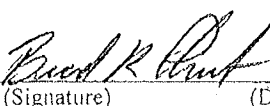


UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Clarksdale Regional Med. Ctr. Debtor.	Chapter 11 Case No. 18-05678	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used only by claimants asserting an administrative 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.) Cardinal Health 200, LLC	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"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	THIS SPACE IS FOR COURT USE ONLY
Name and addresses where notices should be sent: Debra A. Willet, Vice President, Assoc. General Counsel 7000 Cardinal Place Dublin, OH 43017 Telephone number: 614.757.3428 Email: Debra.Willet@ Cardinalhealth.com	<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.	
Last four digits of account or other number by which creditor identifies debtor:	<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): <u>38</u> Filed on: <u>1/18/2019</u> .	
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: VARIOUS	
3. Date goods were received by debtor: <u>VARIOUS</u>		
4. Total amount of claim as of the date the debt was incurred: <u>\$6,062.26</u>		

<input type="checkbox"/> 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): See Rider attached.	
Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: Medical and Surgical Supplies Shipment date of goods: Various Place of delivery of goods: Clarksdale Regional Medical Center Method of delivery of goods: Ground delivery Name of carrier of goods: FedEX Value of goods: \$6,062.26 Whether the value of goods listed in this claim relates to services and goods: No. 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: General unsecured claim is being filed simultaneously herewith. <u>Attach supporting materials required by field 8 and instructions below.</u>	
6. Credits, setoffs, and counterclaims: All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon. <input checked="" type="checkbox"/> This claim is subject to setoff or counterclaim as follows: Potential recoupment and/or setoff of certain credits	7. Assignment: <input type="checkbox"/> Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.
8. Supporting documents: <u>Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.</u> <u>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.</u> <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u> <u>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.</u>	
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. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> 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: Brad R Phister
 Title: Credit Advisor
 Company: Cardinal Health
 Address and telephone number (if different from notice address above): _____

 Telephone number: _____ Email: _____

 5/9/2019
 (Signature) (Date)

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.

4. Total amount of claim as of the date the debt was incurred:
 State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

5. Brief description of claim (attach any additional information):
 Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (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.

6. Credits, setoffs, and counterclaims:
 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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

7. Assignment:
 Check box and include copy of assignment if claimant obtained claim by way of assignment.

8. Supporting documents:
 Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: 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.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

9. Date and signature:
 The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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

Rider to Amended Proof of 503(b)(9) Administrative Claim of Cardinal Health 200, LLC

This amendment is being submitted to supplement and further clarify the amount and the basis of the 503(b)(9) administrative 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 \$6,062.26, 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 as **Exhibit A**, in connection with its request that CH 200 provide certain medical and surgical supplies to it.

As of the Petition Date, Clarksdale Regional owed CH 200 \$6,062.26 for unpaid medical and surgical supplies shipped to Clarksdale Regional in the twenty days prior to its bankruptcy filing (the “CH 200 Clarksdale 503(b)(9) Claim”). All goods were sold to the Debtor in the ordinary course of the Debtor’s business. 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 general unsecured claim in the total amount of \$11,021.50 for unpaid supplies provided to the Debtor 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.

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):

Creditor: (6906664)
Cardinal Health 200, LLC
(ADMINISTRATIVE)
7000 Cardinal Place
Dublin, Ohio 43017
Attn: Debra A. Willet

Claim No: 55 *Status:*
Original Filed *Filed by:* CR
Date: 05/09/2019 *Entered by:* DANIEL HAYS
Original Entered PURYEAR
Date: 05/09/2019 *Modified:*

Admin claimed: \$6062.26

History:

[Details](#) [55-1](#) 05/09/2019 Claim #55 filed by Cardinal Health 200, LLC, Admin claimed: \$6062.26 (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*	
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	\$6062.26	