

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
MAY 16 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?** Siemens Medical Solutions USA, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Siemens Healthcare

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Siemens Healthineers</u> Name <u>40 Liberty Boulevard</u> Number Street <u>Malvern PA 19355</u> City State ZIP Code Contact phone <u>844-789-6224</u> Contact email <u>josephine.mcdonough@</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email <u>siemens-healthineers.com</u>
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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? _____



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: 6 1 3 5

7. How much is the claim? \$ 19,689.90. 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.
service contract

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 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.

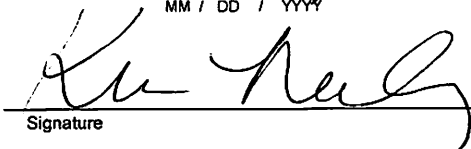
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 5/14/19
MM / DD / YYYY



Signature

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

Name Kim Nealy
First name Middle name Last name

Title VP Finance

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

Address 40 Liberty Boulevard
Number Street
Malvern PA 19355
City State ZIP Code

Contact phone 8447896224 Email kim.nealy@siemens-healthineers.co

#6135
 FAYETTE REGIONAL HEALTH SYSTEM

CoCd	DocumentNo	Assignment	Reference	Bill.Doc.	Doc. Date	Net due dt	LC amnt	Bu Text	BI Ref.	Key 2
100	40397123	265059	35146909		9/23/2015	9/23/2015	\$ (916.67)	40 Dupl Payt of Inv 115157871 Clrd w/Doc 40307455	D	68100140
100	115585535	700036	35183128	115585535	4/2/2018	5/2/2018	\$ 3,253.67	31	B	68100131
100	115597646	700036	35183128	115597646	5/1/2018	5/31/2018	\$ 3,253.67	31	B	68100131
100	115610450	700036	35183128	115610450	6/1/2018	7/1/2018	\$ 3,253.67	31	B	68100131
100	115623300	700036	35183128	115623300	7/2/2018	8/1/2018	\$ 3,253.67	31	B	68100131
100	115635788	700036	35183128	115635788	8/2/2018	9/1/2018	\$ 3,253.67	31	B	68100131
100	115647889	700036	35183128	115647889	9/1/2018	10/1/2018	\$ 3,253.67	31	B	68100131
100	115660969	700036	35183128	115660969	10/1/2018	10/31/2018	\$ 1,084.55	31 Calculation of \$3,253.67 invoice (10 days)	B	68100131
100							<u>\$19,689.90</u>	BU 31, Write off Due to Bankruptcy		



Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115660969
INVOICE DATE	10/01/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO:
2
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

SOLD TO:
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

AGREEMENT NUMBER 35183128

PAGE 1 of 2

TERMS OF PAYMENT Net 30 Days- Service	TAX STATE IN
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ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-401877 SYMBIA S-SERIES FAYETTE REGIONAL HEALTH SYSTEM, 1941 VIRGINIA AVE, CONNERSVILLE, IN 47331 Performance Top Gold Contract - NM-Pet Purchase Order No: 700036 Contract Billing for Period 10/01/2018 through 10/31/2018 Serial number: 1680	3,012.50
0020	Functional Location: 400-401882 Symbia.net FAYETTE REGIONAL HEALTH SYSTEM, 1941 VIRGINIA AVE, CONNERSVILLE, IN 47331 Performance Top Gold Contract - NM-Pet Purchase Order No: 700036 Contract Billing for Period 10/01/2018 through 10/31/2018 Serial number: 1370	241.17
	SUBTOTAL	3,253.67
	TAX	
	INVOICE TOTAL	3,253.67
	INVOICE BALANCE	3,253.67
<p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p>		

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733



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40 Liberty Boulevard, Malvern, PA 19355

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DISTRICT	68

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
	<p>Consumable coverage is now available. Contact your local service sales representative, or servicesolutions.healthcare@siemens.com.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: 1-800-888-SIEM (or 7436), Prompt 3, then 1 ATTN: Customer Administration. bicentral.healthcare@siemens.com</p>	

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL SERVICE CONTRACTS ARE SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND BACK OF THE SERVICE CONTRACT.



Siemens Medical Solutions USA, Inc.
 40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115647889
INVOICE DATE	09/01/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO:
 2
 FAYETTE REGIONAL HEALTH SYSTEM
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331-2833

SOLD TO:
 FAYETTE REGIONAL HEALTH SYSTEM
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331-2833

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Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115635788
INVOICE DATE	08/02/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO: ²
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

SOLD TO:
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1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

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DISTRICT	68

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Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115623300
INVOICE DATE	07/02/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO:
2
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

SOLD TO:
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

AGREEMENT NUMBER 35183128

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	TAX	
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Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115623300
INVOICE DATE	07/02/2018
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DISTRICT	68

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
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Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115610450
INVOICE DATE	06/01/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO:
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

SOLD TO:
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

AGREEMENT NUMBER 35183128

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DISTRICT	68

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Siemens Medical Solutions USA, Inc.
 40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115597646
INVOICE DATE	05/01/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO:
 FAYETTE REGIONAL HEALTH SYSTEM
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331-2833

SOLD TO:
 FAYETTE REGIONAL HEALTH SYSTEM
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331-2833

AGREEMENT NUMBER 35183128

TERMS OF PAYMENT Net 30 Days- Service	TAX STATE IN
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0020	Functional Location: 400-401882 Symbia.net FAYETTE REGIONAL HEALTH SYSTEM, 1941 VIRGINIA AVE, CONNERSVILLE, IN 47331 Performance Top Gold Contract - NM-Pet Purchase Order No: 700036 Contract Billing for Period 05/01/2018 through 05/31/2018 Serial number: 1370	241.17
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Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115597646
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OUR REFERENCE NO.	0035183128
DISTRICT	68

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Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115585535
INVOICE DATE	04/02/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

INVOICE ENCLOSED

BILL TO:
2
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

SOLD TO:
FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
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ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
0010	Functional Location: 400-401877 SYMBIA S-SERIES FAYETTE REGIONAL HEALTH SYSTEM, 1941 VIRGINIA AVE, CONNERSVILLE, IN 47331 Performance Top Gold Contract - NM-Pet Purchase Order No: 700036 Contract Billing for Period 04/01/2018 through 04/30/2018 Serial number: 1680	3,012.50
0020	Functional Location: 400-401882 Symbia.net FAYETTE REGIONAL HEALTH SYSTEM, 1941 VIRGINIA AVE, CONNERSVILLE, IN 47331 Performance Top Gold Contract - NM-Pet Purchase Order No: 700036 Contract Billing for Period 04/01/2018 through 04/30/2018 Serial number: 1370	241.17
	SUBTOTAL	3,253.67
	TAX	
	INVOICE TOTAL	3,253.67
	INVOICE BALANCE	3,253.67
<p>The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.</p>		

PLEASE REMIT TO:
Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733



Siemens Medical Solutions USA, Inc.
 40 Liberty Boulevard, Malvern, PA 19355

INVOICE

INVOICE NUMBER	115585535
INVOICE DATE	04/02/2018
CUSTOMER NO.	6135
OUR REFERENCE NO.	0035183128
DISTRICT	68

ITEM	DESCRIPTION/PURCHASE ORDER	TOTAL PRICE
	<p>Consumable coverage is now available. Contact your local service sales representative, or servicesolutions.healthcare@siemens.com.</p> <p>PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO: 1-800-888-SIEM (or 7436), Prompt 3, then 1 ATTN: Customer Administration. bicentral.healthcare@siemens.com</p>	

PLEASE REMIT TO:
Siemens Medical Solutions USA, Inc., PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL SERVICE CONTRACTS ARE SUBJECT TO SIEMENS MEDICAL SOLUTIONS USA, INC. TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND BACK OF THE SERVICE CONTRACT.



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

May 15, 2019

**RE: Fayette Memorial Hospital Association
Case No. 18-07762**

Dear Claims Agent:

Enclosed, please find the original and one copy of Siemens Healthcare's Proof of claim related to above-noted bankruptcy. Invoices have been attached as they relate to each Proof of Claim.

The claim relate to the following entity:

Fayette Regional Health System: \$19,689.90

A copy of the Proof of Claim has also been provided. Please file the original and return a time stamped copy of each using the prepaid self-addressed envelope which is enclosed.

FOR CORRESPONDENCE or questions please refer to:

Regular Mail

Siemens Healthcare
40 Liberty Boulevard
Malvern, PA 19355
Attn: JoAnn McDonough

Courier Service

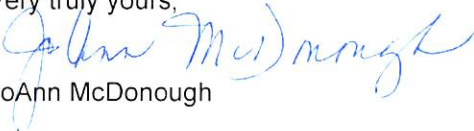
Siemens Healthcare
40 Liberty Boulevard
Malvern, PA 19355
Attn: JoAnn McDonough

Email: Josephine.mcdonough@siemens-healthineers.com

Phone: 844-789-6224 **Fax:** 302-631-0428

Thank you in advance for your courtesy and consideration.

Very truly yours,


JoAnn McDonough

Siemens Healthcare Diagnostics

PO Box 6101, Mailstop 802
Newark, DE 19714-6101

844-789-6226
www.siemens.com/diagnostics