

Case 18-07762-JJG-11 Doc 368 Filed 05/08/19 EOD 05/08/19 18:06:19 Pg 3 of 3

ADMINISTRATIVE EXPENSE CLAIM FORM		
Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11		
<p>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.</p>		
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property): PHARMEDIUM SERVICES, LLC</p> <p>Name and address where notices should be sent: 150 N. FIELD DR, STE 350 LAKE FOREST, IL 60145</p> <p>Name and address where payment should be sent (if different):</p>	<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p>	
<p>Telephone number:</p>		
<p>Last four digits of account or other number by which creditor identifies debtor: 8643</p>		
<p>1. Basis for Administrative Claim</p> <p><input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)</p>	
<p>2. Date(s) debt was incurred: 11/17 - 8/18</p>	<p>3. If court judgment, date obtained:</p>	
<p>4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____</p> <p>If all or part of your claim is secured, also complete Item 5 below.</p> <p><input type="checkbox"/> 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.</p>		
<p>5. Please identify the property of the debtor that secures the claim.</p> <p>Description of Property: _____ Basis for Perfection: _____ Value of Property: _____</p>	<p>6. Offsets, Credits and Setoffs:</p> <p><input type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:</p>	
<p>7. This Administrative Proof of Claim:</p> <p><input checked="" type="checkbox"/> Is the first filed proof of claim evidencing the claim asserted herein. <input type="checkbox"/> Amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____</p>	<p>8. Assignment</p> <p><input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.</p>	
<p>9. Supporting Documentation:</p> <p>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.</p>		
<p>Date: 5/24/19</p>	<p>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): LEE OHLSON SR. CREDIT COLLECTIONS SPECIALIST</p>	

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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.

STATEMENT



Date:	5/24/2019
Account:	518643
Terms:	Net 30

Bill To:

FAYETTE REGIONAL HEALTH SYS
 INPATIENT PHARMACY
 1941 VIRGINIA AVENUE
 CONNERSVILLE IN 47331

Remit To:

PharMedium Services, LLC
 29104 Network Place
 Chicago IL 60673-1291

Invoices paid beyond the due date are subject to a Late Payment Service Fee

^Please return this portion with your payment^

Document Number.	Document Date	PO Number	Due Date	Balance
A2103565	11/8/2017	C2110517JV	12/8/2017	\$640.07
A2129402	12/21/2017	C2121117JV	1/20/2018	\$331.75
A2129469	12/21/2017	C2121817JV	1/20/2018	\$331.75
A2159624	2/23/2018	118928	3/25/2018	\$198.00
A2188782	5/21/2018	118957	6/20/2018	\$198.00
A2213426	8/13/2018	118987	9/12/2018	\$198.00
Balance Due:				\$1,897.57

If you have any questions regarding your remittance, please contact Accounts Receivable at:
 Phone: 847-457-2378
 Fax: 847-234-1278
 e-mail: ar@pharmedium.com

Customer Service may be contacted at:
 Phone: 800-523-7749
 Fax: 847-234-1363
 e-mail: customerservice@pharmedium.com