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BMC GROUP

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):

Cardinal Health 110, LLC

Name and Address Where Notices and Payment Should Be Sent:

c/o Debra Willet, VP, Assoc. General Counsel
7000 Cardinal Place
Dublin, OH 43017

Telephone No.: 614-757-3428

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: _____

Check here if this claim: replaces amends a previously filed claim, dated: May 31, 2019

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 10,878.00

2. DATE GOODS WERE RECEIVED BY DEBTOR: Within 20 days of Petition Date

3. BRIEF DESCRIPTION OF CLAIM AND GOODS See attached addendum

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

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:
07/29/19

Name:
Tyronza Walton

Title:
Credit Manager

Signature:

Tyronza Walton

FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

Case No. 18-07762

Addendum to 503(b)(9) Proof of Claim filed by Cardinal Health 110, LLC¹

Effective as of September 1, 2016, Apexus, LLC (“Apexus”) and Cardinal Health 110, LLC and Cardinal Health 112, LLC (collectively “Cardinal Health”) entered into a 340B Prime Vendor Program Base Agreement, as may be amended from time to time (the “Agreement”).¹ Pursuant to the Agreement, Cardinal Health agreed to sell and distribute certain pharmaceutical products (the “Products”) to participants in the Apexus 340B Prime Vendor Program. Subsequently, on January 26, 2017, Fayette Memorial Hospital Association, Inc. (the “Debtor”), as a participant in the Apexus 340B Prime Vendor Program, and Cardinal Health entered into a Letter of Participation (“LOP”), whereby the Debtor agreed to be bound by the terms and conditions of the Agreement. In accordance with the LOP, the Debtor ordered and Cardinal Health delivered Products to the Debtor. In particular, the Debtor received goods from Cardinal Health within 20 days prior to October 10, 2018 (the “Petition Date”) in the amount of \$10,878.00. The Debtor failed to pay for the Products. As a result, Cardinal Health is entitled to an administrative priority claim under 11 U.S.C. §503(b)(9).

Cardinal Health hereby expressly reserves the right to amend this proof of claim and this addendum as may be necessary to adjust the amount claimed herein or to supplement this proof of claim in any way, including, but not limited to, its rights to claim post-petition interest, attorneys fees, and costs as may be allowed pursuant to 11 U.S.C. §§502 and 506, and/or to file a request for payment of administrative expenses relating to this matter.

¹ This 503(b)(9) Proof of Claim constitutes an amendment to Claim No. 142 filed by Cardinal Health (as such term is defined herein) on or about May 31, 2019. Claim No. 142 included the amount of Cardinal Health’s 503(b)(9) claim, as set forth in detail in the addendum included therewith. This 503(b)(9) Proof of Claim is not intended to supersede any aspect of Claim No. 142, but rather, is being filed for the purpose of setting forth that portion of Cardinal Health’s claim qualifying as a 503(b)(9) claim on the appropriate form.

Cardinal Health 110, LLC

503(b)(9) Invoices

Document Date	Document Number	Reference	Amount
9/20/2018	7008105158	3747722	\$3.32
9/20/2018	7008090843	3747723	\$82.50
9/24/2018	7008416695	3276021	\$643.47
9/24/2018	7008425565	3276022	\$20.04
9/24/2018	7008424210	3276023	\$537.21
9/24/2018	7008425600	3276024	\$26.53
9/24/2018	7008442967	3777490	\$138.06
9/24/2018	7008447216	3777491	\$346.70
9/24/2018	7008447226	3777489	\$1,480.51
9/27/2018	7008816628	3324403	\$710.45
9/27/2018	7008834455	3324402	\$3,493.24
10/2/2018	7009282478	3874150	\$3.89
10/2/2018	7009282489	3874148	\$451.82
10/2/2018	7009285018	3874149	\$94.41
10/2/2018	7009286615	3874146	\$2,751.38
10/2/2018	7009288120	3874147	\$94.47

\$10,878.00



Erin L. Gapinski
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Cardinal Health
7000 Cardinal Place
Dublin, OH 43017
614.757.5000 main

cardinalhealth.com

July 30, 2019

Via Federal Express

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

Re: *In re Fayette Memorial Hospital Association, Inc.; Case No. 18-07762*

To Whom it May Concern:

Enclosed for filing for the above case is an Amended Proof of 503(b)(9) Claim for Cardinal Health 110, LLC. Please date stamp the extra copy as received and return it in the enclosed envelope.

Please let us know if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Erin L. Gapinski", written over a horizontal line.

Erin L. Gapinski
Senior Counsel

Enclosure