

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): <u>NextGen Healthcare, Inc.</u>	<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: <u>NextGen Healthcare, Inc.</u> <u>ATTN: SHADI BANK</u> <u>19111 Von Kaizman Ave. Ste 800</u> <u>Irvine, CA 92612</u>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
Name and address where payment should be sent (if different):	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <u>949 237 5716</u>	

Last four digits of account or other number by which creditor identifies debtor: 4630

1. Basis for Administrative Claim <input 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 _____ (date) - to _____ (date)
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2. Date(s) debt was incurred: post-petition 3. If court judgment, date obtained: _____

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 163,557.48

If all or part of your claim is secured, also complete Item 5 below.
 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 checked="" type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input checked="" 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: _____
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7. This Administrative Proof of Claim: <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 _____.	8. Assignment <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.
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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: 6-11-2019 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):
Shadi Bank, VP & Associate General Counsel

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.



Accounting Office:
 18111 Von Karman Ave, Suite 800, Irvine CA, 92612
 For any accounting/billing related assistance, please go to
<https://www.community.nextgen.com/SuccessCommunityLogin>
 or contact us at (888) 407-3126

Invoice No. 90808810
Invoice Date 01/01/2019
Customer No. 104630

Invoice

Sold To: Fayette Regional Health System

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave
 Connersville IN 47331-2833

Ship To:
 Fayette Regional Health System
 1941 Virginia Ave
 Connersville IN 47331-2833

				Payment Terms	Due Date
				Payable upon receipt	01/01/2019
Material Description	Quantity	Unit Price	Amount		
Contract No. 0040003729 / PG-2012-23030					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	592.95
GL AR Interface to CPSI...	1 EA	592.95	592.95		
Contract No. 0040003730 / PG-2012-22814					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	948.78
CPSI Lab Orders/Results Interface...	1 EA	355.83	355.83		
Indiana Health Information Exchange Docu	1 EA	592.95	592.95		
Contract No. 0040003819 / PG-2012-19804					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	660.57
Document Management Fat Client Scanning.	11 EA	43.74	481.14		
NG Defined Clearinghouse Eligibility...	1 EA	43.47	43.47		

Invoice Summary			
	Extended Amount	82,945.74	
	Discount	(0.00)	
	Subtotal	82,945.74	
	Sales Tax	0.00	
	Invoice Amount USD	82,945.74	

Remittance Advice for Invoice No: **90808810** Dated: **01/01/2019**

Please detach remittance and send payment to:

NextGen Healthcare, Inc.
 PO Box 809390
 CHICAGO IL 60680

Customer No.
 Customer Name
 Balance Due
 Amount Paid

104630
 Fayette Regional Health System
 \$ 82,945.74



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		Payment Terms	Due Date
		Payable upon receipt	01/01/2019
Material Description	Quantity	Unit Price	Amount
ASA5505ULBUNK9 - CISCO ASA 5505 BUNDLE -	1 EA	31.44	31.44
RemoteScan for Citrix / Term Serv	11 EA	5.58	61.38
7090298 - SAP Crystal Reports 2008	1 EA	21.72	21.72
70001898 - Digiboard for Faxing	1 EA	21.42	21.42
Contract No. 0040016644 / PG-2012-32712			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 1,778.88
Amb EHR / Pract Mgmt Combo Practice Lic	1 EA	1,778.88	1,778.88
Contract No. 0040017068 / PG-2012-35281			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 21.87
RemoteScan for Citrix / Term Serv	3 EA	7.29	21.87
Contract No. 0040025997 / PG-2013-56792			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 177.87
Immunization EXPORT:NG HL7 Format	1 EA	177.87	177.87
Contract No. 0040026160 / PG-2013-56557			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 354.00
NextGen Patient Portal Monthly Provider	2 EA	177.00	354.00
Contract No. 0040027360 / PG-2013-59472			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 14.40
RemoteScan for Citrix / Term Serv	2 EA	7.20	14.40
Contract No. 0040033737 / PG-2014-75148			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 19.50
RemoteScan for Citrix / Term Serv	2 EA	9.75	19.50
Contract No. 0040037986 / PG-2014-84175			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 316.62
Rad Orders/Results w/Fuji Synapse RIS	1 EA	316.62	316.62
Contract No. 0040037989 / PG-2014-82947			



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		Payment Terms	Due Date		
		Payable upon receipt	01/01/2019		
Material Description	Quantity	Unit Price	Amount		
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	9.42
RemoteScan for Citrix / Term Serv	1 EA	9.42	9.42		
Contract No. 0040038456 / PG-2014-84247					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	738.75
Demo IMPORT to NG from	1 EA	184.68	184.68		
Appts IMPORT to NG EPM from	1 EA	158.31	158.31		
NG Amb EHR Charges EXPORT to	1 EA	395.76	395.76		
Contract No. 0040039457 / PG-2014-86829					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	4,605.27
Amb EHR / Pract Mgmt Combo Bundle Prov L	4 EA	791.55	3,166.20		
Amb EHR / Pract Mgmt Combo Bundle ML Lic	1 EA	554.07	554.07		
NextGen Patient Portal Monthly Provider	5 EA	177.00	885.00		
Contract No. 0040042159 / PG-2015-92813					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	9.42
RemoteScan for Citrix / Term Serv	1 EA	9.42	9.42		
Contract No. 0040042353 / PG-2015-93124					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	968.55
Amb EHR / Pract Mgmt Combo Bundle Prov L	1 EA	791.55	791.55		
NextGen Patient Portal Monthly Provider	1 EA	177.00	177.00		
Contract No. 0040042558 / PG-2015-93850					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	9.42
RemoteScan for Citrix / Term Serv	1 EA	9.42	9.42		
Contract No. 0040052693 / PG-2016-113948					
Renewal Start 01/01/2019 End 03/31/2019				Subtotal	69,027.84
Patient Portal Monthly Provider Fee	35 EA	177.00	6,195.00		
PM Only SaaS Provider	4 EA	1,329.78	5,319.12		
EHR/PM SaaS Provider	22 EA	1,663.05	36,587.10		



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		Payment Terms	Due Date
		Payable upon receipt	01/01/2019
Material Description	Quantity	Unit Price	Amount
EHR/PM SaaS Midlevel Provider	13 EA	1,329.78	17,287.14
NextGen Hosting Additional User-Monthly	26 EA	139.98	3,639.48
Contract No. 0040053521 / PG-2016-117126			
Renewal Start 01/01/2019 End 03/31/2019			Subtotal 357.63
MS Office - MS Excel(Only)- Hosting	13 MON	27.51	357.63
Contract No. 0040042353 / PG-2015-93124			
Renewal Start 01/01/2019 End 12/31/2019			Subtotal 334.00
First Data Drug Database Interaction	1 EA	139.00	139.00
Healthwise Patient Education	1 EA	195.00	195.00
Contract No. 0040075656 / PG-2017-150579			
Renewal Start 01/01/2019 End 12/31/2019			Subtotal 2,000.00
CPT Codes - EHR/PM Combo & EHR Provider	19 EA	100.00	1,900.00
CPT Codes - PM, BH & PT Provider	4 EA	25.00	100.00



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Invoice No. 90848069
Invoice Date 04/01/2019
Customer No. 104630

Invoice

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				Payment Terms	Due Date
				Payable upon receipt	04/01/2019
Material Description	Quantity	Unit Price	Amount		
Contract No. 0040003729 / PG-2012-23030					
Renewal Start 04/01/2019 End 06/30/2019				Subtotal	592.95
GL AR Interface to CPSI...	1 EA	592.95	592.95		
Contract No. 0040003730 / PG-2012-22814					
Renewal Start 04/01/2019 End 06/30/2019				Subtotal	948.78
CPSI Lab Orders/Results Interface...	1 EA	355.83	355.83		
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Document Management Fat Client Scanning.	11 EA	43.74	481.14		
NG Defined Clearinghouse Eligibility...	1 EA	43.47	43.47		

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	Extended Amount	80,611.74	
	Discount	(0.00)	
	Subtotal	80,611.74	
	Sales Tax	0.00	
	Invoice Amount USD	80,611.74	

Remittance Advice for Invoice No: **90848069** Dated: **04/01/2019**

Please detach remittance and send payment to:

NextGen Healthcare, Inc.
 PO Box 809390
 CHICAGO IL 60680

Customer No.
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 Amount Paid

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Renewal Start 04/01/2019 End 06/30/2019				Subtotal	354.00
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