


**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  
FEB 12 2019  
BMC GROUP

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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

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

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

**Part 1: Identify the Claim**

1. Who is the current creditor? Varian Medical Systems, Inc.  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Varian Medical Systems, Inc.</u> Name</p> <p><u>c/o NCS, 729 Miner Road</u> Number Street</p> <p><u>Highland Heights</u> <u>OH</u> <u>44143</u> City State ZIP Code</p> <p>Contact phone <u>440-461-9661</u></p> <p>Contact email <u>collections@nscredit.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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? \_\_\_\_\_



**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: 7 6 2 2

7. How much is the claim? \$ 283,600.00. 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.  
Goods sold and or services performed

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) 18.00 %  
 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. \$ 283,600.00

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)?

No

Yes. Check one:

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

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).

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).

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. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

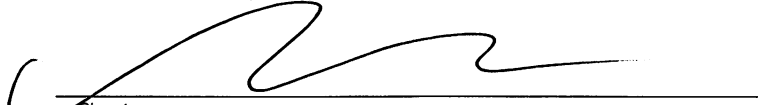
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02/05/2019  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Michelle Gerred  
First name Middle name Last name

Title Agent

Company NCS  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 729 Miner Road  
Number Street  
Highland Heights OH 44143  
City State ZIP Code

Contact phone 440-461-9661 Email collections@ncscredit.com

### Maintenance Agreement



<b>Fayette Memorial Hospital ("Customer")</b> Lydia Downey 1941 Virginia Avenue Connersville, Indiana 47331 United States Tel : (765) 825 - 5131 Email : lydiad@fayellaregional.org	<b>VMS Inc, Oncology Systems</b> Chip Mazurek US Sales Account Mgr - Services 3290 Northside Pkwy, Suite 400 Atlanta, GA 30327 US Tel : Fax : (262) 293-2720
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#### Quote Information

Quotation Number : 2017-73263  
 Quotation Valid Until : May 09, 2017  
 Quotation Date : January 09, 2017

#### Services

Payment Terms : Not 30 days  
 Payment Frequency : Annual  
 Invoicing : Start of Billing Cycle

#### Quotation Total

Quotation Total :

#### Terms and Conditions

This quotation shall be governed by: (a) Terms and Conditions of Sale - Form RAD 1552; (b) any terms and conditions contained within the quotation that related to the specific products or services identified on this quotation; and (c) any other Varian terms and conditions or separate agreements included along with this quotation, except that (a) to (c) shall not apply if and to the extent a separate, signed written agreement is in effect between the customer/purchaser and Varian that governs the purchase and sale of the products, software, support and/or services set forth in this quotation.

For and on behalf of Customer :

Name : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Title : \_\_\_\_\_

For and on behalf of Varian Medical Systems :

Name : Chip Mazurek  
 Date : April 18, 2017 | 12:35:46 PDT  
 Title : US Sales Account Mgr - Services



# INVOICE NO. 3082527

Date: 06/28/2018

Page: 1 of 1

Varian Medical Systems, Inc.  
 Oncology Systems  
 3100 Hansen Way  
 Palo Alto CA 94304  
 USA  
 Telephone : (650) 424-5816  
 Fax : (702) 940-4915  
 E-mail: receivables@varian.com

Ship To: 20010009  
 FAYETTE REGIONAL HEALTH  
 SYSTEM  
 1941 VIRGINIA AVE  
 CONNERSVILLE IN 47331  
 USA

Sold To: 10007622  
 FAYETTE MEMORIAL HOSPITAL ASSOC INC  
 DBA FAYETTE REGIONAL HEALTH SYSTEMS  
 1941 VIRGINIA AVE  
 CONNERSVILLE IN 47331  
 USA

Bill To: 10007622  
 FAYETTE MEMORIAL HOSPITAL ASSOC INC  
 DBA FAYETTE REGIONAL HEALTH SYSTEMS  
 1941 VIRGINIA AVE  
 CONNERSVILLE IN 47331  
 USA

Payer: 10007622  
 FAYETTE MEMORIAL HOSPITAL ASSOC INC

Remit To:  
 Remit by ACH/Wire  
 Bank of America NA:  
 Varian Medical Systems, Inc.  
 ACH Routing: 121000358  
 WIRE: BOFAUS3N, ACCT: 1233851938

By check to Varian Medical Systems, Inc.  
 70140 Network Place, Chicago IL 60673-1701

GST/HST # 86037 4107 RT0001  
 FED I.D. NO. 942359345

PLEASE ATTACH COPY OF INVOICE WITH REMITTANCE AND REFERENCE INVOICE NUMBER ON CHECK

Carrier	Varian Sales Order No.	Customer Reference and Date		
FEDEX PRIORITY OVERNIGHT	321688942	2016-71975		
Ship Date	Payment Terms	Currency	Trade Terms	Varian Quotation No.
09/29/2018	Net 30 days	USD	FOB: Destination	2016-71975-1
Payment Schedule				Amount
<b>Serial Number(s):</b> Coverage period 06/01/2018 to 06/01/2019  Eclipse Aria ECLIPSE TREATMENT PLANNING UPGRADES Annual Periodic Billing				84,000.00
<b>Total Value before Tax</b>				84,000.00
<b>SALES TAX (on taxable items only)</b>				0.00
<b>Total Value in USD, FOB: Destination, including Tax</b>				84,000.00
<b>Total Contract Value (excl. tax)</b> USD 420,000.00				

**NOTICE TO PURCHASER**

Purchase of equipment under this invoice may be subject to a discount or other reduction in price as reflected in Varian's final Quotation. Purchaser is advised that it is required to properly disclose and appropriately reflect any such discount or reduction in price in its costs claimed or changes made to Medicare, Medicaid or any federal or private health insurance program requiring disclosure of such discounts.



# Contract Invoice

DATE  
09/27/2018

Varian Medical Systems  
660 N McCarthy Blvd  
Milpitas, CA 95035  
Telephone: (650) 424-5816  
Fax: (702) 940-4915

PAGE 1 OF 2

Please refer to  
this number

E-mail: [receivables@varian.com](mailto:receivables@varian.com)

10007622

**I**  
**N**  
**V**  
FAYETTE MEMORIAL HOSPITAL ASSOC INC  
DBA FAYETTE REGIONAL HEALTH SYSTEMS  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

**S** 20010009

**H**  
**I**  
**P**  
FAYETTE REGIONAL HEALTH SYSTEM  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

CUSTOMER PURCHASE ORDER		INVOICE NUMBER	
NONE PROVIDED.		3109774	
PRIORITY	Sales Order Date	Sales Order	P.O. Date
	11/08/2017	40271633	

**REMIT TO:**

Remit by ACH/Wire  
Bank of America NA:  
Varian Medical Systems, Inc.  
ACH Routing: 121000358  
WIRE: BOFAUS3N, ACCT: 1233851938

By check to Varian Medical Systems, Inc.  
70140 Network Place, Chicago IL 60673-1701

**SOLD TO:** 10007622

GST/HST # 86037 4107 RT0001  
FED I.D. No. 942359345

PAYMENT TERMS: Due upon Receipt of Invoice				DELIVERY NOTE:		
CARRIER	CURRENCY	FREIGHT TERMS	TRADE TERMS	GROSS		
	USD		EXW: Ex works Shipping Point	0		
MANIFEST	WAYBILL	TYPE	BY	REFERENCE NUMBER	TAX CD	REP
			KEWINGBA		1	
LINE ITEM	PART NUMBER DESCRIPTION	Unit Price	Shipped Quantity	Balance On Order	AMOUNT	
001000	OMINI QUOTE:2017-73263 PREMIER ASSURANCE ESSENTIALS POS H193183 - TRUEBEAM, MLC, MVIMAGE, KVIMAGE, RARCDL YEAR 1 OF 5 YEARS CONTRACT QUOTE #2017-73263 ANNUAL BILLING LINAC GENERIC LINAC Equipment number: H193183 Settlement period from: 09/29/2018 to: 09/28/2019 Sales tax:		1.00		199,600.00	
						0.00
					Subtotal:	199,600.00
					Sales Tax:	0.00
					INVOICE TOTAL IN USD	199,600.00



February 05, 2019

Attn: FMHA Claims Processing  
BMC Group, Inc.  
P.O. Box 90100  
Los Angeles, CA, 90009

Re: Fayette Memorial Hospital Association, Inc. Case No. 18-07762 JJG  
NCS #: C315477

Sir/Madam:

Please file the enclosed Proof of Claim regarding Fayette Memorial Hospital Association, Inc. on behalf of our client, Varian Systems, Inc.

Should you have any questions or concerns, please feel free to contact us.

Thank you.

Very truly yours,



Michelle Gerred

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**PROOF OF CLAIM FILING INFORMATION FOR  
FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.**

**CASE NO. 18-07762-JJG**

**US BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF INDIANA**

Debtor Name	Case Number
Fayette Memorial Hospital Association	18-07762-JJG

**General Bar Date:** TBD

**General Administrative Bar Date:** TBD

**Governmental Bar Date:** TBD

**NOTE: The Bar Date motion has not been filed. Please print and mail completed Proofs of Claim to:**

**If by regular mail:**

**BMC Group, Inc.  
Attn: FMHA Claims Processing  
PO Box 90100  
Los Angeles, CA 90009**

**If by messenger or overnight delivery**

**BMC Group, Inc.  
Attn: FMHA Claims Processing  
3732 West 120<sup>th</sup> Street  
Hawthorne, CA 90250**