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BMC GROUP

Case 18-07762-JJG-11 Doc 368 Filed 05/08/19 EOD 05/08/19 18:06:19 Pg 3 of 3

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): <i>Versiti, Inc. for its affiliates</i>	<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: <i>Versiti, Inc, 638 N. 18th Street Milwaukee, WI 53233</i>	<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 checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <i>414 937 6418</i>	
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 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 SSN: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date(s) debt was incurred: <i>Various</i>	3. If court judgment, date obtained:
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ <i>\$20,704.30 and \$17,792.00</i>	
If all or part of your claim is secured, also complete item 5 below. <i>Per agreement w/ counsel single form being used for</i>	
<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: _____  <i>Pre and post 10/10/18 claims</i>
7. This Administrative Proof of Claim:  <input type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein.  <input checked="" 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: <i>10-15-19</i>	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): <i>[Signature] EVP, GC</i>

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.

Affiliate	Bill To Customer	Invoice #	Invoice Date	Amount Due/Remaining
Indiana Blood Center	FAYETTE REG HEALTH SYS	C538148	6/6/2018	\$1,971.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37145	6/7/2018	(\$657.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C539032	6/20/2018	\$2,190.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76126	6/21/2018	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	M150035	6/28/2018	\$556.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C539484	6/28/2018	\$657.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76128	6/28/2018	(\$219.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	TR44785	6/30/2018	\$78.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C539864	7/4/2018	\$1,971.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76130	7/5/2018	(\$657.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	M150361	7/11/2018	\$225.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C540797	7/19/2018	\$2,628.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37130	7/19/2018	(\$2,190.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	M150590	7/23/2018	\$1,305.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C541246	7/25/2018	\$1,314.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37132	7/26/2018	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C541709	8/1/2018	\$1,971.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76127	8/2/2018	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C541746	8/2/2018	\$438.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	M150931	8/6/2018	\$130.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C542149	8/9/2018	\$1,971.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C542147	8/9/2018	\$1,028.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37141	8/16/2018	(\$876.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C542696	8/17/2018	\$1,752.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37141R	8/17/2018	(\$1,314.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C543434	8/29/2018	\$1,752.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37142	8/30/2018	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C543849	9/5/2018	\$1,752.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76131	9/6/2018	(\$1,095.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C544333	9/12/2018	\$1,752.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76136	9/13/2018	(\$876.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C544802	9/19/2018	\$657.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	M151919	9/21/2018	\$225.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37148	9/27/2018	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C545257	9/27/2018	\$1,533.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C545711	10/3/2018	\$1,314.00

Indiana Blood Center	FAYETTE REG HEALTH-SYS	R76142	10/4/2018	(\$1,314.00)
				\$17,782.00

Affiliate	Bill To Customer	Invoice #	Invoice Date	Amount Due/Remaining
Indiana Blood Center	FAYETTE REG HEALTH SYS	546703	10/23/2018	\$657.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	506704	10/23/2018	\$108.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	152541	10/23/2018	\$225.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C547196	10/25/2018	\$1,143.25
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37146	10/25/2018	(\$457.30)
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37143	10/31/2018	(\$228.65)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C547669	10/31/2018	\$228.65
Indiana Blood Center	FAYETTE REG HEALTH SYS	C547716	11/1/2018	\$1,371.90
Indiana Blood Center	FAYETTE REG HEALTH SYS	C548163	11/7/2018	\$1,371.90
Indiana Blood Center	FAYETTE REG HEALTH SYS	R37149	11/8/2018	(\$1,371.90)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C549195	11/24/2018	\$1,829.20
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76135	11/24/2018	(\$914.60)
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76134	12/1/2018	(\$457.30)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C549692	12/1/2018	\$1,371.90
Indiana Blood Center	FAYETTE REG HEALTH SYS	C549749	12/2/2018	\$914.60
Indiana Blood Center	FAYETTE REG HEALTH SYS	C550373	12/10/2018	\$1,600.55
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76139	12/11/2018	(\$685.95)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C551103	12/19/2018	\$1,600.55
Indiana Blood Center	FAYETTE REG HEALTH SYS	C551272	12/21/2018	\$275.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	C551271	12/21/2018	\$914.60
Indiana Blood Center	FAYETTE REG HEALTH SYS	C551545	12/26/2018	\$1,371.90
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76140	12/27/2018	(\$685.95)
Indiana Blood Center	FAYETTE REG HEALTH SYS	R76137	12/27/2018	(\$914.60)
Indiana Blood Center	FAYETTE REG HEALTH SYS	C551776	12/30/2018	\$685.95
Indiana Blood Center	FAYETTE REG HEALTH SYS	2025435	1/30/2019	\$4,559.30
Indiana Blood Center	FAYETTE REG HEALTH SYS	2025303	1/30/2019	(\$1,971.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2026734	1/31/2019	(\$657.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2026919	1/31/2019	\$1,971.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2028173	2/12/2019	\$1,095.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2028070	2/12/2019	(\$1,095.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2029302	2/19/2019	\$1,314.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2030083	2/26/2019	\$1,704.65
Indiana Blood Center	FAYETTE REG HEALTH SYS	2030216	2/26/2019	\$183.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2029967	2/26/2019	(\$1,104.65)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2030865	2/28/2019	\$1,038.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2030718	2/28/2019	(\$1,257.00)

Indiana Blood Center	FAYETTE REG HEALTH SYS	2032403	3/12/2019	(\$1,095.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2032547	3/12/2019	\$1,314.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2034036	3/19/2019	\$1,314.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2033887	3/19/2019	(\$1,314.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2034578	3/26/2019	\$3,066.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2034417	3/26/2019	(\$1,752.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2035457	3/31/2019	\$1,613.65
Indiana Blood Center	FAYETTE REG HEALTH SYS	2035434	3/31/2019	(\$1,314.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2036725	4/9/2019	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2036919	4/9/2019	\$438.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2038438	4/16/2019	\$1,095.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2038241	4/16/2019	(\$657.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2038952	4/23/2019	\$3,146.65
Indiana Blood Center	FAYETTE REG HEALTH SYS	2039116	4/23/2019	\$183.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2038788	4/23/2019	(\$1,752.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2040582	4/30/2019	\$984.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2040648	4/30/2019	\$1,514.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2042023	5/7/2019	\$876.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2041817	5/7/2019	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2042494	5/14/2019	(\$1,314.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2042652	5/14/2019	\$1,533.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2044149	5/21/2019	\$1,314.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2043933	5/21/2019	(\$876.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2044917	5/28/2019	(\$438.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2045044	5/28/2019	\$438.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2045654	5/31/2019	(\$219.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2045860	5/31/2019	\$1,314.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2045655	5/31/2019	(\$1,314.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2045995	5/31/2019	\$600.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2047805	6/11/2019	\$2,847.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2047643	6/11/2019	(\$1,971.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2048254	6/18/2019	\$219.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2049738	6/25/2019	\$876.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2049624	6/25/2019	(\$219.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2050170	6/30/2019	\$3,120.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2050031	6/30/2019	(\$3,120.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2051909	7/9/2019	(\$1,314.00)

Indiana Blood Center	FAYETTE REG HEALTH SYS	2053567	7/23/2019	(\$3,285.00)
Indiana Blood Center	FAYETTE REG HEALTH SYS	2052040*	7/9/2019	\$219.00
Indiana Blood Center	FAYETTE REG HEALTH SYS	2053859*	7/23/2019	\$1,314.00

\$22,242.30

\*billed after Reed transition, but for pre-Reed transition  
delivery