

**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):

Claim Aid

Name and Address Where Notices and Payment Should Be Sent:

Claim Aid  
8141 Zionsville Rd  
Indianapolis IN 46268  
Attn: Chas LaPierre  
Telephone No.:  
317-295-4050

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: Inv. 12654, 12702, 12752, 12802, 12853, 12903

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

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 43,877.21

RECEIVED

2. DATE GOODS WERE RECEIVED BY DEBTOR: May 1, 2018 - October 2018

JUN 07 2019

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:

Retainer fee for contracted eligibility services.

BMC GROUP

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:

Name:

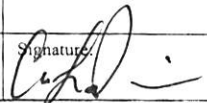
Title:

Signature:

06/06/19

Chas LaPierre

President and CEO



ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268



Invoice Date 05/01/2018

Invoice # 12654

**Fayette Regional Health System**

Attention Jim Miller  
1941 Virginia Avenue

Connersville, Indiana 47331 2833

**Mail Payment To:**

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268

**Questions Contact**

Lori Bell  
1-800-842-4052 (X105) - lbell@claimaid.com

**Invoice Summary**

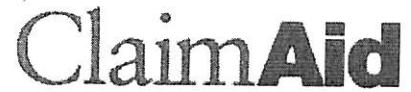
Monthly ClaimAid Retainer Fee

	\$8,116.40
<b>Invoice Total</b>	<b>\$8,116.40</b>
<b>Payments</b>	<b>\$0.00</b>
<b>Adjustments</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$8,116.40</b>

Payment Due Upon Receipt

Your itemization of this invoice is attached.

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268



Invoice Date 06/01/2018

Invoice # 12702

**Fayette Regional Health System**

Attention Jim Miller  
1941 Virginia Avenue

Connersville, Indiana 47331 2833

**Mail Payment To:**

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268

**Questions Contact**

Lori Bell  
1-800-842-4052 (X105) - lbell@claimaid.com

**Invoice Summary**

Current Fees	\$275.00
Monthly ClaimAid Retainer Fee	\$8,116.40
<b>Invoice Total</b>	<b>\$8,391.40</b>
<b>Payments</b>	<b>\$0.00</b>
<b>Adjustments</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$8,391.40</b>

Payment Due Upon Receipt  
Your itemization of this invoice is attached.

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268



Invoice Date 07/01/2018

Invoice # 12752

**Fayette Regional Health System**

Attention Jim Miller  
1941 Virginia Avenue

Connersville, Indiana 47331 2833

**Mail Payment To:**

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268

**Questions Contact**

Lori Bell  
1-800-842-4052 (X105) - lbell@claimaid.com

**Invoice Summary**

Monthly ClaimAid Retainer Fee

	\$8,116.40
<b>Invoice Total</b>	<b>\$8,116.40</b>
<b>Payments</b>	<b>\$0.00</b>
<b>Adjustments</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$8,116.40</b>

Payment Due Upon Receipt  
Your itemization of this invoice is attached.

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268



Invoice Date 08/01/2018

Invoice # 12802

**Fayette Regional Health System**

Attention Jim Miller  
1941 Virginia Avenue

Connersville, Indiana 47331 2833

**Mail Payment To:**

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268

**Questions Contact**

Lori Bell  
1-800-842-4052 (X105) - lbell@claimaid.com

**Invoice Summary**

Current Fees	\$275.00
Monthly ClaimAid Retainer Fee	\$8,116.40
<b>Invoice Total</b>	<b>\$8,391.40</b>
<b>Payments</b>	<b>\$0.00</b>
<b>Adjustments</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$8,391.40</b>

Payment Due Upon Receipt

Your itemization of this invoice is attached.

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268



Invoice Date 08/31/2018

Invoice # 12853

**Fayette Regional Health System**

Attention Jim Miller  
1941 Virginia Avenue

Connersville, Indiana 47331 2833

**Mail Payment To:**

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268

**Questions Contact**

Lori Bell  
1-800-842-4052 (X105) - lbell@claimaid.com

**Invoice Summary**

Monthly ClaimAid Retainer Fee

\$8,116.40

**Invoice Total \$8,116.40**

**Payments \$0.00**

**Adjustments \$0.00**

**Balance Due \$8,116.40**

Payment Due Upon Receipt

Your itemization of this invoice is attached.

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268



Invoice Date 10/02/2018

Invoice # 12903

**Fayette Regional Health System**

Attention Randy White  
1941 Virginia Avenue

Connersville, Indiana 47331 2833

**Mail Payment To:**

ClaimAid  
8141 Zionsville Road  
Indianapolis, IN 46268

**Questions Contact**

Lori Bell  
1-800-842-4052 (X105) - lbell@claimaid.com

**Invoice Summary**

Current Fees	\$275.00
Monthly ClaimAid Retainer Fee	\$8,116.40
<b>Invoice Total</b>	<b>\$8,391.40</b>
<b>Payments</b>	<b>(\$5,646.19)</b>
<b>Adjustments</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$2,745.21</b>

Payment Due Upon Receipt

Your itemization of this invoice is attached.