

Proof of 503(b)(9) Claim Form

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

11 U.S.C. § 503(b)(9) provides that "[a]fter notice and a hearing, there shall be allowed administrative expenses . . . including . . . the value of any goods received by the debtor within 20 days before the date of commencement of a [bankruptcy case] in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

The Debtor's case commenced on October 10, 2018. Your receipt of this form does not mean you hold a valid 503(b)(9) claim.

Claimants should submit a signed original of this form in order to assert a claim pursuant to section 503(b)(9) of the Bankruptcy Code, together with the accompanying documentation required pursuant to the order of the Bankruptcy Court establishing procedures for the assertion, resolution, allowance and satisfaction of any claims asserted pursuant to section 503(b)(9) of the Bankruptcy Code to the following address:

If by regular mail to: 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 120th Street, Hawthorne, CA 90250

NOTE: This form must be delivered to BMC Group, Inc. at the above-referenced address **on or before to June 12, 2019**. This form may be submitted in person or by mail, hand delivery, or overnight courier. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

United Womens Health Services, LLC.

Name and Address Where Notices and Payment Should Be Sent:

United Womens Health Services
1700 West Park Dr., Suite 410
Westborough, MA 01581

Telephone No.:

508-870-6565

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

☐ Check this box if you have asserted a reclamation demand for any of the Goods referenced on this claim form. Attach statement identifying any such goods.

☐ Check this box if you have filed any other claim against any of the Debtors regarding the goods underlying your claim asserted herein.

☐ Check this box if the alleged value of the goods underlying your claim asserted herein represents a combination of goods and services. If you checked this box, provide the percentage of alleged value related to services and to goods on the following line: _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: FMH001

Check here if this claim: ☐ replaces ☐ amends a previously filed claim, dated: _____

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 2,449.00

2. DATE GOODS WERE RECEIVED BY DEBTOR: 5/4/2018

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:

Two Breast Biopsy Procedures and Disposables.

Attach particular invoices for which any of the amounts described in this form was applied.

RECEIVED

MAY 17 2019

BMC GROUP

4. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as invoices, receipts, bills of lading and the like, identifying the goods for which the claim is being asserted, the date such goods were received by the Debtor, and the alleged value of such goods. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. Any attachments must be 8-1/2" by 11".

5. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

6. ORDINARY COURSE CERTIFICATION: By signing this claim form, you are certifying that the goods, for which payment is sought hereby, were sold to the Debtor in the ordinary course of the Debtor's business and were received by the Debtor within twenty days prior to October 10, 2018, as required by 11 U.S.C. § 503(b)(9).

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)

Date:

5/13/19

Name:

Richard Burnap

Title:

Collections Specialist

Signature:

FMHA POC
00117

United Womens Health Services, LLC

1700 West Park Drive, Suite 410, Westborough, MA 01581

PHONE: 508-870-6565 FAX: 508-870-1563

INVOICE

Invoice Number: 28467

Invoice Date: 5/4/2018

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Bill

To: Fayette Regional Health
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331-2893

Ship

To: Fayette Regional Health
Gwen Peters, Surgery Dept
1941 Virginia Avenue
Connersville, IN 47331-2893

Ship Via Best Way
Ship Date 5/4/2018
Due Date 6/3/2018
Terms Net 30 Days

Customer ID FMH001
P.O. Number

SalesPerson Randy Whaley

Item/Description	Unit	Order Qty	Quantity	Unit Price	Total Price
LIN011	Each	1	1	1,725.00	1,725.00
Linear Med #011					
SBB treatment as follows:					

min fee per contract

EVIVA 0913-20	Each	2	2	265.00	530.00
Eviva 9 g standard probe					
EVIVA NG09L	Each	2	2	10.00	20.00
Eviva 9g needle guide					
SMARK-EVIVA-2S-13	Each	2	2	82.00	164.00
Site ID marker second shape					
ATEC CANISTER	Each	2	2	5.00	10.00
Suction canister w/lid					

FJ01	Tech
Jenny Fritz	
MP01	Eng
Phil McMullen	

Amount Subject to
Sales Tax
0.00

Amount Exempt
from Sales Tax
2,449.00

Subtotal: 2,449.00
Invoice Discount: 0.00
Tax: 0.00

Total: 2,449.00