

ADMINISTRATIVE EXPENSE CLAIM FORM

Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Medicus HCS	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: 22 Roulston Rd, Windham, NH 03087	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
Name and address where payment should be sent (if different):	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: _____

Last four digits of account or other number by which creditor identifies debtor: YREG

1. Basis for Administrative Claim

<input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
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2. Date(s) debt was incurred: 03/26/2019 - 04/30/2019

3. If court judgment, date obtained: _____

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 23,874.56

If all or part of your claim is secured, also complete Item 5 below.

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

5. Please identify the property of the Debtor that secures the claim.

Description of Property: _____

Basis for Perfection: _____

Value of Property: _____

6. Offsets, Credits and Setoffs:

All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein

This claim is not subject to any setoff or counterclaim.

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

7. This Administrative Proof of Claim:

is the first filed proof of claim evidencing the claim asserted herein.

amends/supplements a proof of claim _____ filed on 12.18.2018 or

replaces/suspends a proof of claim filed on _____

8. Assignment

If the claimant has obtained this claim by Assignment, a copy is attached hereto.

9. Supporting Documentation:

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.

Date: 05/13/2019 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Michael Caristi

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

RECEIVED

MAY 14 2019

BMC GROUP

FMHA POC
 00115



Medicus Anesthesia Services, LLC
 22 Roulston Road
 Windham, NH 03087

INVOICE

Invoice #	178102-1
Invoice Date:	03/27/2019
Due Date:	03/27/2019
Amount Due:	\$11,360.00

Bill To:

Fayette Regional health System
 1941 Virginia Avenue

Connersville, IN 47331

Remit To:

Medicus Anesthesia Services, LLC
 22 Roulston Road

Windham, NH 03087

Facility:	FAYETTE REGIONAL HEA	Purchase Order:		
Physician:	Todorczuk DO, John	Week Ending:	03/24/2019	
Description		Qty	Rate	Amount
Regular Pay		5.00	\$2200.00	\$11,000.00
Malpractice Tail Coverage		40.00	\$9.00	\$360.00
Please Note: Travel Expenses, relating to this assignment, may be billed on a separate invoice.				
Questions/Billing Inquiries: Accounts Receivable: 603-898-6492 or email: AccountsReceivable@medicushcs.com Would you like to pay by EFT/ACH? Contact us for details.		Subtotal:		\$11,360.00
		Tax:		\$0.00
		Invoice Total:		\$11,360.00

Terms: Net 5

All overdue invoices will be subject to interest at the rate of 2% per month.



MMSA Schedule A

In accordance with the Medical Master Services Agreement executed between Medicus Anesthesia Services, LLC. and Fayette Regional Health System ("Client") with an Effective Date of 12/09/2009 ("MMSA") the Client and Medicus agree to the following:

1. General. John M Todorczuk ("Physician") will provide locum tenens coverage on behalf of Client at the Assignment Locations noted below pursuant to the terms and conditions of the MMSA (which is incorporated here by reference) and this Schedule A.

2. Assignment Specifics:

ASSIGNMENT TERM: 03/18/2019 - 03/29/2019

March 18th - March 29th 2019

Mon - Fri 7a-3p

3. Assignment Location(s): Fayette Regional Health System (Connersville, IN)

4. Rate Schedule:

Regular Rate(s):

"Day" refers to a/an 8 hour day

Regular Rate - Weekday \$2,200.00 / Day

Overtime Rate(s):

Overtime - Weekday \$295.00 / Hrs

5. Expenses: For this work assignment, Client is responsible for reimbursing Medicus on behalf of Physician expenses for:

- Hotel [Holiday Inn or equivalent]
- Tolls/Parking/Other
- Physician will use their automobile and be paid at the IRS approved rate per mile for travel to and from Assignment
- Daily Malpractice Pre-Paid Tail Coverage at \$9.00 / Hrs

6. Special Arrangements: For this work assignment, the following special arrangements apply:

- Other: Specify:
 - OT applies after 8 hour day
 - No Call
 - No Holidays

7. Confirmation of Services Provided Forms: See Master Medical Service Agreement at paragraph 5 for details regarding these forms and Client's payment obligations.

8. Confidentiality. Medicus' Regular Daily Rate, Overtime Rate and On-Call and Call Back Rates are confidential. Client shall not disclose this confidential information to any other party, including the Physician or any Facility.

9. Client acknowledges that there is no restriction or contractual obligation with any other party that would prohibit the Client from accepting placement of this Physician at the above-referenced facility.

10. Pursuant to the Cancellation Without Cause section of the Medical Master Service Agreement between the parties, Client may cancel this assignment, and Client shall pay Medicus the total rates and expenses as set forth on this Schedule A that would otherwise be due for any uncompleted portion of the Assignment Term, up to a maximum of 60 days

11. Medicus' obligations contained herein is subject to Practitioner's acceptance of a Schedule A containing identical Assignment Term and Assignment Location(s). If this condition is not met, neither party shall have any obligation to the other, nor claim against any party for costs, damages, compensation or otherwise.

The Client has read, understands, and agrees to the terms and conditions set forth in this Schedule A Please sign below and fax to Medicus at (603)-212-9334.

OFFERED BY Medicus Anesthesia Services, LLC.

Name: **Casey Schumacher** DocuSigned by:

Signature: Nastasha Powlowsky

0F01BAAC0229499...

Date: **03/06/2019**

Title: **ADE**

ACCEPTED BY: **Fayette Regional Health System**

Name: _____

Signature by Authorized Representative: Amee Willhite

Date: **3/6/2019 9:48 AM EST**

Title: _____

Timesheet for **John Todorczuk**

Division: **ANX**

Job ID: **78102**

For the week of **3/18/2019** through **3/24/2019**
at Fayette Regional Health System

Date	Time In/Out	Regular Hours	Overtime Hours	On Call	Callback Hours
Monday Mar 18	7 3	8		<input type="checkbox"/>	
Tuesday Mar 19	7 3	8		<input type="checkbox"/>	
Wednesday Mar 20	7 3	8		<input type="checkbox"/>	
Thursday Mar 21	7 3	8		<input type="checkbox"/>	
Friday Mar 22	7 3	8		<input type="checkbox"/>	
Saturday Mar 23				<input type="checkbox"/>	
Sunday Mar 24				<input type="checkbox"/>	
WEEK TOTALS Mar 18 - Mar 24		40.00			

Total Mileage: 0.00

Sending Receipts? No

Provider Comments:

Submitted: 3/27/2019 8:45:00 AM
Account Comments:

Approved: 3/27/2019 8:47:00 AM
Job Signer: Amee Willhite



Medicus Anesthesia Services, LLC
 22 Roulston Road
 Windham, NH 03087

INVOICE

Invoice #	178102-2
Invoice Date:	04/05/2019
Due Date:	04/05/2019
Amount Due:	\$12,287.36

Bill To:
 Fayette Regional health System
 1941 Virginia Avenue
 Connersville, IN 47331

Remit To:
 Medicus Anesthesia Services, LLC
 22 Roulston Road
 Windham, NH 03087

Facility:	FAYETTE REGIONAL HEA	Purchase Order:		
Physician:	Todorczuk DO, John	Week Ending:	03/31/2019	
Description		Qty	Rate	Amount
Regular Pay		5.00	\$2200.00	\$11,000.00
Malpractice Tail Coverage		40.00	\$9.00	\$360.00
Hotel		1.00	\$927.36	\$927.36

Please Note: Travel Expenses, relating to this assignment, may be billed on a separate invoice.

Questions/Billing Inquiries: Accounts Receivable: 603-898-6492 or email: AccountsReceivable@medicushcs.com Would you like to pay by EFT/ACH? Contact us for details.	Subtotal:	\$12,287.36
	Tax:	\$0.00
	Invoice Total:	\$12,287.36

Terms: Net 5

All overdue invoices will be subject to interest at the rate of 2% per month.



MMSA Schedule A

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1. General, John M Todorczuk ["Physician"] will provide locum tenens coverage on behalf of Client at the Assignment Locations noted below pursuant to the terms and conditions of the MMSA (which is incorporated here by reference) and this Schedule A.

2. Assignment Specifics:

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9. Client acknowledges that there is no restriction or contractual obligation with any other party that would prohibit the Client from accepting placement of this Physician at the above-referenced facility.

10. Pursuant to the Cancellation Without Cause section of the Medical Master Service Agreement between the parties, Client may cancel this assignment, and Client shall pay Medicus the total rates and expenses as set forth on this Schedule A that would otherwise be due for any uncompleted portion of the Assignment Term, up to a maximum of 60 days

11. Medicus' obligations contained herein is subject to Practitioner's acceptance of a Schedule A containing identical Assignment Term and Assignment Location(s). If this condition is not met, neither party shall have any obligation to the other, nor claim against any party for costs, damages, compensation or otherwise.

The Client has read, understands, and agrees to the terms and conditions set forth in this Schedule A Please sign below and fax to Medicus at (603)-212-9334.

OFFERED BY Medicus Anesthesia Services, LLC.

Name: Casey Schumacher DocuSigned by:

Signature: Nastasha Powlowsky
0F01BAAC0229499...

Date: 03/06/2019

Title: ADE

ACCEPTED BY: Fayette Regional Health System

Name: _____

Signature by Authorized Representative: Amee Willhite

Date: 3/6/2019 9:48 AM EST

Title: _____

Timesheet for **John Todorczuk**

Division: **ANX**
Job ID: **78102**

For the week of **3/25/2019** through **3/31/2019**
at Fayette Regional Health System

Date	Time In/Out	Regular Hours	Overtime Hours	On Call	Callback Hours
Monday Mar 25		8		<input type="checkbox"/>	
Tuesday Mar 26		8		<input type="checkbox"/>	
Wednesday Mar 27		8		<input type="checkbox"/>	
Thursday Mar 28		8		<input type="checkbox"/>	
Friday Mar 29		8		<input type="checkbox"/>	
Saturday Mar 30				<input type="checkbox"/>	
Sunday Mar 31				<input type="checkbox"/>	
WEEK TOTALS Mar 25 - Mar 31		40.00			

Total Mileage: 0.00

Sending Receipts? No

Provider Comments:

Submitted: 4/5/2019 11:50:00 AM
Account Comments:

Approved: 4/5/2019 11:58:00 AM
Job Signer: Amee Willhite

The Woodridge Inn
 3700 Western Avenue
 Connersville, IN 47331
 Phone 765-825-4800 Fax 765-825-6035
 thewoodridgeinn@gmail.com woodridgeinn.com

TAX ID:

John Todorczuk
 1724 West Schuylkill Road
 Douglassville, PA 19518

Room	Folio	CheckIn	CheckOut	Balance
(120)	94127	03/17/2019	03/29/2019	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
03/17/2019	120	Room Taxable	69.00	0.00	69.00
03/17/2019	120	Sales Tax - 7%	4.83	0.00	73.83
03/17/2019	120	Tax Rate 2 - 5%	3.45	0.00	77.28
03/18/2019	120	Room Taxable	69.00	0.00	146.28
03/18/2019	120	Sales Tax - 7%	4.83	0.00	151.11
03/18/2019	120	Tax Rate 2 - 5%	3.45	0.00	154.56
03/19/2019	120	Room Taxable	69.00	0.00	223.56
03/19/2019	120	Sales Tax - 7%	4.83	0.00	228.39
03/19/2019	120	Tax Rate 2 - 5%	3.45	0.00	231.84
03/20/2019	120	Room Taxable	69.00	0.00	300.84
03/20/2019	120	Sales Tax - 7%	4.83	0.00	305.67
03/20/2019	120	Tax Rate 2 - 5%	3.45	0.00	309.12
03/21/2019	120	Room Taxable	69.00	0.00	378.12
03/21/2019	120	Sales Tax - 7%	4.83	0.00	382.95
03/21/2019	120	Tax Rate 2 - 5%	3.45	0.00	386.40
03/22/2019	120	Room Taxable	69.00	0.00	455.40
03/22/2019	120	Sales Tax - 7%	4.83	0.00	460.23
03/22/2019	120	Tax Rate 2 - 5%	3.45	0.00	463.68
03/23/2019	120	Room Taxable	69.00	0.00	532.68
03/23/2019	120	Sales Tax - 7%	4.83	0.00	537.51
03/23/2019	120	Tax Rate 2 - 5%	3.45	0.00	540.96
03/24/2019	120	Room Taxable	69.00	0.00	609.96
03/24/2019	120	Sales Tax - 7%	4.83	0.00	614.79
03/24/2019	120	Tax Rate 2 - 5%	3.45	0.00	618.24
03/25/2019	120	Room Taxable	69.00	0.00	687.24
03/25/2019	120	Sales Tax - 7%	4.83	0.00	692.07
03/25/2019	120	Tax Rate 2 - 5%	3.45	0.00	695.52
03/26/2019	120	Room Taxable	69.00	0.00	764.52
03/26/2019	120	Sales Tax - 7%	4.83	0.00	769.35
03/26/2019	120	Tax Rate 2 - 5%	3.45	0.00	772.80
03/27/2019	120	Room Taxable	69.00	0.00	841.80
03/27/2019	120	Sales Tax - 7%	4.83	0.00	846.63
03/27/2019	120	Tax Rate 2 - 5%	3.45	0.00	850.08
03/28/2019	120	Room Taxable	69.00	0.00	919.08
03/28/2019	120	Sales Tax - 7%	4.83	0.00	923.91
03/28/2019	120	Tax Rate 2 - 5%	3.45	0.00	927.36
03/29/2019	120	Visa/Mastercard	0.00	927.36	0.00

Late Fees

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Late Fees LF000000004763
Date 4/30/2019

Medicus Services Company

22 Roulston Road
Windham NH 03087

Customer: Fayette Regional health System
1941 Virginia Avenue
Connersville IN 47331

Purchase Order	Customer ID	Salesperson ID	Shipping Method	Payment Terms ID
	FAYREG-ANX			
Description: Apr. 2019 Finance Charge				Amount \$227.20

Subtotal	\$227.20
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Payment	\$0.00
Total Due	\$227.20