

**Fill in this information to identify the case:**

Debtor 1	Amory Regional Physicians, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number:	<b>18-05680</b>

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**

<b>1. Who is the current creditor?</b>	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	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	HENRY SCHEIN	
	Name	Name
	135 DURYE A ROAD MELVILLE, NY 11747	
	Contact phone 631-843-5769	Contact phone
	Contact email abe.thomas@henryschein.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><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>9365</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>39339.06</u></p> <p><b>Does this amount include interest or other charges?</b>  <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).</p>
<p><b>8. What is the basis of the claim?</b></p>	<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).                  Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Goods Sold</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <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: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

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:	<b>Amount entitled to priority</b>
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

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 135 Duryea Road

Number Street

Melville, NY 11747-3834

City State ZIP Code

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

**Debtor: 3529365 Amory Physicians**

Invoice Date	Type	Invoice#	1-inv/ 2-backord	Doc#	PO#	Gross Amt	Open Amt	
6/20/2018	RI	54593399	01	54593399	130-9208	\$908.95	\$695.30	
6/21/2018	RI	54599157	01	54599157	130-9207	\$4,258.01	\$4,258.01	
7/17/2018	RI	55396211	01	55396211	130-9215	\$977.28	\$977.28	
7/18/2018	RI	55450106	01	55450106	130-9220	\$27.50	\$27.50	
7/18/2018	RI	55451158	01	55451158	130-9221	\$6,061.16	\$6,061.16	
7/20/2018	RI	55450107	01	55450107	130-9220	\$23.15	\$23.15	
7/23/2018	RI	55560982	01	55560982	130-9217	\$4,770.02	\$4,770.02	
7/23/2018	RI	55560991	01	55560991	130-9216	\$3,557.87	\$3,557.87	
7/24/2018	RI	55585444	02	55585444	130-9192	\$241.68	\$241.68	
7/24/2018	RI	55623160	01	55623160	130-9217	\$4,275.00	\$4,275.00	
7/25/2018	RI	55630636	02	55630636	130-9216	\$55.10	\$55.10	
7/26/2018	RI	55707739	02	55707739	130-9216	\$9.01	\$9.01	
7/27/2018	RI	55751562	02	55751562	130-9207	\$45.20	\$45.20	
7/30/2018	RI	55801000	01	55801000	130-9228	\$249.48	\$249.48	
7/31/2018	RI	55786278	02	55786278	130-9215	\$5.19	\$5.19	
7/31/2018	RI	55801870	02	55801870	130-9201	\$35.39	\$35.39	
7/31/2018	RI	55834829	01	55834829	130-9232	\$4,811.60	\$4,811.60	
7/31/2018	RI	55834816	01	55834816	130-9230	\$400.45	\$400.45	
8/2/2018	RI	55892867	01	55892867	130-9234	\$3,719.79	\$3,719.79	
8/3/2018	RI	55970674	02	55970674	130-9221	\$63.14	\$63.14	
8/3/2018	RI	55920452	02	55920452	130-9188	\$118.08	\$118.08	
8/7/2018	RI	56028090	03	56028090	130-9147	\$68.36	\$68.36	
8/7/2018	RI	55892868	01	55892868	130-9234	\$17.51	\$17.51	
8/10/2018	RI	56162517	02	56162517	130-9191	\$15.81	\$15.81	
8/10/2018	RI	56162522	03	56162522	130-9207	\$31.62	\$31.62	
8/13/2018	RI	56265877	02	56265877	130-9230	\$109.51	\$109.51	
8/13/2018	RI	56265893	02	56265893	130-9232	\$7.49	\$7.49	
8/13/2018	RI	56265776	01	56265776	130-9240	\$116.11	\$116.11	
8/14/2018	RI	56314373	01	56314373	130-9237	\$426.82	\$426.82	
8/15/2018	RI	56360734	01	56360734	130-9244	\$1,573.98	\$1,573.98	
8/15/2018	RI	56360745	01	56360745	130-9243	\$1,386.26	\$1,386.26	
8/15/2018	RI	56360715	01	56360715	130-9248	\$240.70	\$240.70	
8/23/2018	RI	56627562	01	56627562	08-23-2018	\$945.49	\$945.49	
					<b>TOTAL =</b>	<b>39,552.71</b>	<b>39,339.06</b>	<b>0.00</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	54593399
Invoice Date	:	06/20/18
Amount	:	908.95
Terms	:	Invoice Date + 45 days
Due Date	:	08/04/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

Cust # : 03529365	Ship Date : 06/20/18	Sls Ord # : 65067868
Cust P O # : 130-9208	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8917593	2	0	2x24/Bx	CoaguChek XS Test Strips Vials	202.0000	404.00	T
	** special contract price **						
9871301	1	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	38.29	T
	** special contract price **						
7770570	2	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	15.8400	31.68	T
	** special contract price **						
8407857	1	0	100/Bx	Needle Multi Sample 21Gx1	4.8500	4.85	T
	** special contract price **						
2636344	1	0	100/Bx	Lancet Unistik 2 Super Yellow 21G	19.0200	19.02	T
	** special contract price **						
1065920	1	0	Ea	Verruca-Freeze 100 Freeze Canister	342.4500	342.45	T
	** special contract price **						
1127069	6	0	Ea	Hydrogen Peroxide 3% 16oz	0.4400	2.64	T
	** special contract price **						
7772892	1	0	12/Bx	Durapore Surgical Tape 1"x10yds	6.5600	6.56	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

*Continued on next Page*

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936554593399110000000000908950620188

Cust #	:	03529365
Invoice #	:	54593399
Invoice Date	:	06/20/18
Amount	:	908.95
Terms	:	Invoice Date + 45 days
Due Date	:	08/04/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	54593399
Invoice Date	:	06/20/18
Amount	:	908.95
Terms	:	Invoice Date + 45 days
Due Date	:	08/04/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William Mccomb  
Amory MS 388215519

Cust # : 03529365	Ship Date : 06/20/18	Sls Ord # : 65067868
Cust P O # : 130-9208	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	849.49
Tax	59.46
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>908.95</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	54599157
Invoice Date	:	06/21/18
Amount	:	4,258.01
Terms	:	Invoice Date + 45 days
Due Date	:	08/05/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 06/21/18	Sls Ord # : 65067883
Cust P O # : 130-9207	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2480618	10	0	Ea	Hyalgan PF Syringe Qty 10+ 20Mg/2mL	87.0000	870.00	
	** special contract price **		NDC#: 89122072420				
2140006	2	0	Ea	Prolia 1mL Prefilled Syringe 60mg	1,043.8900	2,087.78	
	** special contract price **		NDC#: 55513071001				
	M2 - See message below for DSCSA compliance details						
9871301	6	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	229.74	T
	** special contract price **						
2270611	2	0	50/Bx	Quickvue Dipstick Strep A NonReturn	55.7800	111.56	T
	** special contract price **						
8917593	2	0	2x24/Bx	Coaguchek XS Test Strips Vials	202.0000	404.00	T
	** special contract price **						
1475913	2	0	100/Bt	Multistix 10 SG	29.6600	59.32	T
	** special contract price **						
9004331	2	0	36/Bx	Bandage Self Adherent 2" Multi-Col	12.2400	24.48	T
	** special contract price **						
1024486	6	0	30ml	Dexamethasone Sod Phos MDV 4mg/ml	7.6600	45.96	

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936554599157110000000004258010621189

Cust #	:	03529365
Invoice #	:	54599157
Invoice Date	:	06/21/18
Amount	:	4,258.01
Terms	:	Invoice Date + 45 days
Due Date	:	08/05/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	54599157
Invoice Date	:	06/21/18
Amount	:	4,258.01
Terms	:	Invoice Date + 45 days
Due Date	:	08/05/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 06/21/18	Sls Ord # : 65067883
Cust P O # : 130-9207	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	6	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	89.04	
1166621	1	0	25x1mL	Cyanocobalamin Inj (B-12) 1000mcg/m	85.3300	85.33	
9085362	8	0	1m/VI	Depo-Medrol Inj SDV W/Pres 40mg/mL	7.4800	59.84	
8908538	5	0	200/Bx	Alcohol Preps Sterile Medium	1.0700	5.35	T
1204568	1	0	Ea	Arm Sling Deluxe X-Irg	2.2400	2.24	T
1126133	5	0	100/Bx	Bandage Adhsv Strip Fabric LF 1"x3"	1.2700	6.35	T
1787919	1	0	Case	Electrode Q-Trace Gold Resting	39.0000	39.00	T
6663598	2	0	ea	Sharps Container Red Hinge Lid 8 Gallon	7.1900	14.38	T
9004978	1	0	12/Ca	Table Paper Smooth White 18"x225'	19.2900	19.29	T
7772892	1	0	12/Bx	Durapore Surgical Tape 1"x10yds	6.5600	6.56	T
6430062	1	0	Case	Angel Soft Facial Tissue	16.2000	16.20	T
9007433	1	0	100/Ca	Specimen Cntainr Sterile Bulk 4oz	9.5900	9.59	T
6100148	2	0	100/Bx	Castile Soap Towelettes	2.6400	5.28	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
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Sub-Total	4,191.29
Tax	66.72
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>4,258.01</b>





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55396211
Invoice Date	:	07/17/18
Amount	:	977.28
Terms	:	Invoice Date + 45 days
Due Date	:	08/31/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 07/17/18	Sls Ord # : 65857103
Cust P O # : 130-9215	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1475913	2	0	100/Bt	Multistix 10 SG	29.6600	59.32	T
	** special contract price **						
8917593	2	0	2x24/Bx	CoaguChek XS Test Strips Vials	202.0000	404.00	T
	** special contract price **						
6663598	4	0	ea	Sharps Container Red Hinge Lid 8 Gallon	7.1900	28.76	T
	** special contract price **						
6122561	6	0	EA	Sharps Container Horizontal Red 5.4Qt	6.0600	36.36	T
	** special contract price **						
9875900	2	0	50/Bx	SafetyGlide Needle 22Gx1-1/2	12.0400	24.08	T
	** special contract price **						
9875901	2	0	50/Bx	SafetyGlide Needle 25Gx5/8"	12.0400	24.08	T
	** special contract price **						
9004460	2	0	100/Bx	Syringe w/Needle 3cc 23gx1"	3.8900	7.78	T
	** special contract price **						
1593956	1	0	100/BX	Unistick II Lancets	16.6400	16.64	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035293655539621111000000000977280717181

Cust #	:	03529365
Invoice #	:	55396211
Invoice Date	:	07/17/18
Amount	:	977.28
Terms	:	Invoice Date + 45 days
Due Date	:	08/31/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55396211
Invoice Date	:	07/17/18
Amount	:	977.28
Terms	:	Invoice Date + 45 days
Due Date	:	08/31/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 07/17/18	Sls Ord # : 65857103
Cust P O # : 130-9215	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1126133	6	0	100/Bx	Bandage Adhsv Strip Fabric LF 1"x3"	1.2700	7.62	T
	** special contract price **						
1024857	1	0	2000/Bx	Cotton Balls N/S Medium	9.2300	9.23	T
	** special contract price **						
9004979	1	0	12/Ca	Table Paper Smooth White 21"x225'	23.1800	23.18	T
	** special contract price **						
1027763	6	0	100/Bx	Criterion CL Glove PF Latex Large	4.2500	25.50	T
	** special contract price **						
1048071	2	0	50/Bx	Earloop Mask Procedural Lavender	3.9800	7.96	T
	** special contract price **						
1202054	2	0	Ea	Nasal Cannula Non Flared Tube Adult 7 f	0.2700	0.54	T
	** special contract price **						
5665113	1	0	850/Bg	Kleenspec Disp Otopc Specula 4.25mm	19.6200	19.62	T
	** special contract price **						
1033383	6	0	Ea	Urine Hat Specimen Collector 800cc	0.6900	4.14	T
	** special contract price **						
6430062	12	0	100/Bx	Angel Soft Facial Tissue	0.5400	6.48	T
	** special contract price **						
5430105	1	0	1/Ga	Softsoap Soothing Soap Aloe Vera	10.5300	10.53	T
	Go to your online account to retrieve this MSDS/SDS, 105U754 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
3750168	1	0	25x1ml	Dexamethasone Sodphos SDV 4mg/ml	20.6000	20.60	
	** special contract price ** NDC#: 63323016501						
	M2 - See message below for DSCSA compliance details						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
	** special contract price ** NDC#: 00009307303						
	M2 - See message below for DSCSA compliance details						
1316926	1	0	3x10/Pk	Ondansetron OD Tablets UD 4mg	3.7700	3.77	
	** special contract price ** NDC#: 65862039010						
	WH - See message below for DSCSA details. This item is non-returnable						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	927.17
Tax	50.11
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>977.28</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55450106
Invoice Date	:	07/18/18
Amount	:	27.50
Terms	:	Invoice Date + 45 days
Due Date	:	09/01/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Pediatric Clinic  
1107 Earl Frye Blvd  
Ste 5 Jose Tavarez MD  
Amory MS 388215519

Cust # : 03529365	Ship Date : 07/18/18	Sls Ord # : 65899322
Cust P O # : 130-9220	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1127108	2	0	100/Bx	Needle Disposable 27gx1/2"	1.1200	2.24	T
	** special contract price **						
1208528	2	0	100/Bx	Lollipop Saf-T-Pop Suckers Assorted	11.7300	23.46	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	25.70
Tax	1.80
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>27.50</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555450106110000000000027500718180

Cust #	:	03529365
Invoice #	:	55450106
Invoice Date	:	07/18/18
Amount	:	27.50
Terms	:	Invoice Date + 45 days
Due Date	:	09/01/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55451158
Invoice Date	:	07/18/18
Amount	:	6,061.16
Terms	:	Invoice Date + 45 days
Due Date	:	09/01/18

Address Service Requested

Bill To:

Page 1 of 4

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 07/18/18	Sls Ord # : 65914018
Cust P O # : 130-9221	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9871301	5	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	191.45	T
	** special contract price **						
2636344	2	0	100/Bx	Lancet Unistik 2 Super Yellow 21G	19.0200	38.04	T
	** special contract price **						
1474712	1	0	25/Bx	Clinitek Micro Albumin Strip Plus	77.4400	77.44	T
	** special contract price **						
1000468	1	0	4000/Ca	Cotton Ball Medium Non Sterile	10.4900	10.49	T
	** special contract price **						
9004331	2	0	36/Bx	Bandage Self Adherent 2" Multi-Col	12.2400	24.48	T
	** special contract price **						
1000238	2	0	100/Bx	Tongue Depressors Sterile Adult 6"	1.8000	3.60	T
	** special contract price **						
8907727	1	0	300/Ca	Underpad Simplicity 17x24" Mod	29.5000	29.50	T
	** special contract price **						
9007433	2	0	100/Ca	Specimen Container Sterile Bulk 4oz	9.5900	19.18	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555451158110000000006061160718189

Cust #	:	03529365
Invoice #	:	55451158
Invoice Date	:	07/18/18
Amount	:	6,061.16
Terms	:	Invoice Date + 45 days
Due Date	:	09/01/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	55451158
Invoice Date	:	07/18/18
Amount	:	6,061.16
Terms	:	Invoice Date + 45 days
Due Date	:	09/01/18

Address Service Requested

Page 2 of 4

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 07/18/18	Sls Ord # : 65914018
Cust P O # : 130-9221	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9878204	2	0	100/Bx	Needle Disposable 30gx1/2"	7.0500	14.10	T
	** special contract price **						
1046304	2	0	Ea	Packing Strip Plain HSI 1/2"x5yd	1.5900	3.18	T
	** special contract price **						
1047976	2	0	Ea	Packing Strip Plain HSI 1/4"x5yd	1.4800	2.96	T
	** special contract price **						
5660460	4	0	250/SI	Probe Covers Disp SureTemp	3.6700	14.68	T
	** special contract price **						
1025421	3	0	100/Bx	Criterion PC Glove PF Latex Medium	4.2900	12.87	T
	** special contract price **						
2419593	1	0	100/Bt	Tablets Instant Bluing	12.5000	12.50	T
	** special contract price **						
9004677	1	0	10/Bx	Elastic Bandage LF 2" N/S Clip 2"x4.5yds	2.0500	2.05	T
	** special contract price **						
9004682	1	0	10/Bx	Elastic Bandage w/Velcro LF NS 3"x4.5yds	2.8900	2.89	T
	** special contract price **						
1200628	1	0	Ea	Arm Sling Deluxe Large	2.2400	2.24	T
	** special contract price **						
6663598	3	0	ea	Sharps Container Red Hinge Lid 8 Gallon	7.1900	21.57	T
	** special contract price **						
6542217	1	0	12/Bx	Suture Ethilon Mono Blk Fs1 3-0 18"	61.0400	61.04	
	** special contract price **						
9004978	1	0	12/Ca	Table Paper Smooth White 18"x225'	19.6800	19.68	T
	** special contract price **						
7846100	8	0	10/Bx	Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	118.72	
	** special contract price ** NDC#: 68180063310						
	M2 - See message below for DSCSA compliance details						
1148668	4	0	5mL/VI	Betamethasone Combo Inj Susp 6MG/mL	37.4500	149.80	
	** special contract price ** NDC#: 00517072001						
	M2 - See message below for DSCSA compliance details						
1314312	1	0	25/Bx	Ketorolac Inj IM SDV 2mL 60mg/2mL	27.6800	27.68	
	. NDC#: 47781058568						
	Go to your online account to retrieve this MSDS/SDS, 105NX55 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
	M2 - See message below for DSCSA compliance details						
3753662	1	0	25/Bx	Promethazine HCL Inj Amp 1mL 25mg/mL	25.5300	25.53	
	** special contract price ** NDC#: 00641149535						
	M2 - See message below for DSCSA compliance details						
9085362	12	0	1mL/VI	Depo-Medrol Inj SDV W/Pres 40mg/mL	7.4800	89.76	
	** special contract price ** NDC#: 00009307301						
	M2 - See message below for DSCSA compliance details						
9087936	6	0	1mL/VI	Depo-Medrol Inj SDV W/Pres 80mg/mL	15.3100	91.86	
	** special contract price ** NDC#: 00009347501						
	M2 - See message below for DSCSA compliance details						
1214083	1	0	25/Bx	Bupivacaine Hcl SDV 30mL 0.5%	33.4700	33.47	
	. NDC#: 55150017030						
	Go to your online account to retrieve this MSDS/SDS, 105S944 - If you can't access online options, call 1-800-472-4346.						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Continued on next Page



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55451158
Invoice Date	:	07/18/18
Amount	:	6,061.16
Terms	:	Invoice Date + 45 days
Due Date	:	09/01/18

Address Service Requested

Page 3 of 4

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 07/18/18	Sls Ord # : 65914018
Cust P O # : 130-9221	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2140006	3	0	Ea	M2 - See message below for DSCSA compliance details Prolia 1mL Prefilled Syringe 60mg	1,068.7500	3,206.25	
5700637	1	0	50Pr/Bx	** special contract price** NDC#: 55513071001 M2 - See message below for DSCSA compliance details Criterion Glv PF Ltx Surgical SIZE 6.5	19.1000	19.10	T
1203759	2	0	Ea	** special contract price** Shoe Post-Op Velcro Male Medium	4.1000	8.20	T
1203831	1	0	Ea	** special contract price** Wrist Support Contoured Rt-med	5.8200	5.82	T
3217445	1	0	10/Pk	** special contract price** NDC#: 60793070110 M2 - See message below for DSCSA compliance details Bicillin LA 2mL Syringe N/R 1.2M U	1,683.5100	1,683.51	

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	6,023.64
Tax	37.52
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>6,061.16</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55450107
Invoice Date	:	07/20/18
Amount	:	23.15
Terms	:	Invoice Date + 45 days
Due Date	:	09/03/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Pediatric Clinic  
1107 Earl Frye Blvd  
Ste 5 Jose Tavarez MD  
Amory MS 388215519

Cust # : 03529365	Ship Date : 07/20/18	Sls Ord # : 65899322
Cust P O # : 130-9220	Ship Via : Drop Ship	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9025817	2	0	96/Pk	Post-It Flag Bright Astd	5.3200	10.64	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
9060526	1	0	Ea	Candy Pops Dum Dum Stnd Up Bag	11.0000	11.00	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	21.64
Tax	1.51
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>23.15</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555450107110000000000023150720187

Cust #	:	03529365
Invoice #	:	55450107
Invoice Date	:	07/20/18
Amount	:	23.15
Terms	:	Invoice Date + 45 days
Due Date	:	09/03/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55560982
Invoice Date	:	07/23/18
Amount	:	4,770.02
Terms	:	Invoice Date + 45 days
Due Date	:	09/06/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

STATE REG#: 17073

Cust # : 03529365	Ship Date : 07/23/18	Sls Ord # : 65895819
Cust P O # : 130-9217	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1173572	2	0	2/Bx	I-Screen Cntrl Urine Pos/ Neg 20mL	90.7600	181.52	T
	** special contract price **						
9878393	2	0	50/Bx	Safety-Lok Blood Collection 21gx3/4"	38.2900	76.58	T
	** special contract price **						
9871301	2	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	76.58	T
	** special contract price **						
8100019	1	0	Case	Tube BC Vacuette Lith Hep Gel 4mL 13x75	196.0800	196.08	T
	** special contract price **						
6663598	2	0	ea	Sharps Container Red Hinge Lid 8 Gallon	7.1900	14.38	T
	** special contract price **						
1311682	1	0	500/Bt	Ibuprofen Tablets 400mg	11.1500	11.15	
	** special contract price ** NDC#: 67877031905						
2140006	4	0	Ea	Prolia 1mL Prefilled Syringe 60mg	1,043.8900	4,175.56	
	WH - See message below for DSCSA details. This item is non-returnable						
	** special contract price ** NDC#: 55513071001						
	M2 - See message below for DSCSA compliance details						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

*Continued on next Page*

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555560982110000000004770020723187

Cust #	:	03529365
Invoice #	:	55560982
Invoice Date	:	07/23/18
Amount	:	4,770.02
Terms	:	Invoice Date + 45 days
Due Date	:	09/06/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05680 Claim 14-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 13 of 50





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55560982
Invoice Date	:	07/23/18
Amount	:	4,770.02
Terms	:	Invoice Date + 45 days
Due Date	:	09/06/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William Mccomb  
Amory MS 388215519

STATE REG#: 17073

Cust # : 03529365	Ship Date : 07/23/18	Sls Ord # : 65895819
Cust P O # : 130-9217	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
Please refer to back of paperwork for Disclosures/Terms of Sale							
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a> . If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a> . If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	4,731.85
Tax	38.17
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>4,770.02</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55560991
Invoice Date	:	07/23/18
Amount	:	3,557.87
Terms	:	Invoice Date + 45 days
Due Date	:	09/06/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

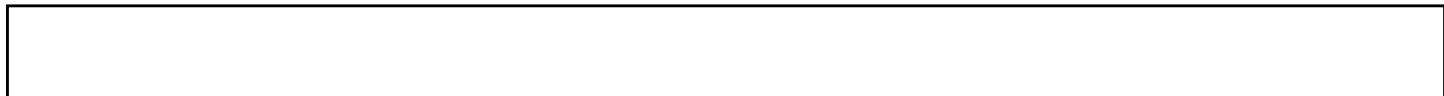
Cust # : 03529365	Ship Date : 07/23/18	Sls Ord # : 65866946
Cust P O # : 130-9216	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1460189	7	0	10/Bx	Lipid Panel	97.0700	679.49	T
	** special contract price **						
1746978	7	0	10/Bx	Panel Comprehensive Metabolic	97.0700	679.49	T
	** special contract price **						
6908199	1	0	50/Ca	Betadine SwabSticks 3's 1%	21.7100	21.71	T
	** special contract price ** NDC#: 67618015303						
	THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.						
1474712	1	0	25/Bx	Clinitek Micro Albumin Strip Plus	77.4400	77.44	T
	** special contract price **						
1475913	2	0	100/Bt	Multistix 10 SG	29.6600	59.32	T
	** special contract price **						
3270743	1	0	25/Bx	Osom Card Pregnancy Test	27.2300	27.23	T
	** special contract price **						
1284493	10	0	5ml/VI	Celestone Soluspan Inj MDV 6mg/ml	34.2300	342.30	
	** special contract price ** NDC#: 00085432001						
	M2 - See message below for DSCSA compliance details						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880



Remittance Section



010000352936555560991110000000003557870723189

Cust #	:	03529365
Invoice #	:	55560991
Invoice Date	:	07/23/18
Amount	:	3,557.87
Terms	:	Invoice Date + 45 days
Due Date	:	09/06/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05680 Claim 14-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 15 of 50



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55560991
Invoice Date	:	07/23/18
Amount	:	3,557.87
Terms	:	Invoice Date + 45 days
Due Date	:	09/06/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

Cust # : 03529365	Ship Date : 07/23/18	Sls Ord # : 65866946
Cust P O # : 130-9216	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1097814	2	0	25/Bx	Drug Screen Cassette 6-Panel	145.2100	290.42	T
	** special contract price ** THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST DISTRIBUTION CENTER.						
9087376	2	0	10ml/VI	Lincocin Injection 300mg	187.3000	374.60	
	** special contract price ** NDC#: 00009055502 M2 - See message below for DSCSA compliance details						
8917593	1	0	2x24/Bx	CoaguChek XS Test Strips Vials	202.0000	202.00	T
	** special contract price **						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
	** special contract price ** NDC#: 00009307303 M2 - See message below for DSCSA compliance details						
1259839	1	0	10/Pk	Tetanus Diphth Tox AD NR SDV 0.5ml	218.8500	218.85	
	. NDC#: 13533013101 Go to your online account to retrieve this MSDS/SDS, 105MI68 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
9007433	1	0	100/Ca	Specimen Cntainr Sterile Bulk 4oz	9.5900	9.59	T
	** special contract price **						
6100148	1	0	100/Bx	Castile Soap Towelettes	2.6400	2.64	T
	Go to your online account to retrieve this MSDS/SDS, 105I793 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
1314512	3	0	25/Bx	Cyanocobalamin Inj (B-12) 1mL 1000mcg/m	80.7900	242.37	
	** special contract price ** NDC#: 70069000510 M2 - See message below for DSCSA compliance details						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.

This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Midwest Distribution Center, 5315 WEST 74TH STREET, INDIANAPOLIS, IN 46268  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	3,414.43
Tax	143.44
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>3,557.87</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55585444
Invoice Date	:	07/24/18
Amount	:	241.68
Terms	:	Invoice Date + 45 days
Due Date	:	09/07/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

Cust # : 03529365	Ship Date : 07/24/18	Sls Ord # : 64557400
Cust P O # : 130-9192	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 06/05/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1279954	1	0	2/Pk	Epinephrine Auto Inject Adult 0.3mg NDC#: 00115169449 Go to your online account to retrieve this MSDS/SDS, 105NB19 - If you can't access online options, call 1-800-472-4346. ** special contract price ** WH - See message below for DSCSA details. This item is non-returnable	241.6800	241.68	

This is a backordered shipment for order:64557400 original invoice:54097393  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	241.68
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>241.68</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035293655558544110000000000241680724181

Cust #	:	03529365
Invoice #	:	55585444
Invoice Date	:	07/24/18
Amount	:	241.68
Terms	:	Invoice Date + 45 days
Due Date	:	09/07/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05680 Claim 14-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 17 of 50



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55623160
Invoice Date	:	07/24/18
Amount	:	4,275.00
Terms	:	Invoice Date + 45 days
Due Date	:	09/07/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

Cust # : 03529365	Ship Date : 07/24/18	Sls Ord # : 66116956
Cust P O # : 130-9217	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/24/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2140006	4	0	Ea	Prolia 1mL Prefilled Syringe 60mg	1,068.7500	4,275.00	
Comments: 07/24/18 cholm1 email request to same acct from colleen brittain reason contract price Entered By: CHOLM1 Reference Invoice: 55560982 Please refer to back of paperwork for Disclosures/Terms of Sale							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	4,275.00
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>4,275.00</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555623160110000000004275000724189

Cust #	:	03529365
Invoice #	:	55623160
Invoice Date	:	07/24/18
Amount	:	4,275.00
Terms	:	Invoice Date + 45 days
Due Date	:	09/07/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55630636
Invoice Date	:	07/25/18
Amount	:	55.10
Terms	:	Invoice Date + 45 days
Due Date	:	09/08/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

Cust # : 03529365	Ship Date : 07/25/18	Sls Ord # : 65866946
Cust P O # : 130-9216	Ship Via : UPS Lancaster/Harrisburg Zone5	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1273723	2	0	25/Bx	Ketorolac Inj IM SDV 2mL 60mg/2mL NDC#: 63323016202 Go to your online account to retrieve this MSDS/SDS, 105MY06 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	27.5500	55.10	

This is a backordered shipment for order:65866946 original invoice:55560991  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	55.10
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>55.10</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035293655563063611000000000055100725186

Cust #	:	03529365
Invoice #	:	55630636
Invoice Date	:	07/25/18
Amount	:	55.10
Terms	:	Invoice Date + 45 days
Due Date	:	09/08/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55707739
Invoice Date	:	07/26/18
Amount	:	9.01
Terms	:	Invoice Date + 45 days
Due Date	:	09/09/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

Cust # : 03529365	Ship Date : 07/26/18	Sls Ord # : 65866946
Cust P O # : 130-9216	Ship Via : United Parcel Zone 4	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
4972990	1	0	12/Ca	Catheter All Purpose 12fr	8.4200	8.42	T
** special contract price **							
This is a backordered shipment for order:65866946 original invoice:55560992 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	8.42
Tax	0.59
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>9.01</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555707739110000000000009010726182

Cust #	:	03529365
Invoice #	:	55707739
Invoice Date	:	07/26/18
Amount	:	9.01
Terms	:	Invoice Date + 45 days
Due Date	:	09/09/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55751562
Invoice Date	:	07/27/18
Amount	:	45.20
Terms	:	Invoice Date + 45 days
Due Date	:	09/10/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 07/27/18	Sls Ord # : 65067883
Cust P O # : 130-9207	Ship Via : United Parcel Zone 4	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1147523	1	0	25/Bx	Bupivacaine Hcl Vial 30mL 0.5% PF	45.2000	45.20	
** special contract price ** NDC#: 00409116202 MN - See message below for DSCSA compliance details							
This is a backordered shipment for order:65067883 original invoice:54599157 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	45.20
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>45.20</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555751562110000000000045200727184

Cust #	:	03529365
Invoice #	:	55751562
Invoice Date	:	07/27/18
Amount	:	45.20
Terms	:	Invoice Date + 45 days
Due Date	:	09/10/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	: 55801000
Invoice Date	: 07/30/18
Amount	: 249.48
Terms	: Invoice Date + 45 days
Due Date	: 09/13/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 07/30/18	Sls Ord # : 66296041
Cust P O # : 130-9228	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/30/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9210011	1	0	100/Ca	Pillow Covers White 21"x30"	12.8000	12.80	T
	** special contract price **						
1125680	1	0	Box	Lubricating Jelly Sterile Fliptop	12.3600	12.36	T
	Go to your online account to retrieve this MSDS/SDS, 105N000 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
1234162	1	0	50/Bt	Acetaminophen Tablets 325mg	0.8600	0.86	T
	** special contract price ** NDC#: 57896010105						
	THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
	** special contract price ** NDC#: 00009307303						
	M2 - See message below for DSCSA compliance details						
1161374	1	0	250/Ca	Trash Liner Heavy Grey 30x36	29.3700	29.37	T
	** special contract price **						
	THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555801000110000000000249480730180

Cust #	: 03529365
Invoice #	: 55801000
Invoice Date	: 07/30/18
Amount	: 249.48
Terms	: Invoice Date + 45 days
Due Date	: 09/13/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55801000
Invoice Date	:	07/30/18
Amount	:	249.48
Terms	:	Invoice Date + 45 days
Due Date	:	09/13/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 07/30/18	Sls Ord # : 66296041
Cust P O # : 130-9228	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 07/30/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1296971	1	0	100/Bt	Ibuprofen Tablets 400mg	3.2200	3.22	
** special contract price** NDC#: 67877031901							
M2 - See message below for DSCSA compliance details							

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	245.59
Tax	3.89
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>249.48</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	55786278
Invoice Date	:	07/31/18
Amount	:	5.19
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

Cust # : 03529365	Ship Date : 07/31/18	Sls Ord # : 65857103
Cust P O # : 130-9215	Ship Via : United Parcel Zone 4	Sls Ord Dt : 07/17/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1319614	1	0	1000/Bt	Acetaminophen Tablets 325mg	4.8500	4.85	T
** special contract price** NDC#: 57896010110							
This is a backordered shipment for order:65857103 original invoice:55396211 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346 This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	4.85
Tax	0.34
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>5.19</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555786278110000000000005190731183

Cust #	:	03529365
Invoice #	:	55786278
Invoice Date	:	07/31/18
Amount	:	5.19
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	55801870
Invoice Date	:	07/31/18
Amount	:	35.39
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 07/31/18	Sls Ord # : 64978368
Cust P O # : 130-9201	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 06/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1046849	1	0	25/Bx	Water For Inj Sterile Vial 20ml	35.3900	35.39	
** special contract price** NDC#: 00409488720							
This is a backordered shipment for order:64978368 original invoice:54523690							
Please refer to back of paperwork for Disclosures/Terms of Sale							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	35.39
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>35.39</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555801870110000000000035390731187

Cust #	:	03529365
Invoice #	:	55801870
Invoice Date	:	07/31/18
Amount	:	35.39
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55834829
Invoice Date	:	07/31/18
Amount	:	4,811.60
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 07/31/18	Sls Ord # : 66332084
Cust P O # : 130-9232	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/31/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9871301	4	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	153.16	T
	** special contract price **						
2636344	1	0	100/Bx	Lancet Unistik 2 Super Yellow 21G	19.0200	19.02	T
	** special contract price **						
1475913	1	0	100/Bt	Multistix 10 SG	29.6600	29.66	T
	** special contract price **						
7800121	1	0	50/Bx	Derma Blade	57.4800	57.48	T
	** special contract price **						
9879613	1	0	100/Bx	TB Syringes w/Needle Slip 1cc 27gx1/2"	7.0500	7.05	T
	** special contract price **						
6663598	3	0	ea	Sharps Container Red Hinge Lid 8 Gallon	7.1900	21.57	T
	** special contract price **						
9870358	1	0	56/Bx	Syringe Luer Lok Tip 30mL	10.8900	10.89	T
	** special contract price **						
2140006	4	0	Ea	Prolia 1mL Prefilled Syringe 60mg	1,068.7500	4,275.00	
	** special contract price ** NDC#: 55513071001						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555834829110000000004811600731186

Cust #	:	03529365
Invoice #	:	55834829
Invoice Date	:	07/31/18
Amount	:	4,811.60
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05680 Claim 14-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 26 of 50



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	: 55834829
Invoice Date	: 07/31/18
Amount	: 4,811.60
Terms	: Invoice Date + 45 days
Due Date	: 09/14/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 07/31/18	Sls Ord # : 66332084
Cust P O # : 130-9232	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/31/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
7846100	4	0	10/Bx	M2 - See message below for DSCSA compliance details Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	59.36	
				** special contract price ** NDC#: 68180063310			
9004971	4	0	1oz/Tb	M2 - See message below for DSCSA compliance details Bacitracin Zinc Ointment	1.2800	5.12	T
				** special contract price ** NDC#: 00404040048			
1266686	1	0	100mL/Bt	Lidocaine HCL Viscous Solution 2%	5.3200	5.32	
				** special contract price ** NDC#: 50383077504			
9085362	6	0	1ml/VI	WH - See message below for DSCSA details. This item is non-returnable Depo-Medrol Inj SDV W/Pres 40mg/mL	7.4800	44.88	
				** special contract price ** NDC#: 00009307301			
9087936	4	0	1ml/VI	M2 - See message below for DSCSA compliance details Depo-Medrol Inj SDV W/Pres 80mg/mL	15.3100	61.24	
				** special contract price ** NDC#: 00009347501			
1296971	1	0	100/Bt	M2 - See message below for DSCSA compliance details Ibuprofen Tablets 400mg	3.2200	3.22	
				** special contract price ** NDC#: 67877031901			
1200794	1	0	100/Bt	M2 - See message below for DSCSA compliance details Acetaminophen Tablets 500Mg	0.9400	0.94	T
				** special contract price ** NDC#: 51824006001			
5700640	1	0	50Pr/Bx	Criterion Giv PF Ltx Surgical SIZE 8.0	19.1000	19.10	T
				** special contract price **			
9007433	1	0	100/Ca	Specimen Cntainr Sterile Bulk 4oz	9.5900	9.59	T
				** special contract price **			
6100148	2	0	100/Bx	Castile Soap Towelettes	2.6400	5.28	T
				** special contract price **			

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	4,787.88
Tax	23.72
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>4,811.60</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55834816
Invoice Date	:	07/31/18
Amount	:	400.45
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

Cust # : 03529365	Ship Date : 07/31/18	Sls Ord # : 66332080
Cust P O # : 130-9230	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/31/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1202338	3	0	Ea	Arm Sling Deluxe Small	2.2400	6.72	T
	** special contract price **						
8498613	5	0	Ea	Support Wrist ComfortFORM Right XL	5.0400	25.20	T
	** special contract price **						
2580313	1	0	25/Bt	Nitrostat Tabs Unit-Dose N-R .4mg	35.9500	35.95	
	** special contract price ** NDC#: 52584041813						
	M2 - See message below for DSCSA compliance details						
5333299	2	0	Ea	Wrist Brace w/Spica Right Large	13.3300	26.66	T
	** special contract price **						
	THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST DISTRIBUTION CENTER.						
9007440	5	0	200/Bx	Criterion N200 PF Nitril Glove Large	6.1500	30.75	T
	** special contract price **						
9874457	1	0	25Pr/Bx	Sensicare Aloe PF LF Glov Strl Size 6	60.3000	60.30	T
	** special contract price **						
9007439	5	0	200/Bx	Criterion N200 PF Nitril Glove Medium	6.1500	30.75	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555834816110000000000400450731188

Cust #	:	03529365
Invoice #	:	55834816
Invoice Date	:	07/31/18
Amount	:	400.45
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55834816
Invoice Date	:	07/31/18
Amount	:	400.45
Terms	:	Invoice Date + 45 days
Due Date	:	09/14/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

Cust # : 03529365	Ship Date : 07/31/18	Sls Ord # : 66332080
Cust P O # : 130-9230	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/31/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1126189	1	0	10/Bx	Scalpels Disposable Sterile #11	5.2500	5.25	T
	** special contract price **						
2610323	1	0	20/Bx	A1C Now+Test	125.2800	125.28	T
	** special contract price **						
8310318	20	0	10/Pk	Gauze Sponge in Tray 4"x4" 12Ply St	0.3600	7.20	T
	** special contract price **						
8310072	10	0	Ea	Suture Removal Tray W/Forcep Iris&Ad	0.9100	9.10	T
	** special contract price **						
1127199	1	0	15ml/Bt	Proparacaine HCL Ophth Sol 0.5% NDC#: 00404719901	14.3900	14.39	
	Go to your online account to retrieve this MSDS/SDS, 1051845 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
	M2 - See message below for DSCSA compliance details						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Midwest Distribution Center, 5315 WEST 74TH STREET, INDIANAPOLIS, IN 46268

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	377.55
Tax	22.90
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>400.45</b>





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55892867
Invoice Date	:	08/02/18
Amount	:	3,719.79
Terms	:	Invoice Date + 45 days
Due Date	:	09/16/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

STATE REG#: 17073

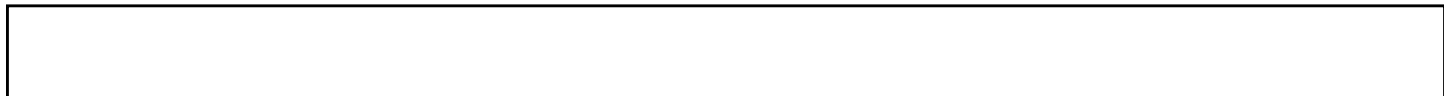
Cust # : 03529365	Ship Date : 08/02/18	Sls Ord # : 66391208
Cust P O # : 130-9234	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/01/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
8917593	1	0	2x24/Bx	CoaguChek XS Test Strips Vials	202.0000	202.00	T
	** special contract price **						
2274207	1	0	25/Bx	QuickVue In-line Strep A NonReturn	58.4400	58.44	T
	** special contract price **						
7770570	3	0	30/Ca	Wrap Coban LF Brights Pk HT 1"x5yd	15.8400	47.52	T
	** special contract price **						
1126133	15	0	100/Bx	Bandage Adhsv Strip Fabric LF 1"x3"	1.2700	19.05	T
	** special contract price **						
8900123	1	0	50/Bx	Bandage Curity Adhesive Flex 2"x3.75"	4.0200	4.02	T
	** special contract price **						
9004979	1	0	12/Ca	Table Paper Smooth White 21"x225'	23.1800	23.18	T
	** special contract price **						
2636344	1	0	100/Bx	Lancet Unistik 2 Super Yellow 21G	19.0200	19.02	T
	** special contract price **						
1964491	2	0	5/Bx	Duoderm CGF Hydrocol Dress 4"x4"	8.7200	17.44	T

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880



Remittance Section



010000352936555892867110000000003719790802182

Cust #	:	03529365
Invoice #	:	55892867
Invoice Date	:	08/02/18
Amount	:	3,719.79
Terms	:	Invoice Date + 45 days
Due Date	:	09/16/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55892867
Invoice Date	:	08/02/18
Amount	:	3,719.79
Terms	:	Invoice Date + 45 days
Due Date	:	09/16/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

STATE REG#: 17073

Cust # : 03529365	Ship Date : 08/02/18	Sls Ord # : 66391208
Cust P O # : 130-9234	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/01/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
2140006	3	0	Ea	Prolia 1mL Prefilled Syringe 60mg ** special contract price** NDC#: 55513071001	1,068.7500	3,206.25	
6402805	1	0	Case	CaviWipes Towelettes Disinfect Large M2 - See message below for DSCSA compliance details Go to your online account to retrieve this MSDS/SDS, 1052834 - If you can't access online options, call 1-800-472-4346. ** special contract price**	89.2800	89.28	T

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	3,686.20
Tax	33.59
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>3,719.79</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	55970674
Invoice Date	:	08/03/18
Amount	:	63.14
Terms	:	Invoice Date + 45 days
Due Date	:	09/17/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

Cust # : 03529365	Ship Date : 08/03/18	Sls Ord # : 65914018
Cust P O # : 130-9221	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 07/18/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6545323	1	0	12/Bx	Suture Ethilon Mono Blk Fs2 5-0 18"	63.1400	63.14	
** special contract price **							
This is a backordered shipment for order:65914018 original invoice:55451158 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	63.14
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>63.14</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555970674110000000000063140803180

Cust #	:	03529365
Invoice #	:	55970674
Invoice Date	:	08/03/18
Amount	:	63.14
Terms	:	Invoice Date + 45 days
Due Date	:	09/17/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	:	55920452
Invoice Date	:	08/03/18
Amount	:	118.08
Terms	:	Invoice Date + 45 days
Due Date	:	09/17/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 08/03/18	Sls Ord # : 64125708
Cust P O # : 130-9188	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 05/22/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1103839	2	0	25/Pk	Lidocaine Inj SDV Pr Free 30mL 1% NDC#: 00409427902 Go to your online account to retrieve this MSDS/SDS, 1057020 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	59.0400	118.08	

This is a backordered shipment for order:64125708 original invoice:53696812  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	118.08
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>118.08</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936555920452110000000000118080803187

Cust #	:	03529365
Invoice #	:	55920452
Invoice Date	:	08/03/18
Amount	:	118.08
Terms	:	Invoice Date + 45 days
Due Date	:	09/17/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56028090
Invoice Date	:	08/07/18
Amount	:	68.36
Terms	:	Invoice Date + 30 days
Due Date	:	09/06/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 08/07/18	Sls Ord # : 62658848
Cust P O # : 130-9147	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 04/10/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1046883	1	0	25/Bx	Bupivacaine HCL MDV 50ml 0.5% NDC#: 00409116301 Go to your online account to retrieve this MSDS/SDS, 105H933 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	68.3600	68.36	

This is a backordered shipment for order:62658848 original invoice:52252943  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	68.36
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>68.36</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



0100003529365560280901100000000000068360807185

Cust #	:	03529365
Invoice #	:	56028090
Invoice Date	:	08/07/18
Amount	:	68.36
Terms	:	Invoice Date + 30 days
Due Date	:	09/06/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	55892868
Invoice Date	:	08/07/18
Amount	:	17.51
Terms	:	Invoice Date + 45 days
Due Date	:	09/21/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

Cust # : 03529365	Ship Date : 08/07/18	Sls Ord # : 66391208
Cust P O # : 130-9234	Ship Via : Drop Ship	Sls Ord Dt : 08/01/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1218864	2	0	Ea	Sprayer Trigger 9" f/32oz Red	0.6800	1.36	T
DIRECTLY SHIPPED FROM THE MANUFACTURER							
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1.36
Tax	1.15
Shipping and/or Handling	15.00
<b>Total Amount</b>	<b>17.51</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035293655589286811000000000017510807181

Cust #	:	03529365
Invoice #	:	55892868
Invoice Date	:	08/07/18
Amount	:	17.51
Terms	:	Invoice Date + 45 days
Due Date	:	09/21/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56162517
Invoice Date	:	08/10/18
Amount	:	15.81
Terms	:	Invoice Date + 45 days
Due Date	:	09/24/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 08/10/18	Sls Ord # : 64464566
Cust P O # : 130-9191	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 06/04/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1296508	1	0	10/Pk	Lidocaine HCl MDV 50mL 1% NDC#: 00143957710 Go to your online account to retrieve this MSDS/SDS, 105NM36 - If you can't access online options, call 1-800-472-4346. ** special contract price ** M2 - See message below for DSCSA compliance details	15.8100	15.81	

This is a backordered shipment for order:64464566 original invoice:54020298  
Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	15.81
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>15.81</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000035293655616251711000000000015810810188

Cust #	:	03529365
Invoice #	:	56162517
Invoice Date	:	08/10/18
Amount	:	15.81
Terms	:	Invoice Date + 45 days
Due Date	:	09/24/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56162522
Invoice Date	:	08/10/18
Amount	:	31.62
Terms	:	Invoice Date + 45 days
Due Date	:	09/24/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 08/10/18	Sls Ord # : 65067883
Cust P O # : 130-9207	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 06/20/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1296508	2	0	10/Pk	Lidocaine HCl MDV 50mL 1%	15.8100	31.62	
** special contract price ** NDC#: 00143957710 M2 - See message below for DSCSA compliance details							
This is a backordered shipment for order:65067883 original invoice:54599157 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	31.62
Tax	0.00
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>31.62</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556162522110000000000031620810188

Cust #	:	03529365
Invoice #	:	56162522
Invoice Date	:	08/10/18
Amount	:	31.62
Terms	:	Invoice Date + 45 days
Due Date	:	09/24/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56265877
Invoice Date	:	08/13/18
Amount	:	109.51
Terms	:	Invoice Date + 45 days
Due Date	:	09/27/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

Cust # : 03529365	Ship Date : 08/13/18	Sls Ord # : 66332080
Cust P O # : 130-9230	Ship Via : United Parcel Zone 4	Sls Ord Dt : 07/31/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1250546	5	0	Ea	Brace Wrist ComfortFORM Right Lg	20.4700	102.35	T
** special contract price **							
This is a backordered shipment for order:66332080 original invoice:55834817 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	102.35
Tax	7.16
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>109.51</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556265877110000000000109510813181

Cust #	:	03529365
Invoice #	:	56265877
Invoice Date	:	08/13/18
Amount	:	109.51
Terms	:	Invoice Date + 45 days
Due Date	:	09/27/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56265893
Invoice Date	:	08/13/18
Amount	:	7.49
Terms	:	Invoice Date + 45 days
Due Date	:	09/27/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

Cust # : 03529365	Ship Date : 08/13/18	Sls Ord # : 66332084
Cust P O # : 130-9232	Ship Via : United Parcel Zone 4	Sls Ord Dt : 07/31/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3728540	1	0	Ea	Wrist/Forearm Splint II RH Lg	7.0000	7.00	T
** special contract price **							
<p>This is a backordered shipment for order:66332084 original invoice:55834830 Please refer to back of paperwork for Disclosures/Terms of Sale M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346. WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346 This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623</p>							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	7.00
Tax	0.49
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>7.49</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556265893110000000000007490813181

Cust #	:	03529365
Invoice #	:	56265893
Invoice Date	:	08/13/18
Amount	:	7.49
Terms	:	Invoice Date + 45 days
Due Date	:	09/27/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56265776
Invoice Date	:	08/13/18
Amount	:	116.11
Terms	:	Invoice Date + 45 days
Due Date	:	09/27/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Pediatric Clinic  
1107 Earl Frye Blvd  
Ste 5 Jose Tavarez MD  
Amory MS 388215519

Cust # : 03529365	Ship Date : 08/13/18	Sls Ord # : 66765815
Cust P O # : 130-9240	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/13/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1014824	8	0	50/Bx	Tongue Depressors 5-1/2" N/S Grape	3.6400	29.12	T
	** special contract price **						
9004468	2	0	100/Bx	Needle Disposable 25gx5/8"	1.1900	2.38	T
	** special contract price **						
8321432	1	0	50/Bx	Lancet Quikheel Teal Sterile	49.7900	49.79	T
	** special contract price **						
1044367	2	0	100/Bt	Ibuprofen Tablets 200mg	1.2400	2.48	T
	** special contract price ** NDC#: 57896094101						
8909467	1	0	500/Bg	Cotton Balls Medium	1.6900	1.69	T
	** special contract price **						
6430342	1	0	32/Pk	Diapers Huggies Ltl Snglr Jumbo Pac	11.5200	11.52	T
	** special contract price **						
6430522	1	0	24/Pk	Diapers Huggies Stage 4 22-37lbs	11.5200	11.52	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	108.50
Tax	7.61
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>116.11</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556265776110000000000116110813182

Cust #	:	03529365
Invoice #	:	56265776
Invoice Date	:	08/13/18
Amount	:	116.11
Terms	:	Invoice Date + 45 days
Due Date	:	09/27/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56314373
Invoice Date	:	08/14/18
Amount	:	426.82
Terms	:	Invoice Date + 45 days
Due Date	:	09/28/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 08/14/18	Sls Ord # : 66801721
Cust P O # : 130-9237	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/14/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6663598	1	0	ea	Sharps Container Red Hinge Lid 8 Gallon	7.1900	7.19	T
	** special contract price **						
9871301	1	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	38.29	T
	** special contract price **						
1024857	1	0	2000/Bx	Cotton Balls N/S Medium	9.2300	9.23	T
	** special contract price **						
5662467	1	0	Ea	Bulb For Coaxial Ophthalmoscop 3.5v	17.4000	17.40	T
	** special contract price **						
5669758	1	0	Ea	Bulb For Diag & Oper Otoloscope 3.5v	12.4100	12.41	T
	** special contract price **						
7193623	1	0	24/Pk	Battery Alkaline AA	4.1500	4.15	T
	** special contract price **						
7193256	1	0	4/Pk	Battery Alkaline AAA	0.6900	0.69	T
	** special contract price **						
7193799	1	0	12/Pk	Battery Alkaline D	6.7400	6.74	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556314373110000000000426820814187

Cust #	:	03529365
Invoice #	:	56314373
Invoice Date	:	08/14/18
Amount	:	426.82
Terms	:	Invoice Date + 45 days
Due Date	:	09/28/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56314373
Invoice Date	:	08/14/18
Amount	:	426.82
Terms	:	Invoice Date + 45 days
Due Date	:	09/28/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Hamilton Primary Medicine  
40023 Cross Creek Dr  
James Woodard MD  
Hamilton MS 397468801

STATE REG#: 11286

Cust # : 03529365	Ship Date : 08/14/18	Sls Ord # : 66801721
Cust P O # : 130-9237	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/14/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1161374	1	0	250/Ca	Trash Liner Heavy Grey 30x36	29.3700	29.37	T
** special contract price** THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.							
8300003	1	0	200/Ca	Liner Trash 43x48 17mic Natura 56 Gal	21.4300	21.43	T
** special contract price**							
6430062	12	0	100/Bx	Angel Soft Facial Tissue	0.5400	6.48	T
** special contract price**							
5430105	2	0	1/Ga	Softsoap Soothing Soap Aloe Vera	10.5300	21.06	T
** special contract price**							
3950124	1	0	80/Ca	Angel Soft Toilet Paper 2Ply White	30.4600	30.46	T
** special contract price**							
3750168	1	0	25x1ml	Dexamethasone Sodphos SDV 4mg/ml	20.6000	20.60	
** special contract price** NDC#: 63323016501							
M2 - See message below for DSCSA compliance details							
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
** special contract price** NDC#: 00009307303							
M2 - See message below for DSCSA compliance details							

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	412.48
Tax	14.34
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>426.82</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56360734
Invoice Date	:	08/15/18
Amount	:	1,573.98
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 08/15/18	Sls Ord # : 66856158
Cust P O # : 130-9244	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9871301	4	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	153.16	T
	** special contract price **						
2636344	1	0	100/Bx	Lancet Unistik 2 Super Yellow 21G	19.0200	19.02	T
	** special contract price **						
8917593	2	0	2x24/Bx	CoaguChek XS Test Strips Vials	202.0000	404.00	T
	** special contract price **						
1002658	3	0	Ea	Bedpan Fracture Pls NS Mauve 13X9.25X3	1.1700	3.51	T
	** special contract price **						
7774516	1	0	40/Bx	Benzoin Tincture Steri-Strip .66ml/vl	17.9000	17.90	T
	Go to your online account to retrieve this MSDS/SDS, 1059736 - If you can't access online options, call 1-800-472-4346.						
	** special contract price **						
1787919	1	0	Case	Electrode Q-Trace Gold Resting	39.0000	39.00	T
	** special contract price **						
1025421	2	0	100/Bx	Criterion PC Glove PF Latex Medium	4.2900	8.58	T

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556360734110000000001573980815185

Cust #	:	03529365
Invoice #	:	56360734
Invoice Date	:	08/15/18
Amount	:	1,573.98
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Invoice

Invoice #	: 56360734
Invoice Date	: 08/15/18
Amount	: 1,573.98
Terms	: Invoice Date + 45 days
Due Date	: 09/29/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Family Medicine Clinic  
404 Gilmore Dr  
Gerald Parker MD  
Amory MS 388215414

STATE REG#: 15846

Cust # : 03529365	Ship Date : 08/15/18	Sls Ord # : 66856158
Cust P O # : 130-9244	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
9871737	** special contract price**	2	0	25/bx IV St Pak W/Tegaderm Dress	39.4800	78.96	T
9877076	** special contract price**	3	0	100/Bx Syringes w/Needle LL Disp 3cc 23gx1"	5.1000	15.30	T
5660460	** special contract price**	4	0	250/SI Probe Covers Disp SureTemp	3.6700	14.68	T
9875136	** special contract price**	1	0	10/Bx Scalpel Protected Disp Bard #11	15.4400	15.44	T
9879248	** special contract price**	1	0	10/Bx Scalpel Protected Disp Bard #15	15.4400	15.44	T
6663598	** special contract price**	3	0	ea Sharps Container Red Hinge Lid 8 Gallon	7.1900	21.57	T
1034913	** special contract price**	10	0	Ea Urinal Patient Pls 1Qt Tran 1 Qt	0.5600	5.60	T
2580083	** special contract price**	40	0	Ea LS Microbore Ext Set P-PIERC	4.0300	161.20	T
1024486	** special contract price**	6	0	30ml Dexamethasone Sod Phos MDV 4mg/ml	7.6600	45.96	
1166621	** special contract price**	1	0	25x1mL Cyanocobalamin Inj (B-12) 1000mcg/m	85.3300	85.33	
7846100	** special contract price**	6	0	10/Bx Ceftriaxone Sod F/Inj SDV 1gm/VI	14.8400	89.04	
1148668	** special contract price**	4	0	5mL/VI Betamethasone Combo Inj Susp 6MG/mL	37.4500	149.80	
2480709	** special contract price**	1	0	2mL/VI Ketorolac Inj SDV Non/Ret 30mg/ml	1.5800	1.58	
1105199	** special contract price**	2	0	1mL/VI Aplisol Tuberculin PPD SO 10Tests	80.3900	160.78	

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Midwest Distribution Center, 5315 WEST 74TH STREET, INDIANAPOLIS, IN 46268  
Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.	Sub-Total	1,505.85
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.	Tax	68.13
	Shipping and/or Handling	0.00
	Total Amount	1,573.98



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56360745
Invoice Date	:	08/15/18
Amount	:	1,386.26
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

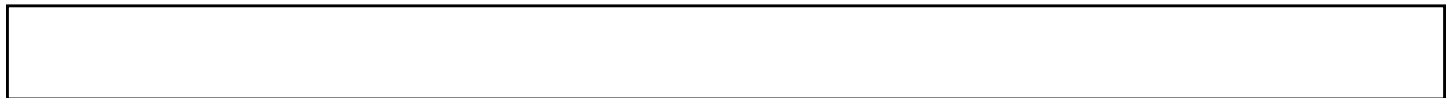
Cust # : 03529365	Ship Date : 08/15/18	Sls Ord # : 66856132
Cust P O # : 130-9243	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1046269	2	0	10/Bx	Lipid Panel Plus	129.4200	258.84	T
	** special contract price **						
2610323	1	0	20/Bx	A1C Now+Test	125.2800	125.28	T
	** special contract price **						
1097814	2	0	25/Bx	Drug Screen Cassette 6-Panel	145.2100	290.42	T
	** special contract price **						
	THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST DISTRIBUTION CENTER.						
5660460	4	0	250/SI	Probe Covers Disp SureTemp	3.6700	14.68	T
	** special contract price **						
9007433	1	0	100/Ca	Specimen Containr Sterile Bulk 4oz	9.5900	9.59	T
	** special contract price **						
2311203	1	0	25/Bx	Depo-Medrol SDV W/Pres 1ml 40mg/ml	186.9800	186.98	
	** special contract price ** NDC#: 00009307303						
	M2 - See message below for DSCSA compliance details						
1186274	2	0	20/Pk	Sensory Test Filament 10gm B-Handle	14.5200	29.04	T
	** special contract price **						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880



Remittance Section



010000352936556360745110000000001386260815180

Cust #	:	03529365
Invoice #	:	56360745
Invoice Date	:	08/15/18
Amount	:	1,386.26
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Case 3:18-bk-05680 Claim 14-1 Part 2 Filed 01/21/19 Desc Attachment 1 Page 45 of 50





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56360745
Invoice Date	:	08/15/18
Amount	:	1,386.26
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

STATE REG#: 869970-NP

Cust # : 03529365	Ship Date : 08/15/18	Sls Ord # : 66856132
Cust P O # : 130-9243	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5070007	20	0	Ea	IV Set Vent 83" 1 Inj Ste 15Drop	2.3000	46.00	T
	** special contract price ** NDC#: 00264907950						
1046816	10	0	1000ml	Sodium Chloride Inj Bag 0.9%	6.0500	60.50	
	** special contract price ** NDC#: 00409798309						
1535580	5	0	1000ml	Sodium Chloride For Inj .45%	5.9600	29.80	
	** special contract price ** NDC#: 00338004304						
9876956	3	0	48/Bx	Eclipse Needle Blood Collect 21Gx11/4"	8.2900	24.87	T
	** special contract price **						
9870251	3	0	100/Bx	Needle Disposable 21gx1"	3.0100	9.03	T
	** special contract price **						
9871301	2	0	50/Bx	Safety-Lok Blood Collection 23gx3/4"	38.2900	76.58	T
	** special contract price **						
9872558	4	0	100/Bx	Syringes w/Needle LL Disp 3cc 22gx1"	4.8600	19.44	T
	** special contract price **						
9004476	1	0	100/Bx	Syringe w/o Needle LL 10mL	5.1000	5.10	T
	** special contract price **						
6598714	1	0	5/Pk	Clinitek Paper Label Printer Vantage	33.4300	33.43	T
	** special contract price **						
1190342	2	0	1/RI	Thermal Paper Clinitek 100/500 2-1/4:x85	0.6100	1.22	T
	** special contract price **						
9823889	10	0	96/Pk	Pipette Tips Disposable 0.1cc	5.1100	51.10	T
	** special contract price **						
1032075	20	0	Ea	Calculi Strainer White	0.8200	16.40	T
	** special contract price **						
2712717	10	0	Ea	Sharps Container 5Qt	2.5400	25.40	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
M2 - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.henryschein.com/pedigree](http://www.henryschein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346.  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623  
Midwest Distribution Center, 5315 WEST 74TH STREET, INDIANAPOLIS, IN 46268

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	1,313.70
Tax	72.56
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>1,386.26</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56360715
Invoice Date	:	08/15/18
Amount	:	240.70
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Address Service Requested

Bill To:

Page 1 of 3

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William McComb  
Amory MS 388215519

Cust # : 03529365	Ship Date : 08/15/18	Sls Ord # : 66858490
Cust P O # : 130-9248	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1152505	2	0	50/Bx	Blood Coll Set 23gx3/4" w/Hldr 12" Tubin	33.4800	66.96	T
	** special contract price **						
7770572	1	0	36/Ca	Wrap Coban LF Brights Pk HT 2"x5yd	34.8600	34.86	T
	** special contract price **						
3010044	2	0	100/Bx	Needle ProEdge Safety 23gx1	17.6300	35.26	T
	** special contract price **						
1267257	3	0	100/Bx	THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST DISTRIBUTION CENTER. Needle 20Gax1IN Safety Device	17.6300	52.89	T
	** special contract price **						
1273148	2	0	200/Bx	THIS PRODUCT IS BEING SHIPPED FROM OUR MIDWEST DISTRIBUTION CENTER. Syringe Slip Tip 10cc	13.5700	27.14	T
	** special contract price **						
1035196	2	0	100/Bx	Cyber-Gel Glove PF Latex Large	3.9200	7.84	T
	** special contract price **						

Please refer to back of paperwork for Disclosures/Terms of Sale  
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

**Continued on next Page**

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556360715110000000000240700815184

Cust #	:	03529365
Invoice #	:	56360715
Invoice Date	:	08/15/18
Amount	:	240.70
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56360715
Invoice Date	:	08/15/18
Amount	:	240.70
Terms	:	Invoice Date + 45 days
Due Date	:	09/29/18

Address Service Requested

Page 2 of 3

Bill To:

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:

Amory Primary Medicine Clinic  
1107 Earl Frye Blvd Ste 6  
Dr. William Mccomb  
Amory MS 388215519

Cust # : 03529365	Ship Date : 08/15/18	Sls Ord # : 66858490
Cust P O # : 130-9248	Ship Via : UPS JACKSON MS SORT ZN 2	Sls Ord Dt : 08/15/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
Midwest Distribution Center, 5315 WEST 74TH STREET, INDIANAPOLIS,IN 46268							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	224.95
Tax	15.75
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>240.70</b>



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

**Invoice**

Invoice #	:	56627562
Invoice Date	:	08/23/18
Amount	:	945.49
Terms	:	Invoice Date + 45 days
Due Date	:	10/07/18

Address Service Requested

Bill To:

Page 1 of 2

Amory Physicians  
404 Gilmore Drive  
Amory, MS 388215500

Ship To / Sold To:  
Fulton Family Clinic  
302 Hospital Rd  
Rebecca C Northington NP  
Fulton MS 388436002

Cust # : 03529365	Ship Date : 08/23/18	Sls Ord # : 67148311
Cust P O # : 08-23-2018	Ship Via : UPS Jackson MS Sort Zone4	Sls Ord Dt : 08/23/18
		Sls Rep : E449

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
5824691	1	0	12/Bx	Marker Skin Sterile Reg Tip 6" REG TIP 6	10.0100	10.01	T
Go to your online account to retrieve this MSDS/SDS, 1050123 - If you can't access online options, call 1-800-472-4346.							
1746978	9	0	10/Bx	Panel Comprehensive Metabolic	97.0700	873.63	T
** special contract price **							
** special contract price **							
Please refer to back of paperwork for Disclosures/Terms of Sale							
This order has been processed by our Southwest Dist Ctr HSI, 1001 Nolen Dr Ste 400, Grapevine, TX 760518623							

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.  
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	883.64
Tax	61.85
Shipping and/or Handling	0.00
<b>Total Amount</b>	<b>945.49</b>

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000352936556627562110000000000945490823182

Cust #	:	03529365
Invoice #	:	56627562
Invoice Date	:	08/23/18
Amount	:	945.49
Terms	:	Invoice Date + 45 days
Due Date	:	10/07/18

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

# Medical 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.

## 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 Services (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](http://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](http://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 REQUIREMENT:

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.

To arrange for a product return, simply call Customer Service as noted below:

### Henry Schein Medical

Customer Service: 1.800.472.4346 8am9pm, et.

Place an Order: 1.800.772.4346 8am9pm, et.

Fax an Order: 1.800.329.9109 24 Hours.

Internet: [www.henryschein.com/medical](http://www.henryschein.com/medical)

E-Mail: [custserv@henryschein.com](mailto:custserv@henryschein.com)

### 340B Program

Customer Service: 1.877.344.3402 8:30am5:30pm, et.

Place an Order: 1.877.344.3402 8:30am5:30pm, et.

Fax an Order: 1.888.885.2253 24 Hours.

E-Commerce Support: 1.800.711.6032 8am8pm, et.

Internet: [www.henryschein.com/340B](http://www.henryschein.com/340B)

E-Mail: [customer.support@henryschein.com](mailto:customer.support@henryschein.com)

### Henry Schein Medical/EMS

Customer Service: 1.800.845.3550 8:30am5:30pm, et.

Place an Order: 1.800.845.3550 8:30am5:30pm, et.

Fax an Order: 1.800.533.4793 24 Hours.

Internet: [www.henryschein.com/ems](http://www.henryschein.com/ems)

E-Mail: [scott.bruner@henryschein.com](mailto:scott.bruner@henryschein.com)

Please see: <http://www.Henryschein.com/US-EN/Medical/LegalTerms.ASPX> for Conditions & Exceptions.

## 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 unopened 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:

- Immune globulin products
- 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 nonreturnable

### Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

### 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 HSI is notified within 14 calendar days of receipt of the shipment and valid return authorization is issued by HSI.
- 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.

## 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](http://www.henryschein.com/creditcard) Reduce the cost and administration of paying Henry ScheinPay 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-05680 Amory Regional Physicians, LLC](#)

<b>Judge:</b> Charles M Walker	<b>Chapter:</b> 11
<b>Office:</b> Nashville	<b>Last Date to file claims:</b>
<b>Trustee:</b>	<b>Last Date to file (Govt):</b>
<i>Creditor:</i> (6727513)	<b>Claim No:</b> 14
HENRY SCHEIN	<i>Original Filed</i>
135 DURYEYEA 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: \$39339.06

*History:*

[Details](#) [14-1](#) 01/21/2019 Claim #14 filed by HENRY SCHEIN, Amount claimed: \$39339.06 (admin)

*Description:*

*Remarks:* (14-1) Account Number (last 4 digits):9365

### Claims Register Summary

**Case Name:** Amory Regional Physicians, LLC  
**Case Number:** 3:18-bk-05680  
**Chapter:** 11  
**Date Filed:** 08/24/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$39339.06
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		