rx Drugs will only be accepted if Henry Schein is notified within 14 calendar days of receipt of the shipment and valid return authorization is issued by Henry Schein.
- 3) The Prescription Drug Marketing Act requires any customer returning Rx Drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning Rx Drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 4) In addition, Pedigree regulations require that the healthcare entity returning Rx Drugs certifies that the product being returned is the same exact product purchased from HSI.
- 5) Henry Schein will not issue credit for any returned Rx Drugs which have been tampered with, are out of date or where the labeling has been altered in any way.

To arrange for a return, simply call our Customer Service department;

(1.800.472.4346) 8am–9pm, est. Please see:

<http://www.Henryschein.com/dental/terms/ASP> for Conditions & Exceptions.

CHOOSE YOUR PAYMENT METHOD

2% Cash Back or Maximum Rewards on all purchases with the Henry Schein Credit Card. To apply now, call: 1.866.398.9296 or online www.henryschein.com/creditcard

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions.

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

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):
<i>Creditor:</i> (6729712)	Claim No: 48
HENRY SCHEIN	<i>Original Filed</i>
135 DURYE A ROAD	<i>Date:</i> 01/21/2019
MELVILLE, NY 11747	<i>Original Entered</i>
	<i>Date:</i> 01/21/2019
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$1041.95

History:

[Details](#) [48-1](#) 01/21/2019 Claim #48 filed by HENRY SCHEIN, Amount claimed: \$1041.95 (admin)

Description:

Remarks: (48-1) Account Number (last 4 digits):4214

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*	\$1041.95
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		