

Fill in this information to identify the case:

Debtor 1 **Fayette Memorial Hospital Association, Inc.**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **Southern District of Indiana**

Case number **18-07762**

RECEIVED

JAN 21 2019

BMC GROUP

Official Form 410 Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case.

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?

C. R. Bard, Inc.

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: Bard Access Systems, Inc.; Davol Inc.

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From Whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

C. R. Bard, Inc.
c/o Hunton Andrews Kurth LLP
Attn: Robert A. Rich, Esq. - and -
200 Park Avenue
New York, New York 10166

Telephone: (212) 309-1132
Email: rrich2@HuntonAK.com

C. R. Bard, Inc.
Attn: Sabina Downing
730 Central Avenue
Murray Hill, NJ 07974

Telephone: (908) 277-8000

Where should payments to the creditor be sent? (if different)

C. R. Bard, Inc.
c/o Hunton Andrews Kurth LLP
Attn: Robert A. Rich, Esq.
200 Park Avenue
New York, New York 10166

Telephone number: (212) 309-1132
Email: rrich2@HuntonAK.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known)

Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

FMHA POC
00072

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

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7073

7. How much is the claim? **\$ 5,685.80** Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Please see attachment

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____-%
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

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

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

☐ No

☒ Yes. *Check all that apply.*

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☒ Other. 11 U.S.C. § 507(a)(2); 11 U.S.C. § 503(b)(9)

\$ 2,767.74

* Amounts are subject to adjustment on 4/01/16 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: January 9, 2019


Signature

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

Name Greg Dadika

Title Authorized Signatory

Company C. R. Bard, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 730 Central Avenue

Murray Hill, NJ 07974

ATTACHMENT TO PROOF OF CLAIM
OF C. R. BARD, INC.

1. **Debtor.** On October 10, 2018 (the “Petition Date”), Fayette Memorial Hospital Association, Inc. d/b/a Fayette Regional Health System (the “Debtor”) filed for bankruptcy relief in the United States Bankruptcy Court for the Southern District of Indiana (the “Bankruptcy Court”).
2. **Basis for Claim.** As set forth on the schedule attached hereto as Exhibit 1, prior to the Petition Date, C. R. Bard, Inc. (the “Claimant”), through its subsidiaries Bard Access Systems, Inc. and Davol Inc., provided medical supplies (the “Medical Supplies”) to the Debtor in the aggregate amount of \$5,685.80 (the “Claim Amount”). \$2,767.74 of the Claim Amount is for Medical Supplies received by the Debtor during the twenty-day period immediately prior to the Petition Date. Copies of the invoices which set forth the Claim Amount are annexed hereto as Exhibit 2. As of the date hereof, the Debtor has not paid for the Medical Supplies.
3. **Classification of Claim.** \$2,767.74 of the Claim Amount is an administrative expense claim pursuant to sections 503(b)(9) and 507(a)(2) of Title 11 of the United States Code. \$2,918.06 of the Claim Amount is a general unsecured claim pursuant to section 502 of Title 11 of the United States Code, except to the extent that the Claimant may assert the Claim Amount by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates.
4. **Reservation of Rights.** This proof of claim is filed with full reservation of rights, including the right to assert additional, supplementary and/or amended proofs of claim and requests for administrative expense reimbursements based on events, information and/or documents obtained from the Debtor or others through discovery or otherwise. Without in any way limiting the foregoing, the Claimant reserves the right to assert any claim it may have against the Debtor or against any other party or property other than the Debtor or the property of its estate. Without in

any way limiting the foregoing, the Claimant reserves the right to assert this claim by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates against the Claimant. This proof of claim is not intended, nor should it be construed, as the Claimant's consent to jurisdiction in the Bankruptcy Court, or as a waiver of the Claimant's right to a trial by jury in any action or proceeding.

5. **Notices.** All notices concerning this proof of claim should be sent to:

C. R. Bard, Inc.
Attn: Sabina Downing
730 Central Avenue
Murray Hill, New Jersey 07974

-and-

Robert A. Rich, Esq.
Hunton Andrews Kurth LLP
200 Park Avenue
New York, New York 10166

Attorneys for the Claimant

Exhibit 1 - Schedule

Fayette Memorial Hospital Association, Inc.
DBA Fayette Regional Health System
CASE # 18-07762

Proof of Claim of C. R. Bard, Inc.

<u>Division</u>	<u>Invoice #</u>	<u>Date</u>	<u>PO #</u>	<u>Amount</u>	<u>Priority</u>	
Bard Access Systems Inc.	45426027	08/10/2018	180809-GH6G	144.02	GUC	
Davol Inc.	78426466	08/28/2018	180824-GVDQ	2,774.04	GUC	
						\$ 2,918.06
Bard Access Systems Inc.	45460063	09/17/2018	180917-HF8E	144.02	503(b)(9)	
Davol Inc.	78546934	09/25/2018	180924-HMV2	1,613.72	503(b)(9)	
Davol Inc.	78559575	09/27/2018	180926-HOLO	1,010.00	503(b)(9)	
						\$ 2,767.74
				\$ 5,685.80		

EXHIBIT 2

INVOICES



BARD ACCESS SYSTEMS
605 NORTH 5600 WEST
SALT LAKE CITY, UT 84116

BILL TO:

FAYETTE MEMORIAL HOSPITAL
ATTN: ACCOUNTS PAYABLE
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
45426027		08/10/18		S6975550	
SALES REP		SHIP TO		SOLD TO	
T5594945		10055718		10180449	
GLN SHIP TO		GLN SOLD TO		GLN BILL TO	
CUSTOMER SERVICE				CUSTOMER PO #	
1-800-545-0890				180809-GH6G	
REMIT TO:					
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275					

SHIP TO:

FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVENUE
CONNERSVILLE, IN 47331

DATE SHIPPED	SHIPMENT ORDER NUMBER		SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
08/10/18				FX2	1	2.00	FREIGHT	450616450371	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN		DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1	CS		9001C0197 10801741037808		48" Probe Cover w/Gel, Ultrasound, Sterile FREIGHT/SHIPPING 13		134.7000	\$134.70 \$9.32	

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE

You can now receive your invoices on a daily basis by e-mail.
Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.
You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: NET 30

INVOICE TOTAL:

\$144.02

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

FAYETTE MEMORIAL HOSPITAL
ATTN: ACCOUNTS PAYABLE
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78426466		08/28/18		7474435 SO	
DIV	SHIP TO		SOLD TO		BILL TO
109	10160449		10160449		10160449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			180824-GVDQ		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
08/27/18	11620095	5300	FEDERAL EXPRESS-GRD	2	3.41 LB	PPC			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
2.0000	CA	109	5954600 00801741031632	VENTRALIGHT ST 6" CIRCLE		570.0000	\$1,140.00	N	
				Freight /Shipping		7.8400	\$7.84	N	
1.0000	CA	109	5954610 00801741031649	Ventralight ST 6"x10" Oval		965.0000	\$965.00	N	
2.0000	CA	109	0115311 00801741030734	InguinalHerniaLgLeft3DMaxMesh 3D Max Mesh 10.8cmx16.0cm		165.3000	\$330.60	N	
2.0000	CA	109	0115321 00801741030765	InguinalHerniaLgRt3DMaxMesh 3D Max Mesh 10.8cmx16.0cm		165.3000	\$330.60	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$2,774.04

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:	101 CR Bard Corporate	107 Bard Medical	112 Bard Puerto Rico	122 Bard Japan
	104 Glens Falls	109 Davol	115 Bard Brachytherapy	140 Bard Shannon
	106 Bard Access Systems/Dymax	111 Bard Peripheral Vascular	121 Bard International	



BARD ACCESS SYSTEMS
605 NORTH 5600 WEST
SALT LAKE CITY, UT 84116

BILL TO:

FAYETTE MEMORIAL HOSPITAL
ATTN: ACCOUNTS PAYABLE
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #
45460063	09/17/18	S7008088
SALES REP	SHIP TO	SOLD TO
T5594945	10055718	10055718
GLN SHIP TO	GLN SOLD TO	GLN BILL TO
CUSTOMER SERVICE	CUSTOMER PO #	
1-800-545-0890	180917-HF8E	
REMIT TO:		
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275		

SHIP TO:

FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVENUE
CONNERSVILLE, IN 47331

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
09/17/18			FX2	1	2.00	FREIGHT	458996138254	
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
1	CS		9001C0197 10801741037808	48" Probe Cover w/Gel, Ultrasound, Sterile FREIGHT/SHIPPING 13		134.7000	\$134.70 \$9.32	

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INVOICE TOTAL:

\$144.02

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DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

FAYETTE MEMORIAL HOSPITAL
ATTN: ACCOUNTS PAYABLE
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78546934		09/25/18		7573853 SO	
DIV	SHIP TO		SOLD TO		BILL TO
109	10160449		10160449		10160449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
800-556-6275			180924-HMV2		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING	
09/24/18	11757370	5300	FEDERAL EXPRESS-GRD	1	1.61 LB	PPC		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T
2.0000	CA	109	5950008 00801741031489	VENTRALEX ST MEDIUM CIRCLE		445.0000	\$890.00	N
				Freight /Shipping		3.7200	\$3.72	N
2.0000	CA	109	5954460 00801741031625	Ventralight ST 4"x6" Ellipse		360.0000	\$720.00	N

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You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.
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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$1,613.72

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

DIVISION LEGEND:

101 CR Bard Corporate
104 Glens Falls
106 Bard Access Systems/Dymax

107 Bard Medical
109 Davol
111 Bard Peripheral Vascular

112 Bard Puerto Rico
115 Bard Brachytherapy
121 Bard International

122 Bard Japan
140 Bard Shannon



DAVOL - WARWICK
100 CROSSINGS BLVD
WARWICK RI 02886

BILL TO:

FAYETTE MEMORIAL HOSPITAL
ATTN: ACCOUNTS PAYABLE
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

INVOICE

INVOICE #		INVOICE DATE		SALES ORDER #	
78559575		09/27/18		7580975 S3	
DIV	SHIP TO		SOLD TO		BILL TO
109	10160449		10160449		10160449
GLN SHIP TO			GLN BILL TO		
CUSTOMER SERVICE			CUSTOMER PO #		
			180926-HOLO		
REMIT TO:					
C.R. BARD INC. PO BOX 75767 CHARLOTTE NC 28275					

SHIP TO:

FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2893

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING		
	11767174	5052	-2D	2	5.45 LB	PPC			
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT	T	
1.0000	CA	109	5991015 00801741130984	ECHO 2 10CMX15CM (4X6in) ELLIP		570.0000	\$570.00	N	
1.0000	EA	109	0113116	ENHANCED SORBFX LAP 30 TACKS		440.0000	\$440.00	N	

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PAYMENT TERMS: Net 30

INVOICE TOTAL:

\$1,010.00

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106 Bard Access Systems/Dymax

107 Bard Medical
109 Davol
111 Bard Peripheral Vascular

112 Bard Puerto Rico
115 Bard Brachytherapy
121 Bard International

122 Bard Japan
140 Bard Shannon

January 18, 2019

OVERNIGHT MAIL

BMC Group
Attn: FMHA Claims Processing
3732 West 120th Street
Hawthorne, CA 90250

In re: Fayette Memorial Hospital Association (Case No 18-07762)

Dear Sir/Madam:

Enclosed herewith for filing are an original and one copy of the proof of claim (the "Bard Claim") of C.R. Bard, Inc. in the above-reference bankruptcy case.

Please return the copy of the Bard Claim, stamped "filed", in the enclosed self-addressed overnight envelope.

Thank you for your attention to this matter.

Respectfully submitted,



Constance Andonian
Sr. PA/Sr. Paralegal

Enclosures