

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762

RECEIVED

MAY 21 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? Merry X-ray Corporation
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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Merry X-ray Corporation</u> Name	_____ Name
<u>8020 Tyler Blvd</u> Number Street	_____ Number Street
<u>Mentor OH 44060</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>440-701-1200</u>	Contact phone _____
Contact email <u>carol.tamburro!@merryxray.com</u>	Contact email _____

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: 7 2 3 3

7. How much is the claim? \$ 1418.89. 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

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: \$ 1418.89

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ 1418.89 (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: \$ 1418.89

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:*
- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* 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 5/8/2019
MM / DD / YYYY

Brittany Byomin
Signature

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

Name Brittany A Byomin
First name Middle name Last name

Title Supervisor Credit & Collections

Company Merry X-Ray Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 8020 Tyler Blvd
Number Street

Mentor OH 44060
City State ZIP Code

Contact phone 440-701-1200 Email carol.tamburro@merryxray.com



Customer Statement

DATE	ACCT.NO	PAGE
05/08/2019	3007233	1 of 1

^ Please Refer to above number in all correspondence

BILL TO:

FAYETTE MEMORIAL HOSPITAL
 ATTN ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA

REMIT TO:

MERRY X-RAY CORPORATION
 4909 MURPHY CANYON RD STE 120
 SAN DIEGO CA 92123
 USA

ANY QUESTION REGARDING THIS STATEMENT CALL: 866-326-1362

INVOICE DATE	SAP DOC. / INV.	BILLING REFERENCE	PURCHASE ORDER NO.	TERMS OF SALE	INVOICE AMOUNT	CURR	CASH/CRED. PROC.	OPEN AMOUNT
10/09/2018	8800343943	0090337031	180719-FXVI	Net 30 Days	469.63	USD	0.00	469.63
10/09/2018	8800343944	0090337032	180823-GTVH	Net 30 Days	949.26	USD	0.00	949.26

Balance As Of: 05/08/2019

OCTOBER STATEMENT BALANCE 1,418.89

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE
0.00	0.00	0.00	0.00	1,418.89	1,418.89

INVOICE



PURCHASE ORDER 180719-FXVI			INVOICE/FID 8800343943	INVOICE DATE 10/09/2018	ACCOUNT NO 3007233
SALES OFFICE 116	ORDER DATE 07/19/2018	DIVISION 30	PAYMENT TERMS Net 30 Days		DUE DATE 11/08/2018

SOLD TO:1001390
 FAYETTE MEMORIAL HOSPITAL
 ATTN ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA

BILL TO:
 FAYETTE MEMORIAL HOSPITAL
 ATTN ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA

SHIP TO:2000817
 FAYETTE MEMORIAL HOSPITAL
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA
 Pharm lic#60003241A

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 214705 Outbound Delivery: 80236277 Carrier: FEDEX GROUND Tracking No.: 439397885117 Carton Count: 1 Weight: 13.000 Ship Date: 10/09/2018		
1	CA	101988	OPTIRAY350 20X100ML PISYR RFID 133300	\$454.03	\$454.03
1	001	FRT30	Freight	\$15.60	\$15.60
				SubTotal:	\$469.63
				Tax:	\$0.00
				Total:	\$469.63

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

Please note new Remit-To address

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER 180719-FXVI	INVOICE/FID 8800343943	INVOICE DATE 10/09/2018	ACCOUNT NO 3007233	CUSTOMER NAME FAYETTE MEMORIAL HOSPITAL
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BILLING REF: 90337031

ANY QUESTIONS REGARDING THIS INVOICE CALL :
 866-326-1362

AMOUNT PAID

AMOUNT DUE	\$469.63
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INVOICE



PURCHASE ORDER 180823-GTVH			INVOICE/FID 8800343944	INVOICE DATE 10/09/2018	ACCOUNT NO 3007233
SALES OFFICE 116	ORDER DATE 08/27/2018	DIVISION 30	PAYMENT TERMS Net 30 Days		DUE DATE 11/08/2018

SOLD TO: 1001390
 FAYETTE MEMORIAL HOSPITAL
 ATTN ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA

BILL TO:
 FAYETTE MEMORIAL HOSPITAL
 ATTN ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA

SHIP TO: 2000132
 FAYETTE MEMORIAL HOSPITAL
 1941 VIRGINIA AVE
 CONNERSVILLE IN 47331
 USA
 Pharm lic#60003241A

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 228089 Outbound Delivery: 80236279 Carrier: FEDEX GROUND Tracking No.: 439397885128 Carton Count: 2 Weight: 26.000	Ship Date: 10/09/2018	
2	CA	101988	OPTIRAY350 20X100ML PISYR RFID 133300	\$454.03	\$908.06
1	001	FRT30	Freight	\$31.20	\$31.20
1	001	DELFECC30	Delivery Fee - Common Carrier	\$10.00	\$10.00
				SubTotal:	\$949.26
				Tax:	\$0.00
				Total:	\$949.26

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

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Please note new Remit-To address

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER 180823-GTVH	INVOICE/FID 8800343944	INVOICE DATE 10/09/2018	ACCOUNT NO 3007233	CUSTOMER NAME FAYETTE MEMORIAL HOSPITAL
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BILLING REF: 90337032

ANY QUESTIONS REGARDING THIS INVOICE CALL :
 866-326-1362

AMOUNT PAID

AMOUNT DUE \$949.26



05/08/19

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

To Whom It May Concert:

Please provide receipt showing that this claim was processed.
I have included a self-addressed stamped envelope.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carol Tamburro".

Carol Tamburro
Merry X-Ray
8020 Tyler Blvd
Mentor OH 44060