

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <i>Clarksdale Regional Medical Center Inc</i> Debtor.		Chapter 11 Case No. <i>18-05678</i>
NOTE: This form should be used <u>only</u> by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.) <i>Olympus Corporation of the Americas</i>	Name of debtor: (The entity owing money or property) <input type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input checked="" type="checkbox"/> <i>Clarksdale Regional Medical Center, Inc.</i> <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent: <i>3500 Corporate Parkway Center Valley, PA 18034 Attn Joseph McNamara</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Telephone number: <i>484-896 5371</i> Email: <i>Joseph.McNamara@Olympus.com</i>		FILED JAN 22 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: <i>0455</i>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____. Filed on: _____.	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <i>From 8/8/18 thru 8/23/18</i>	
3. Date goods were received by debtor: <i>From 8/9/18 thru 8/24/18</i>		
4. Total amount of claim as of the date the debt was incurred: <i>\$ 2,921.08</i>		

☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

5. Brief description of claim (attach any additional information):

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods: *Attached Spreadsheet*

Place of delivery of goods: *Clarksdale HMA LLC 1970 Hospital Dr Clarksdale, MS 38614*

Method of delivery of goods: *FOB Fedex*

Name of carrier of goods:

Value of goods: *\$ 2,921.08*

Whether the value of goods listed in this claim relates to services and goods: *y/cs*

The percentage of value related to services and the percentage of value related to goods: *100% goods*

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: *No*

Attach supporting materials required by field 8 and instructions below.

6. Credits, setoffs, and counterclaims:

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

☐ This claim is subject to setoff or counterclaim as follows:

7. Assignment:

☐ Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

10. Signature:

Check the appropriate box.

☒ I am the creditor.

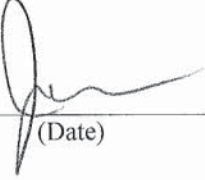
☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).

☐ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: Joseph McNamara
Title: Sr. Mgr Credit Risk
Company: Olympus Corporation of the Americas
Address and telephone number (if different from notice address above):


(Date) 1/18/19

484-896-5371 Joseph.McNamara@olympus.com
Telephone number: Email:

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by **January 21, 2019**.

Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by **January 21, 2019**. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before **January 21, 2019**, to the following address:

Office of the Clerk of the United States Bankruptcy Court
for the Middle District of Tennessee
(Nashville Division)
Customs House Room 170
701 Broadway
Nashville, TN 37203

Items to be completed in proof of claim form.

Creditor's name and address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Debtor's name:

Check the box next to the debtor from whom the debt is owed.

Account or other number by which creditor identifies debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

2. Date debt was incurred:

State the date or dates on which the debt was incurred.

3. Date goods received by debtor:

State the date or dates on which the goods underlying the claim were received by the debtor.

Administrative Expense Claim

Parent #	Doc Type	Invoice #	Line	SAP Doc #	Assignment #	Invoice Date	Due Date	DBT	Invoice Amount (Trading)	Purchase Order	Order #	Terms	SAP Short Text	Reference	Proof of Delivery
20010455	RV	96137494	001	SV9000698167	749-6755600	8/08/2018	9/07/2018	132	1,471.00	749-6755600	70862366	NT30		1	0070862366
20010455	RV	96159879	001	SO 7735069	749-6786068	8/14/2018	9/13/2018	126	112.32	749-6786068	7735069	NT30			0083227520
20010455	RV	96185897	001	SO 7745617	749-6784144	8/20/2018	9/19/2018	120	443.00	749-6784144	7745617	NT30			0083239830
20010455	RV	96192147	001	SO 7746250	749-6789316	8/21/2018	9/20/2018	119	821.76	749-6789316	7746250	NT30			0083240763
20010455	RV	96206108	001	SO 7753807	749-6791277	8/23/2018	9/22/2018	117	73.00	749-6791277	7753807	NT30			0083249727
Total									2,921.08						



Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96137494

Mail Remittance To:

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE, MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE, MS 38614-7202	

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Information

Invoice Date (Due Date)	08/08/2018 (09/07/2018)
Delivery No.	
Ref Sales Order No.	70862366 (08/08/2018)
Customer PO No.	749-6755600
Payer No.	20010455
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	FREIGHT FREIGHT FREIGHT and HANDLING Serial No. (06-82814)		1	55.00	55.00
20	506D00000 506D00000 "MONITOR REPAIR, LEVEL 4" Serial No. () THANK YOU FOR YOUR ORDER		1	1,416.00	1,416.00

Freight	:	0.00
Net Value	:	1,471.00
Total Before Tax	:	1,471.00
Tax	:	0.00
Total Amount (USD)	:	1,471.00

Notes

Tracking #:

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96159879**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20010455

CLARKSDALE HMA LLC
PO Box 1218
CLARKSDALE, MS 38614-1218

Ship-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Sold-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Information

Invoice Date (Due Date)	08/14/2018 (09/13/2018)
Delivery No.	83227520
Ref Sales Order No.	7735069 (08/14/2018)
Customer PO No.	749-6786068
Payer No.	20010455
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	EDI EDI

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
2	MAJ-209 GL2166 MAJ-209 DIS BRONCH SUCTION VALVE BX 20 Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	112.32	112.32
Freight					0.00
Net Value					112.32
Total Before Tax					112.32
Tax					0.00
Total Amount (USD)					112.32
Notes					
Tracking #: 438711097688-Fedex 2nd Day					

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96185897**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20010455

CLARKSDALE HMA LLC
PO Box 1218
CLARKSDALE, MS 38614-1218

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Sold-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Attn:

Information

Invoice Date (Due Date)	08/20/2018 (09/19/2018)
Delivery No.	83239830
Ref Sales Order No.	7745617 (08/20/2018)
Customer PO No.	749-6784144
Payer No.	20010455
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	TASHA MUSKIN

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-211D.A N5431830 FB-211D.A DISP BIOP FOR ALLGTR JAW 2.0MM Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	443.00	443.00
Freight					0.00
Net Value					443.00
Total Before Tax					443.00
Tax					0.00
Total Amount (USD)					443.00
Notes					

Tracking #: 438711189822-Fedex Next Day AM					

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96192147**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20010455

CLARKSDALE HMA LLC
PO Box 1218
CLARKSDALE, MS 38614-1218

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Sold-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Information

Invoice Date (Due Date)	08/21/2018 (09/20/2018)
Delivery No.	83240763
Ref Sales Order No.	7746250 (08/20/2018)
Customer PO No.	749-6789316
Payer No.	20010455
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	EDI EDI

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
2	A4825 A4825 A4825 SEMI-RIGID FOREIGN BODY GRASP 5Fr Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	410.88	821.76
Freight					0.00
Net Value					821.76
Total Before Tax					821.76
Tax					0.00
Total Amount (USD)					821.76
Notes					
Tracking #: 438711199396-Fedex 2nd Day					

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96206108**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20010455

CLARKSDALE HMA LLC
PO Box 1218
CLARKSDALE, MS 38614-1218

Ship-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Sold-To 20010455

CLARKSDALE HMA LLC
1970 HOSPITAL DR
CLARKSDALE, MS 38614-7202

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Information

Invoice Date (Due Date)	08/23/2018 (09/22/2018)
Delivery No.	83249727
Ref Sales Order No.	7753807 (08/23/2018)
Customer PO No.	749-6791277
Payer No.	20010455
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	EDI EDI

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
2	006775-901 006775-901 006775-901 Fluid Collection Set 5bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	73.00	73.00
Freight					0.00
Net Value					73.00
Total Before Tax					73.00
Tax					0.00
Total Amount (USD)					73.00
Notes					
Tracking #: 438711264946-Fedex 2nd Day					

Page 1 of 1

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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: (6826633)
OLYMPUS CORPORATION
OF THE AMERICAS
(ADMINISTRATIVE)
3500 CORPORATE PARKWAY
CENTER VALLEY, PA
18034

Claim No: 50
Original Filed
Date: 01/22/2019
Original Entered
Date: 01/22/2019

Status:
Filed by: CR
Entered by: Intake2
Modified:

Admin claimed: \$2921.08

History:

[Details](#) [50-1](#) 01/22/2019 Claim #50 filed by OLYMPUS CORPORATION OF THE AMERICAS, Admin claimed: \$2921.08 (Intake2)

Description: (50-1) Goods sold

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*	
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	\$2921.08	