

**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.

**RECEIVED**

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

MAY 21 2019

Jennifer Paddock

**BMC GROUP**

Name and Address Where Notices and Payment Should Be Sent:

1301 S. US Hwy 27  
Liberty, IN 47353

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: \_\_\_\_\_

Telephone No.:

765-580-0984

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: \_\_\_\_\_

Check here if this claim:  replaces  amends a previously filed claim, dated: \_\_\_\_\_

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 100.00.

2. DATE GOODS WERE RECEIVED BY DEBTOR: April 13, 2018

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:

was paid by myself and insurance. was told it would be reimbursed as soon as insurance paid. Insurance paid, claim still waiting to be reimbursed.

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:

5-15-19

Name:

Jennifer Paddock

Title:

Signature:

Jennifer Paddock

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

IN RE: )  
 ) Case No. 18-07762-JJG-11  
FAYETTE MEMORIAL HOSPITAL )  
ASSOCIATION, INC. d/b/a FAYETTE )  
REGIONAL HEALTH SYSTEMS, )  
Debtor. )

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NOTICE OF DEADLINE FOR FILING 503(b)(9) CLAIMS

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PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the “**Bar Date Order**”) setting **June 12, 2019** (the “**Claims Bar Date**”) as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the “**Debtor**”) pursuant to 11 U.S.C. § 503(b)(9) to file such 503(b)(9) Administrative Claim (defined below).

Pursuant to 11 U.S.C. § 503(b)(9), after notice and a hearing, there shall be an allowed administrative expense claim for the value of goods received by the Debtor within the 20 days before the petition date of October 10, 2018, where such goods were sold to the Debtor in the ordinary course of the Debtor’s business and the value of such goods remains unpaid (a “**503(b)(9) Administrative Claim**”).

Any person or entity asserting a 503(b)(9) Administrative Claim against the Debtor’s bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the Proof of 503(b)(9) Claim Form attached to this Notice. Proofs of Claim may be filed by sending them to Debtor’s Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, **so as to be RECEIVED on or before June 12, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an 503(b)(9) Administrative Claim with the Bankruptcy Court, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

**ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.**

**YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE** and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: May 8, 2019

/s/ Wendy D. Brewer  
Wendy D. Brewer (#22669-49)  
FULTZ MADDOX DICKENS PLC  
333 N. Alabama Street, Ste. 350  
Indianapolis, IN 46204  
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-and-

Laura M. Brymer (#30989-10)  
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*Attorneys for the Debtor*

# Your payment was successful!

You sent a payment of **\$100.00** to Fayette Regional Health System

**Reference:** 100381-1095331

**Date:** Apr 13, 2018

myhELO Payment	\$100.00
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xxxx-xxxx-xxxx-9549



Have any questions about your payment?

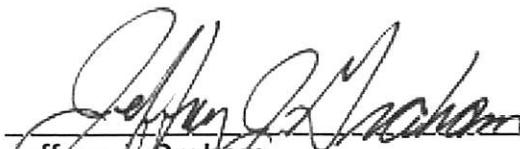
Contact us at: [help@myhelo.com](mailto:help@myhelo.com)

Powered By

4-13-18 office visit  
Re: Addisyn Schneider

**SO ORDERED: May 8, 2019.**



  
Jeffrey A. Graham  
United States Bankruptcy Judge

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION**

IN RE: )  
 ) Case No. 18-07762-JJG-11  
FAYETTE MEMORIAL HOSPITAL )  
ASSOCIATION, INC. d/b/a FAYETTE )  
REGIONAL HEALTH SYSTEMS, )  
Debtor. )  
 )

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**AMENDED ORDER GRANTING MOTION TO ESTABLISH CLAIMS BAR DATES**

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This matter is before the Court on the Debtor’s *Motion for Order Establishing Claims Bar Dates* [DN 358] (the “**Motion**”) filed by Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (“**Fayette**” or the “**Debtor**”) the debtor and debtor-in-possession, seeking an order: (a) establishing a deadline to file: (i) claims arising prior to the October 10, 2018 petition date (the “**Pre-Petition Claims**”); (ii) certain administrative expense claims for the period from the Petition Date through April 30, 2019 (the “**Covered Administrative Expense Claims**”) as further defined below; and (iii) claims pursuant to 11 U.S.C. § 503(b)(9) (“**503(b)(9) Administrative Claims**”); and (b) approving a modified procedure for creditors to assert Covered Administrative

Expense Claims and 503(b)(9) Administrative Claims along with Proof of Claim forms and form of Notice(s) to be sent to creditors and parties in interest. The Court having considered the relief requested in the Motion, and being otherwise duly advised in the premises, now grants the Motion as specifically set forth herein.

1. The last date by which claimants may file: (i) Pre-Petition Claims; (ii) Administrative Expense Claims for the period from the Petition Date through April 30, 2019; and (iii) 503(b)(9) Administrative Claims; shall be **June 12, 2019** (the “**Claims Bar Date**”).

2. The proposed form of *Notice of Deadline for Filing Proofs of Claim* attached to the Debtor’s Motion is hereby approved, and counsel for the Debtor is directed to serve, by U.S. Mail and/or electronic mail, a copy of the notice to all creditors and intervenors of record, and the Office of the United States Trustee and to file a Certificate of Service of such Notice.

3. The proposed form of *Notice of Deadline for Filing Administrative Expense Claims During the Period Between October 10, 2018 and April 30, 2019* and the proposed *Administrative Proof of Claim Form* attached to the Debtor’s Motion is hereby approved, and counsel for the Debtor is directed to serve, by U.S. Mail and/or electronic mail, a copy of the notice to all creditors and intervenors of record, to all known post-petition vendors to the Debtor, and to the Office of the United States Trustee and to file a Certificate of Service of such Notice.

4. The proposed form of *Notice of Deadline for Filing 503(b)(9) Administrative Claims* and the proposed *Proof of 503(b)(9) Claim*, attached to the Debtor’s Motion is hereby approved, and counsel for the Debtor is directed to serve, by U.S. Mail and/or electronic mail, a copy of the notice to all creditors and intervenors of record, and the Office of the United States Trustee and to file a Certificate of Service of such Notice.

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UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

IN RE: )  
) Case No. 18-07762-JJG-11  
FAYETTE MEMORIAL HOSPITAL )  
ASSOCIATION, INC. d/b/a FAYETTE )  
REGIONAL HEALTH SYSTEMS, )  
Debtor. )

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**NOTICE OF DEADLINE FOR FILING PRE-PETITION PROOFS OF CLAIM**  
*Claims Arising Prior to the Debtor's Petition Date of October 10, 2018*

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PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the "Bar Date Order") setting **June 12, 2019** (the "**Claims Bar Date**") as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the "**Debtor**") that arose **prior to October 10, 2018** to file proof of such claim.

For purposes of the Bar Date Order and this Notice, the term "claim" means and includes:  
(a) any right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured or  
(b) any right to an equitable remedy for breach of performance if such breach gives rise to a right of payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured or unsecured.

Any person or entity asserting a claim or interest in the bankruptcy estate of Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems, shall file a proof of claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the form attached to this Notice or Official Bankruptcy Form No. 410. A sample form is available at [https://www.bmcgroup.com/restructuring/POCDocs/435\\_FMHA\\_POC.pdf](https://www.bmcgroup.com/restructuring/POCDocs/435_FMHA_POC.pdf)

Proofs of Claim may be filed by sending them to Debtor's Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, **so as to be RECEIVED on or before June 12, 2019.**

If you have previously filed a proof of claim with the Bankruptcy Court or BMC Group, Inc. for the allowance and/or payment of a claim against the Debtor or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

The Debtor has filed its Schedules of Assets and Liabilities (the “Schedules”) with the Clerk of the Court. The Debtor’s Schedules are available for review at the Clerk’s office or on BMC Group, Inc.’s website (<https://www.bmcgroup.com/fmha>). Section 1111(a) of the Bankruptcy Code provides that a proof of claim is deemed filed for any claim in the amount that is listed in the Debtor’s Schedules, except a claim scheduled as disputed, contingent or unliquidated.

Any entity whose claim (a) is not listed or properly classified in the Schedules, (b) is listed in an incorrect amount, (c) is listed as disputed, contingent or unliquidated, and who desires to participate in this chapter 11 case must file a proof of claim on or before the Claims Bar Date. Any person, unit or entity who desires to rely on the Debtor’s Schedules will have the responsibility for determining that its claim is accurately listed therein.

**IF IT IS UNCLEAR FROM THE SCHEDULES WHETHER YOUR CLAIM IS DISPUTED, CONTINGENT OR UNLIQUIDATED AS TO AMOUNT OR OTHERWISE PROPERLY LISTED AND CLASSIFIED, YOU MUST FILE A PROOF OF CLAIM ON OR BEFORE THE CLAIMS BAR DATE.**

**ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN OF REORGANIZATION.**

**YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE** and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: May 8, 2019,

/s/ Wendy D. Brewer  
Wendy D. Brewer (#22669-49)  
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-and-

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UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

IN RE: )  
 ) Case No. 18-07762-JJG-11  
FAYETTE MEMORIAL HOSPITAL )  
ASSOCIATION, INC. d/b/a FAYETTE )  
REGIONAL HEALTH SYSTEMS, )  
Debtor. )

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NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING  
DURING THE PERIOD BETWEEN OCTOBER 10, 2018 AND APRIL 30, 2019

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PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the “**Bar Date Order**”) setting **June 12, 2019** (the “**Claims Bar Date**”) as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the “**Debtor**”) that arose **during the period between October 10, 2018 and April 30, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an “**Administrative Expense Claim**”).

Pursuant to 11 U.S.C. § 503, “after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate. . .”

Any person or entity asserting an Administrative Expense Claim against the Debtor’s bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the Administrative Proof of Claim Form attached to this Notice. Proofs of Claim may be filed by sending them to Debtor’s Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, **so as to be RECEIVED on or before June 12, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor for the period between October 10, 2018 and April 30, 2019, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

**ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.**

**YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE** and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: May 8, 2019

/s/ Wendy D. Brewer  
Wendy D. Brewer (#22669-49)  
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*Attorneys for the Debtor*

**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):

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:

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):

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:

**1. Basis for Administrative Claim**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Last four digits of your SS #:

Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2. Date(s) debt was incurred:

3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ \_\_\_\_\_

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 \_\_\_\_\_ 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.

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):

Date: