

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):

Nashville Surgical Instruments

Name and Address Where Notices and Payment Should Be Sent:

**Nashville Surgical Instruments
2005 Kumar Lane
Springfield, TN 37172**

Telephone No.:
615-382-4996

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: **47331**

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

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ **1350.00**

2. DATE GOODS WERE RECEIVED BY DEBTOR: **06/22/18 (\$675.00) & 07/06/18 (\$675.00)**

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:

Cholangiography Catheters used for Gallbladder Surgery

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:
June 4, 2019

Name: **Linda L Kumar, RN** Title: **Chief Marketing Officer**

Signature: 

RECEIVED
JUN 12 2019
BMC GROUP

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE:)
) Case No. 18-07762-JJG-11
FAYETTE MEMORIAL HOSPITAL)
ASSOCIATION, INC. d/b/a FAYETTE)
REGIONAL HEALTH SYSTEMS,)
Debtor.)

NOTICE OF DEADLINE FOR FILING 503(b)(9) CLAIMS

PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the “**Bar Date Order**”) setting **June 12, 2019** (the “**Claims Bar Date**”) as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the “**Debtor**”) pursuant to 11 U.S.C. § 503(b)(9) to file such 503(b)(9) Administrative Claim (defined below).

Pursuant to 11 U.S.C. § 503(b)(9), after notice and a hearing, there shall be an allowed administrative expense claim for the value of goods received by the Debtor within the 20 days before the petition date of October 10, 2018, where such goods were sold to the Debtor in the ordinary course of the Debtor’s business and the value of such goods remains unpaid (a “**503(b)(9) Administrative Claim**”).

Any person or entity asserting a 503(b)(9) Administrative Claim against the Debtor’s bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the Proof of 503(b)(9) Claim Form attached to this Notice. Proofs of Claim may be filed by sending them to Debtor’s Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, so as to be **RECEIVED** on or before **June 12, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an 503(b)(9) Administrative Claim with the Bankruptcy Court, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.

YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: May 8, 2019

/s/ Wendy D. Brewer
Wendy D. Brewer (#22669-49)
FULTZ MADDOX DICKENS PLC
333 N. Alabama Street, Ste. 350
Indianapolis, IN 46204
Tel: (317) 215-6220
E-Mail: wbrewer@fmdlegal.com

-and-

Laura M. Brymer (#30989-10)
FULTZ MADDOX DICKENS PLC
101 S. Fifth Street, Ste. 2700
Louisville, KY 40202
Tel: (502) 588-2000
E-mail: lbrymer@fmdlegal.com
Attorneys for the Debtor

Nashville Surgical Instruments

2005 Kumar Lane
Springfield, TN 37172

Invoice

Date	Invoice #
6/22/2018	19338

Phone #	Fax #	E-mail
615-382-4996	615-382-4199	orders@NashvilleSurg.com

Bill To	Ship To
Fayette Regional Health System ATTN: Accounts Payable 1941 Virginia Ave Connersville, IN 47331	Fayette Regional Health System 1941 Virginia Ave Connersville, IN 47331

P.O. Number	Due Date	Terms
180622-FBZ7	7/22/2018	Net 30

Item Code	Description	Quantity	Price Each	Amount
CC-019	Kumar Catheter® for Cholangiography (Box of 20) "Use Before" 07/31/2021	1	675.00	675.00
S & H	Shipping & Handling: FREE GROUND Debbie Poe P: 765-827-8891	1	0.00	0.00
THANK YOU! We appreciate your business!				

Clamp Lot #	Cath Lot #	TA Lot #	Subtotal	\$675.00
	5151716		Sales Tax (0.0%)	\$0.00
			Total	\$675.00

Note: Please Remember that Sterile Products CANNOT be Returned
Terms and Conditions of Sale apply per www.NashvilleSurg.com
*Patent & ®Registered Trademark



June 4, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **772548338535**.

Delivery Information:

Status:	Delivered	Delivery location:	1941 VIRGINIA AVE ATTN ACCOUNTS PAYABL Connersville, IN 47331
Signed for by:	HISLE	Delivery date:	Jun 27, 2018 12:21
Service type:	FedEx Ground		
Special Handling:			

H. ISLE
#23, 12:17, 24 Del, 0 NonDel

Shipping Information:

Tracking number:	772548338535	Ship date:	Jun 25, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
Fayette Regional Health System
ATTN: RECEIVING
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331 US

Reference
Purchase order number:
Invoice number
Department number

Shipper:
Linda Kumar RN
Nashville Surgical Instruments
2005 Kumar Lane
Springfield, TN 37172 US
Fayette Regional Health System
180622-FBZ7
19338
OR Material-STERILE Product

Thank you for choosing FedEx.

Nashville Surgical Instruments

2005 Kumar Lane
Springfield, TN 37172

Invoice

Date	Invoice #
7/6/2018	19411

Phone #	Fax #	E-mail
615-382-4996	615-382-4199	orders@NashvilleSurg.com

Bill To	Ship To
Fayette Regional Health System ATTN: Accounts Payable 1941 Virginia Ave Connersville, IN 47331	Fayette Regional Health System 1941 Virginia Ave Connersville, IN 47331

P.O. Number	Due Date	Terms
180705-FM6A	8/5/2018	Net 30

Item Code	Description	Quantity	Price Each	Amount
CC-019	Kumar Catheter® for Cholangiography (Box of 20) "Use Before" 08/31/2021	1	675.00	675.00
S & H	Shipping & Handling: FREE GROUND Debbie Poe P: 765-827-8891	1	0.00	0.00
THANK YOU! We appreciate your business!				

Clamp Lot #	Cath Lot #	TA Lot #	Subtotal	\$675.00
	5151717		Sales Tax (0.0%)	\$0.00
			Total	\$675.00

Note: Please Remember that Sterile Products CANNOT be Returned
Terms and Conditions of Sale apply per www.NashvilleSurg.com
*Patent & ®Registered Trademark

7/5/2018

Print Order

Order for Nashville Surgical Instruments

Order Info

System PO #
180705-FM6A

Custom Purchase Order #
77434

Order Date
07/05/2018 04:39 PM

Charge Code

Vendor

Name
Nashville Surgical Instruments

Contact

Phone
615-382-4896

Fax
615-382-4199

Email
purchasing@fayetteregional.org

Customer

Name
FAYETTE REGIONAL HEALTH SYSTEM

Contact
Debbie Poe

Phone
17658278891

Email
debbiep@fayetteregional.org

Bill To Account Number
Tax Exempt # 001818880000

Ship To Information

Ship To Location
Fayette Regional Health System

Contact
Debbie Poe

Phone Number
17658278891

Email
debbiep@fayetteregional.org

Account

Address 1
1941 Virginia Ave.

Address 2

City
Connersville

State
IN

Postal Code
47331

Delivery Instructions
Receiving Hours - Monday through
Friday - 8:00 a.m. to 3:00 p.m.

Vendor Note

Products

Product #	Custom #	Bln #	Description	UOM	Unit Price	Quantity	Extended Price	Memo
95214459	CC019	Nashville Surgical I	KUMAR CATHETER CHOLANGIOGRAPHY	BX	\$675.00	1	\$675.00	

Total Price

\$675.00

Powered By **Jump**



June 4, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 772646213150.

Delivery Information:

Status:	Delivered	Delivery location:	1941 VIRGINIA AVE Connersville, IN 47331
Signed for by:	HISLE	Delivery date:	Jul 10, 2018 12:52
Service type:	FedEx Ground		
Special Handling:			

H. ISLE
#24, 12:47, 8 Del, 0 NonDel

Shipping Information:

Tracking number:	772646213150	Ship date:	Jul 6, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
Fayette Regional Health System
ATTN: RECEIVING
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331 US

Reference
Purchase order number:
Invoice number
Department number

Shipper:
Linda Kumar RN
Nashville Surgical Instruments
2005 Kumar Lane
Springfield, TN 37172 US
Fayette Regional Health System
180705-FM6A
19411
OR MATERIAL- STERILE

Thank you for choosing FedEx.