

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): INDIANA HEALTH INFORMATION EXCHANGE, INC.	<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: AMMON R. FILLMORE 846 NORTH SENATE AVE. SUITE 300 INDIANAPOLIS, IN 46202	<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): JENNIFER FREENEY Accounts Receivables 846 NORTH SENATE AVE. SUITE 300 INDIANAPOLIS, IN 46202	<input type="checkbox"/>	Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: 317-644-1750		

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

1. Basis for Administrative Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed PLEASE SEE ATTACHED SUPPORTING DOCUMENTS <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: 11/01/2018 - 04/30/2019	3. If court judgment, date obtained:
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4 TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ \$23,704.50 PLEASE SEE ATTACHED SUPPORTING DOCUMENTS

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 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:
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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: <u>06/10/2019</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):
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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.

Indiana Health Information Exchange

Administrative Claim Summary 11/1/2019 - 4/30/2019 - No Payments Received

Month Served	Invoice No.	Invoice Date	Contracted Service	Invoice Amount	Paid	Balance Due
November-18	2532	11/1/18	IT Services/Support - Careweb, D4D	\$3,898.75	\$0.00	\$3,898.75
December-18	2604	12/1/18	IT Services/Support - Careweb, D4D	\$3,898.75	\$0.00	\$3,898.75
January-19	2790	1/1/19	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
February-19	2842	2/1/19	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
March-19	2917	3/1/2019	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
April-19	2995	4/1/2019	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
Total Administrative Claim to 4/30/2019				\$23,704.50	\$0.00	\$23,704.50

846 North Senate Ave
Suite 300
Indianapolis, IN 46202 US
bills@ihie.org



Indiana Health Information Exchange

INVOICE

BILL TO
Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 2532
DATE 11/01/2018
DUE DATE 12/01/2018
TERMS Net 30

ACTIVITY	AMOUNT
INPC Monthly Services	3,898.75
BALANCE DUE	\$3,898.75



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INVOICE

BILL TO

Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 2604

DATE 12/01/2018

DUE DATE 12/31/2018

TERMS Net 30

ACTIVITY

INPC Monthly Services

AMOUNT

3,898.75

BALANCE DUE

\$3,898.75



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INVOICE

BILL TO

Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 2790

DATE 01/01/2019

DUE DATE 01/31/2019

TERMS Net 30

ACTIVITY

INPC Monthly Services

AMOUNT

3,976.75

BALANCE DUE

\$3,976.75



Indiana Health Information Exchange

846 North Senate Ave
Suite 300
Indianapolis, IN 46202 US
jfeeney@ihie.org

Invoice

BILL TO

Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 2842

DATE 02/01/2019

DUE DATE 03/03/2019

TERMS Net 30

ACTIVITY

INPC Monthly
Services

AMOUNT

3,976.75

BALANCE DUE

\$3,976.75



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Invoice

BILL TO

Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 2917

DATE 03/01/2019

DUE DATE 03/31/2019

TERMS Net 30

ACTIVITY

INPC Monthly
Services

AMOUNT

3,976.75

BALANCE DUE

\$3,976.75



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Invoice

BILL TO

Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 2995

DATE 04/01/2019

DUE DATE 05/01/2019

TERMS Net 30

ACTIVITY

INPC Monthly
Services

AMOUNT

3,976.75

BALANCE DUE

\$3,976.75

June 10th, 2019

BMC Group, Inc.
ATTN: FHMA Claims Processing
P.O. Box 90100
Los Angeles, CA 90009

RE: Fayette Memorial Hospital Association
U.S. Bankruptcy Court
Southern District of Indiana
Case NO. 18-07762-JJG

To Whom it May Concern,

Enclosed please find an Administrative Expense Claim Form in the amount of \$23,704.50 for unpaid health information technology services performed by the Indiana Health Information Exchange, Inc. for the continued benefit and maintenance of Fayette Memorial Hospital Association. Also enclosed is supporting documentation for the claim.

Sincerely,



Ammon R. Fillmore

General Counsel & Privacy Officer

Indiana Health Information Exchange, Inc.

Enclosed:

Administrative Expense Claim Form (signed)

Monthly Service Invoices