

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): Philips Healthcare	<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.
Name and address where notices should be sent: c/o BRUCE BORTUS Fox Rothschild LLP 1001 4th Ave. Suite 4500 Seattle, WA 98154 Name and address where payment should be sent (if different):	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: 206-624-3600	
Last four digits of account or other number by which creditor identifies debtor:	
1. Basis for Administrative Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<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 _____ to _____ (date) (date)
2. Date(s) debt was incurred:	3. If court judgment, date obtained:
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: <u>\$252,761.38</u>	
If all or part of your claim is accrued, also complete Item 5 below. <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.	
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: <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:
7. This Administrative Proof of Claim: <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted hereto. <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	8. Assignment: <input type="checkbox"/> 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.	
Date: <u>6.7.19</u>	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): Joshua Nicholson Senior Credit Risk Manager Philips Global Business Services, North America 414 Union Street, Suite 200, Nashville, TN 37219

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.

RECEIVED

JUN 11 2019

FMHC GROUP

FMHA POC

 00174

Company Code	Account	Reference	Document Date	Posting Date	Net due date	Document currency	Amount in local currency
US90	94620300	938994572	6/1/2019	6/1/2019	7/1/2019	USD	2,485.00
US90	94620300	938957816	5/28/2019	5/28/2019	7/27/2019	USD	6,417.00
US90	94620300	938918213	5/21/2019	5/21/2019	7/18/2019	USD	8,511.85
US90	94620300	938950781	5/25/2019	5/25/2019	7/24/2019	USD	8,366.00
US90	94620300	938779386	4/27/2019	4/27/2019	6/26/2019	USD	6,417.00
US90	94620300	938754737	4/24/2019	4/24/2019	6/23/2019	USD	8,366.00
US90	94620300	938745519	4/23/2019	4/23/2019	5/23/2019	USD	2,485.00
US90	94620300	938745518	4/23/2019	4/23/2019	5/23/2019	USD	2,485.00
US90	94620300	938721182	4/18/2019	4/18/2019	6/17/2019	USD	8,511.85
US90	94620300	938586373	3/28/2019	3/28/2019	5/27/2019	USD	6,417.00
US90	94620300	938566977	3/26/2019	3/26/2019	5/24/2019	USD	8,366.00
US90	94620300	938524241	3/19/2019	3/19/2019	5/18/2019	USD	8,511.85
US90	94620300	938421364	3/2/2019	3/2/2019	4/1/2019	USD	2,485.00
US90	94620300	938380063	2/26/2019	2/26/2019	4/26/2019	USD	6,417.00
US90	94620300	938359381	2/22/2019	2/22/2019	4/23/2019	USD	8,366.00
US90	94620300	938203635	1/29/2019	1/29/2019	3/29/2019	USD	6,417.00
US90	94620300	938185013	1/25/2019	1/25/2019	3/26/2019	USD	8,366.00
US90	94620300	938325618	2/16/2019	2/16/2019	4/17/2019	USD	8,511.85
US90	94620300	938176151	1/24/2019	1/24/2019	2/23/2019	USD	2,485.00
US90	94620300	938176150	1/24/2019	1/24/2019	2/23/2019	USD	2,485.00
US90	94620300	938151484	1/19/2019	1/19/2019	3/20/2019	USD	8,511.85
US90	94620300	938027913	12/28/2018	12/28/2018	2/26/2019	USD	6,417.00
US90	94620300	938009433	12/25/2018	12/25/2018	2/23/2019	USD	8,366.00
US90	94620300	937975597	12/19/2018	12/19/2018	2/17/2019	USD	8,511.85
US90	94620300	937874874	12/4/2018	12/4/2018	1/3/2019	USD	2,485.00
US90	94620300	937829217	11/28/2018	11/28/2018	12/28/2018	USD	17,023.70
US90	94620300	937820293	11/27/2018	11/27/2018	1/26/2019	USD	6,417.00
US90	94620300	937810182	11/24/2018	11/24/2018	1/23/2019	USD	8,366.00
US90	94620300	937890238	12/5/2018	12/5/2018	1/4/2019	USD	9,896.27
US90	94620300	937662450	10/31/2018	10/31/2018	11/30/2018	USD	7,755.70
US90	94620300	937662449	10/31/2018	10/31/2018	11/30/2018	USD	3,653.57
US90	94620300	937662602	10/31/2018	10/31/2018	11/30/2018	USD	16,256.40
US90	94620300	937662234	10/31/2018	10/31/2018	11/30/2018	USD	20,357.27
US90	94620300	937662547	10/31/2018	10/31/2018	11/30/2018	USD	2,217.80
US90	94620300	937662311	10/31/2018	10/31/2018	11/30/2018	USD	3,653.57
	94620300					USD	252,761.38
						USD	252,761.38



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
938994572	06/01/2019	1 / 1

CONTRACT NO.

42066614

PURCHASE ORDER NUMBER

700030

INVOICE AMOUNT

\$2,485.00

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$39,760.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	45684279	02XLWH	Service Agreement Value Limited iU22 Ultrasound System	07/01/2019 - 09/30/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$2,485.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$2,485.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938918213	05/21/2019	1 / 1

CONTRACT NO.
42459671

INVOICE AMOUNT
\$8,511.85

PURCHASE ORDER NUMBER
PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	06/18/2019 - 07/17/2019	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	06/18/2019 - 07/17/2019	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	06/18/2019 - 07/17/2019	358.75

STATE SALES TAX	\$556.85	SUB TOTAL	\$7,955.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$556.85

TOTAL AMOUNT OF THIS INVOICE	\$8,511.85
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PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



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**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
938950781	05/25/2019	1 / 1

CONTRACT NO.
42087438

INVOICE AMOUNT
\$8,366.00

PURCHASE ORDER NUMBER
700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia 1.5T	06/24/2019 - 07/23/2019	7,955.33
21	57955342	33381	Service Agreement Value DTS MDKOOL 15000 OPEN CHILLER, 480VAC	06/24/2019 - 07/23/2019	410.67

STATE SALES TAX	\$0.00	SUB TOTAL	\$8,366.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE	\$8,366.00
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PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 375020223
REMIT FAX: 425-482-8856



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SERVICE INVOICE
REPRINT

INVOICE AMOUNT

\$6,417.00

INVOICE NO. DATE PAGE
938779386 04/27/2019 1 / 1

CONTRACT NO.
41858143

PURCHASE ORDER NUMBER
N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	05/27/2019 - 06/26/2019	6,417.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$6,417.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$6,417.00

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938754737	04/24/2019	1 / 1

CONTRACT NO.

42087438

INVOICE AMOUNT

\$8,366.00

PURCHASE ORDER NUMBER

700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia I.5T	05/24/2019 - 06/23/2019	7,955.33
21	57955342	33381	Service Agreement Value DTS MDK00L 15000 OPEN CHILLER. 480VAC	05/24/2019 - 06/23/2019	410.67
STATE SALES TAX		\$0.00		SUB TOTAL	\$8,366.00
COUNTY SALES TAX		\$0.00			
CITY TAX		\$0.00			
DISTRICT TAX		\$0.00			
TOTAL AMOUNT OF THIS INVOICE					\$8,366.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
938745519	04/23/2019	1 / 1

CONTRACT NO.
42086772

INVOICE AMOUNT
\$2,485.00

PURCHASE ORDER NUMBER
700032

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$75,600.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56243455	B05P7T	Service Agreement Value Limited iE33 Ultrasound System	05/23/2019 - 08/22/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$2,485.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$2,485.00

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938745518	04/23/2019	1 / 1

CONTRACT NO.

42084748

INVOICE AMOUNT

\$2,485.00

PURCHASE ORDER NUMBER

700031

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$39,760.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931800	B0G8KQ	Service Agreement Value Limited iU22 Ultrasound System	05/23/2019 - 08/22/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$2,485.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$2,485.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938721182	04/18/2019	1 / 1

CONTRACT NO.

42459671

INVOICE AMOUNT

\$8,511.85

PURCHASE ORDER NUMBER

PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	05/18/2019 - 06/17/2019	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	05/18/2019 - 06/17/2019	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	05/18/2019 - 06/17/2019	358.75

STATE SALES TAX	\$556.85	SUB TOTAL	\$7,955.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$556.85

TOTAL AMOUNT OF THIS INVOICE **\$8,511.85**

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
938586373	03/28/2019	1 / 1

CONTRACT NO.
41858143

INVOICE AMOUNT
\$6,417.00

PURCHASE ORDER NUMBER
N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	04/27/2019 - 05/26/2019	6,417.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$6,417.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
TOTAL SALES TAX			\$0.00

TOTAL AMOUNT OF THIS INVOICE	\$6,417.00
-------------------------------------	-------------------

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
938524241	03/19/2019	1 / 1

CONTRACT NO.

42459671

INVOICE AMOUNT

\$8,511.85

PURCHASE ORDER NUMBER

PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
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ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	04/18/2019 - 05/17/2019	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	04/18/2019 - 05/17/2019	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	04/18/2019 - 05/17/2019	358.75

STATE SALES TAX	\$556.85	SUB TOTAL	\$7,955.00
COUNTY SALES TAX	\$0.00	TOTAL SALES TAX	\$556.85
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		

TOTAL AMOUNT OF THIS INVOICE \$8,511.85

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938380063	02/26/2019	1 / 1

CONTRACT NO.

41858143

INVOICE AMOUNT

\$6,417.00

PURCHASE ORDER NUMBER

N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	03/27/2019 - 04/26/2019	6,417.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$6,417.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
TOTAL SALES TAX			\$0.00

TOTAL AMOUNT OF THIS INVOICE \$6,417.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B I-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE AMOUNT
\$8,366.00

INVOICE NO. DATE PAGE
938359381 02/22/2019 1 / 1

CONTRACT NO.
42087438

PURCHASE ORDER NUMBER
700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia 1.5T	03/24/2019 - 04/23/2019	7,955.33
21	57955342	33381	Service Agreement Value DTS MDK00L 15000 OPEN CHILLER, 480VAC	03/24/2019 - 04/23/2019	410.67

STATE SALES TAX	\$0.00	SUB TOTAL	\$8,366.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$8,366.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938203635	01/29/2019	1 / 1

CONTRACT NO.
41858143

INVOICE AMOUNT
\$6,417.00

PURCHASE ORDER NUMBER
N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	02/27/2019 - 03/26/2019	6,417.00
STATE SALES TAX		\$0.00		SUB TOTAL	\$6,417.00
COUNTY SALES TAX		\$0.00			
CITY TAX		\$0.00			
DISTRICT TAX		\$0.00			

TOTAL AMOUNT OF THIS INVOICE **\$6,417.00**

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B I-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE AMOUNT

\$8,366.00

INVOICE NO. DATE PAGE
938185013 01/25/2019 1 / 1

CONTRACT NO.
42087438

PURCHASE ORDER NUMBER
700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia 1.5T	02/24/2019 - 03/23/2019	7,955.33
21	57955342	33381	Service Agreement Value DTS MDK00L 15000 OPEN CHILLER, 480VAC	02/24/2019 - 03/23/2019	410.67

STATE SALES TAX	\$0.00	SUB TOTAL	\$8,366.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$8,366.00

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE AMOUNT
\$8,511.85

INVOICE NO. DATE PAGE
938325618 | 02/16/2019 | 1 / 1

CONTRACT NO.
42459671

PURCHASE ORDER NUMBER
PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	03/18/2019 - 04/17/2019	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	03/18/2019 - 04/17/2019	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	03/18/2019 - 04/17/2019	358.75
STATE SALES TAX		\$556.85		SUB TOTAL	
COUNTY SALES TAX		\$0.00		TOTAL SALES TAX	
CITY TAX		\$0.00			
DISTRICT TAX		\$0.00			
				TOTAL SALES TAX	\$556.85

TOTAL AMOUNT OF THIS INVOICE **\$8,511.85**

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938176151	01/24/2019	1 / 1

CONTRACT NO.
42086772

INVOICE AMOUNT
\$2,485.00

PURCHASE ORDER NUMBER
700032

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$75,600.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56243455	B05P7T	Service Agreement Value Limited iE33 Ultrasound System	02/23/2019 - 05/22/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$2,485.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE **\$2,485.00**

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
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CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO. DATE PAGE
938151484 | 01/19/2019 | 1 / 1

CONTRACT NO.
42459671

INVOICE AMOUNT
\$8,511.85

PURCHASE ORDER NUMBER
PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	02/18/2019 - 03/17/2019	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	02/18/2019 - 03/17/2019	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	02/18/2019 - 03/17/2019	358.75

STATE SALES TAX	\$556.85	SUB TOTAL	\$7,955.00
COUNTY SALES TAX	\$0.00	TOTAL SALES TAX	\$556.85
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		

TOTAL AMOUNT OF THIS INVOICE \$8,511.85

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



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SERVICE INVOICE
REPRINT

INVOICE NO. DATE PAGE
938027913 12/28/2018 1 / 1

CONTRACT NO.
41858143

INVOICE AMOUNT
\$6,417.00

PURCHASE ORDER NUMBER
N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	01/27/2019 - 02/26/2019	6,417.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$6,417.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00	TOTAL SALES TAX	\$0.00
DISTRICT TAX	\$0.00		

TOTAL AMOUNT OF THIS INVOICE \$6,417.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
938009433	12/25/2018	1 / 1

CONTRACT NO.

42087438

INVOICE AMOUNT

\$8,366.00

PURCHASE ORDER NUMBER

700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia I.5T	01/24/2019 - 02/23/2019	7,955.33
21	57955342	33381	Service Agreement Value DTS MDK00L 15000 OPEN CHILLER, 480VAC	01/24/2019 - 02/23/2019	410.67

STATE SALES TAX	\$0.00	SUB TOTAL	\$8,366.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE **\$8,366.00**

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
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CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



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**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937975597	12/19/2018	1 / 1

CONTRACT NO.

42459671

INVOICE AMOUNT

\$8,511.85

PURCHASE ORDER NUMBER

PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	01/18/2019 - 02/17/2019	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	01/18/2019 - 02/17/2019	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	01/18/2019 - 02/17/2019	358.75

STATE SALES TAX	\$556.85	SUB TOTAL	\$7,955.00
COUNTY SALES TAX	\$0.00	TOTAL SALES TAX	\$556.85
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		

TOTAL AMOUNT OF THIS INVOICE \$8,511.85

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B I-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937874874	12/04/2018	1 / 1

CONTRACT NO.
42066614

INVOICE AMOUNT
\$2,485.00

PURCHASE ORDER NUMBER
700030

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$39,760.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	45684279	02XLWH	Service Agreement Value Limited iU22 Ultrasound System	01/01/2019 - 03/31/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$2,485.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
TOTAL SALES TAX			\$0.00

TOTAL AMOUNT OF THIS INVOICE \$2,485.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937829217	11/28/2018	1 / 1

CONTRACT NO.
42459671

INVOICE AMOUNT
\$17,023.70

PURCHASE ORDER NUMBER
PO0048

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$477,300.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
10	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	11/18/2018 - 12/17/2018	7,237.50
20	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	11/18/2018 - 12/17/2018	358.75
30	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	11/18/2018 - 12/17/2018	358.75
40	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel	12/18/2018 - 01/17/2019	7,237.50
50	41445828	11273	Service Agreement Primary Extended Brilliance Workspace	12/18/2018 - 01/17/2019	358.75
60	41445829	11275	Service Agreement Primary Extended Brilliance Workspace	12/18/2018 - 01/17/2019	358.75
STATE SALES TAX		\$1,113.70		SUB TOTAL	
COUNTY SALES TAX		\$0.00		TOTAL SALES TAX	
CITY TAX		\$0.00			
DISTRICT TAX		\$0.00			
TOTAL AMOUNT OF THIS INVOICE					\$17,023.70

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937820293	11/27/2018	1 / 1

CONTRACT NO.
41858143

INVOICE AMOUNT
\$6,417.00

PURCHASE ORDER NUMBER
N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	12/27/2018 - 01/26/2019	6,417.00
STATE SALES TAX			\$0.00	SUB TOTAL	\$6,417.00
COUNTY SALES TAX			\$0.00		
CITY TAX			\$0.00		
DISTRICT TAX			\$0.00		

TOTAL AMOUNT OF THIS INVOICE	\$6,417.00
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PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare.

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937810182	11/24/2018	1 / 1

CONTRACT NO.
42087438

INVOICE AMOUNT
\$8,366.00

PURCHASE ORDER NUMBER
700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia 1.5T	12/24/2018 - 01/23/2019	7,955.33
21	57955342	33381	Service Agreement Value DTS MDK00L 15000 OPEN CHILLER. 480VAC	12/24/2018 - 01/23/2019	410.67

STATE SALES TAX	\$0.00	SUB TOTAL	\$8,366.00
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$8,366.00

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



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SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
937890238	12/05/2018	1 / 2

CONTRACT NO.

41547614

INVOICE AMOUNT

\$9,896.27

PURCHASE ORDER NUMBER

N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$467,190.02

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel ***DO NOT MAIL CUSTOMER***	10/18/2018 - 11/17/2018	7,306.50
21	41445828	11273	Service Agreement Primary Extended Brilliance Workspace ***DO NOT MAIL***	10/18/2018 - 11/17/2018	358.75
31	41445829	11275	Service Agreement Primary Extended Brilliance Workspace ***DO NOT MAIL CUSTOMER***	10/18/2018 - 11/17/2018	358.75

STATE SALES TAX	\$0.00	SUB TOTAL	\$9,896.27
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		

TOTAL AMOUNT OF THIS INVOICE **\$9,896.27**

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B I-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE AMOUNT

\$9,896.27

INVOICE NO. DATE PAGE
937890238 12/05/2018 2 / 2

CONTRACT NO.
41547614

PURCHASE ORDER NUMBER
N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$467,190.02

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
41	41445828	11273	Service Agreement Primary Extended Brilliance Workspace ***DO NOT MAIL***	10/11/2018 - 10/17/2018	83.71
51	41445829	11275	Service Agreement Primary Extended Brilliance Workspace ***DO NOT MAIL CUSTOMER***	10/11/2018 - 10/17/2018	83.71
61	41445827	10018	Service Agreement Primary Brilliance CT 64 Channel ***DO NOT MAIL CUSTOMER***	10/11/2018 - 10/17/2018	1,704.85

STATE SALES TAX	\$0.00	SUB TOTAL	\$9,896.27
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		

TOTAL AMOUNT OF THIS INVOICE \$9,896.27

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

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Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937662450	10/31/2018	1 / 1

CONTRACT NO.
42086772

INVOICE AMOUNT
\$7,755.70

PURCHASE ORDER NUMBER
700033

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$75,600.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
21	57586281	B0809C	Service Agreement Primary TEE Transducer, S7-2 Omni	10/11/2018 - 08/22/2019	7,755.70

STATE SALES TAX	\$0.00	SUB TOTAL	\$7,755.70
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$7,755.70

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

**SERVICE INVOICE
REPRINT**

INVOICE NO.	DATE	PAGE
937662449	10/31/2018	1 / 1

CONTRACT NO.
42086772

INVOICE AMOUNT
\$3,653.57

PURCHASE ORDER NUMBER
700032

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$75,600.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56243455	B05P7T	Service Agreement Value Limited iE33 Ultrasound System	10/11/2018 - 11/22/2018	1,168.57
21	56243455	B05P7T	Service Agreement Value Limited iE33 Ultrasound System	11/23/2018 - 02/22/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$3,653.57
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE	\$3,653.57
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PAYMENT DUE: Within 30 Days Due Net

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Lizka B I-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



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SERVICE INVOICE
REPRINT

INVOICE NO.	DATE	PAGE
937662602	10/31/2018	1 / 1

CONTRACT NO.

41858143

INVOICE AMOUNT

\$16,256.40

PURCHASE ORDER NUMBER

N/A

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94242661
Brookville Immediate Care Center
11137 US Highway 52
BROOKVILLE IN 47012-7901

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		759		\$293,766.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
12	540775	6064	Service Agreement Primary Brilliance CT 16 Power	10/27/2018 - 11/26/2018	6,417.00
22	540775	6064	Service Agreement Primary Brilliance CT 16 Power	10/11/2018 - 10/26/2018	3,422.40
32	540775	6064	Service Agreement Primary Brilliance CT 16 Power	11/27/2018 - 12/26/2018	6,417.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$16,256.40
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$16,256.40

PAYMENT DUE: Within 30 Days Due Net

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
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CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 375020223
REMIT FAX: 425-482-8856



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SERVICE INVOICE
REPRINT

INVOICE AMOUNT

\$20,357.27

INVOICE NO. DATE PAGE
937662234 10/31/2018 1 / 1

CONTRACT NO.

42087438

PURCHASE ORDER NUMBER

700034

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		762		\$401,568.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931911	41242	Service Agreement Value Ingenia 1.5T	10/11/2018 - 10/23/2018	3,447.31
21	57955342	33381	Service Agreement Value	10/11/2018 - 10/23/2018	177.96
31	56931911	41242	DTS MDKOOOL 15000 OPEN CHILLER. 480VAC Service Agreement Value	10/24/2018 - 11/23/2018	7,955.33
41	57955342	33381	Service Agreement Value Ingenia 1.5T	10/24/2018 - 11/23/2018	410.67
51	56931911	41242	DTS MDKOOOL 15000 OPEN CHILLER. 480VAC Service Agreement Value	11/24/2018 - 12/23/2018	7,955.33
61	57955342	33381	Service Agreement Value Ingenia 1.5T DTS MDKOOOL 15000 OPEN CHILLER. 480VAC	11/24/2018 - 12/23/2018	410.67
STATE SALES TAX			\$0.00	SUB TOTAL	\$20,357.27
COUNTY SALES TAX			\$0.00		
CITY TAX			\$0.00		
DISTRICT TAX			\$0.00		
				TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$20,357.27

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE AMOUNT

\$2,217.80

INVOICE NO. DATE PAGE
937662547 10/31/2018 1 / 1

CONTRACT NO.
42066614

PURCHASE ORDER NUMBER
700030

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$39,760.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	45684279	02XLWH	Service Agreement Value Limited iU22 Ultrasound System	10/11/2018 - 12/31/2018	2,217.80

STATE SALES TAX	\$0.00	SUB TOTAL	\$2,217.80
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$2,217.80

PAYMENT DUE: Within 30 Days Due Net

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Lizka B 1-800-456-9756

ACH/EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856



Philips Healthcare

SERVICE INVOICE
REPRINT

INVOICE AMOUNT
\$3,653.57

INVOICE NO. DATE PAGE
937662311 | 10/31/2018 | 1 / 1

CONTRACT NO.
42084748

PURCHASE ORDER NUMBER
700031

BILL TO: 94620300
Fayette Regional Health System
1941 Virginia Ave
Connersville IN 47331-2833

SHIP TO: 94048371
Fayette Regional Health System
1941 Virginia Ave
CONNERSVILLE IN 47331-2833

REMIT TO:
PHILIPS HEALTHCARE
PO Box 100355
ATLANTA GA 30384-0355

ATTN: ACCOUNTS PAYABLE DEPT

FEDERAL TAX ID#: 13-3429115

****FOR ADDITIONAL REMIT TO****
INFORMATION SEE BELOW

PMSNA REPRESENTATIVE	CUSTOMER CONTACT	REGION	CUSTOMER TELE NO.	TOTAL CONTRACT AMOUNT
		655		\$39,760.00

ITEM NO.	SITE NUMBER	S/N	PRODUCT DESCRIPTION	DATES OF COVERAGE	TOTAL
11	56931800	B0G8KQ	Service Agreement Value Limited iU22 Ultrasound System	10/11/2018 - 11/22/2018	1,168.57
21	56931800	B0G8KQ	Service Agreement Value Limited iU22 Ultrasound System	11/23/2018 - 02/22/2019	2,485.00

STATE SALES TAX	\$0.00	SUB TOTAL	\$3,653.57
COUNTY SALES TAX	\$0.00		
CITY TAX	\$0.00		
DISTRICT TAX	\$0.00		
		TOTAL SALES TAX	\$0.00

TOTAL AMOUNT OF THIS INVOICE \$3,653.57

PAYMENT DUE: Within 30 Days Due Net

ACH/EFT INSTRUCTIONS

PHILIPS HEALTHCARE APPRECIATES YOUR BUSINESS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:
Lizka B 1-800-456-9756

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA# 1110-0001-2
ACCT# 3750202223
REMIT FAX: 425-482-8856