

**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):

TruBridge, LLC

☐

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:

Jacobson Hile Kight LLC Attn: C. Jacobson  
108 E. 9th Street  
Indianapolis IN 46202☐

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):

National Judgment Investment Corp.  
700 Lake Drive  
Ambler, PA 19002-5084  
Attn: Nathan Neuman☒

Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number:

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

**1. Basis for Administrative Claim**

- ☒ Goods sold  
☒ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other

☐

Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐

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: \$14,540.27

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:

☒ All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein☒ This claim is not subject to any setoff or counterclaim.☐ This claim is subject to setoff or counterclaim as follows:

7. This Administrative Proof of Claim:

☒ is the first filed proof of claim evidencing the claim asserted herein.☐ amends/supplements a proof of claim \_\_\_\_\_ filed on \_\_\_\_\_ or☐ replaces/suspends a proof of claim filed on \_\_\_\_\_

8. Assignment

☐ 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: July 2, 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):

Christine K. Jacobson, Attorney for TruBridge, LLC

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

JUL 03 2019

PMC GROUP

FMHA POC  
00212

Debtor: Fayette Memorial Hospital, Inc. dba Fayette Regional Health Systems  
Case No: 18-07762-JJG-11; United States Bankruptcy Court, Southern District of Indiana

**ATTACHMENT TO ADMINSTRATIVE PROOF OF CLAIM**  
**TRUBRIDGE, LLC**

This Administrative Proof of Claim ("Claim") is filed by Computer Programs & Systems, Inc. ("TruBridge") with respect to debtor Fayette Memorial Hospital, Inc. dba Fayette Regional Health Systems ("Debtor") in the amount of \$14,540.27, as of July 2, 2019. TruBridge's claim arises from services provided to Debtor from and after October 10, 2018 through May 9, 2019, including accrued and unpaid interest. A copy of the Contract by and between Debtor and TruBridge and the related invoices are attached hereto collectively as Exhibit A.

<u>Invoice #</u>	<u>Amount</u>	<u>Date</u>	<u>Due</u>	<u>Interest</u>	
T1811095859	2,731.60	11/09/18	12/09/18	276.15	
T1812095859	2,731.60	12/09/18	01/08/19	235.74	
T1901095859	2,731.60	01/09/19	02/08/19	193.98	
T1902095859	2,731.60	02/11/19	03/13/19	149.53	
T1903095859	<u>2,650.00</u>	03/11/19	04/10/19	<u>108.47</u>	
	13,576.40			963.87	14,540.27

By filing this Claim, TruBridge does not waive its rights to seek further relief from the Bankruptcy Court for additional post-petition obligations, including without limitation, interest, attorney fees, additional fees, costs and expenses, advances, assessments and any other amounts which were incurred, accrued or arose after the Petition Date, and which are recoverable, or may be included, by TruBridge under the documents relating to its claim (collectively, the "Claim Documents") and/or applicable law (collectively, the "Additional Claim Items").

TruBridge reserves the right to supplement or amend this Claim for the purpose of including specific or additional sums as Additional Claim Items, and to state a total amount that is, or would be, owed by Debtor to TruBridge as of the effective date of any plan of reorganization or liquidation in this bankruptcy case, the date of any distribution or payment with respect to this claim, or any other appropriate date(s) or to otherwise amend its claim to reflect amounts due and owing.

The claim amount stated on the face of this Claim is intended to be a present, good faith (non-binding) estimate of the amount of that claim, which ultimately may or will require revision to a higher or lower actual amount, as justice requires. TruBridge further reserves the right to amend, supplement, and/or modify this Claim (and the documents that accompany or support the same), from time to time as may be necessary or appropriate, to conform to, or to adapt to changes in, facts or law, determinations yet to be made in this case or in other proceedings, or otherwise to further the purpose of filing of this Claim.



**TruBridge, LLC**

**Master Services Agreement**

**for**

**Fayette Regional Health System**

**September 9, 2013**



## Master Services Agreement

TruBridge, LLC, a Delaware Limited Liability Corporation, (hereinafter "TruBridge") is the provider of certain services and INASMUCH AS,

### Fayette Regional Health System

(hereinafter "Customer") wishes to obtain services as described herein and TruBridge is willing to make said services available to Customer,

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained and of other good and valuable consideration the parties do mutually agree as follows:

1. **Engagement for Services:** TruBridge agrees to furnish, and Customer agrees to accept and pay for, Services as set forth in EXHIBIT A (each a "Service" and collectively the "Services"). It is expressly understood that TruBridge shall only provide Customer with the Services specified in EXHIBIT A. Additional Services may be added by separate addendum to this Agreement.
2. **Term of Agreement:** This Agreement shall become effective upon execution by the parties and, unless sooner terminated as provided hereinafter, shall remain in effect so long as a Service remains in effect.
  - A. **Business Services and Managed IT Services:** Services identified in their EXHIBIT A as a business service ("Business Service") or a managed information technology service ("Managed IT Service") shall become effective upon the commencement of the Service and shall remain in effect for the initial service term specified in the Service's EXHIBIT A. Upon expiration of a Business Service's or an Managed IT Service's initial service term, the Service shall be automatically extended on an annual basis unless sixty (60) days prior to the expiration date of the initial service term, or any extended term, either party gives written notice of its intent to terminate the Service.
  - B. **Consulting Services:** The Exhibit A for Services identified therein as a consulting service ("Consulting Service") shall become effective upon execution of the instrument by which the EXHIBIT A is included in or added to this Agreement and shall remain in effect for the service term specified in the Service's EXHIBIT A.
3. **Charges:**
  - A. **Service Fees:** Customer agrees to pay TruBridge Service Fees for each Service engagement per the payment schedule set forth in the Service's EXHIBIT A during the term of the Service. TruBridge shall notify Customer of any change in the Service Fee for a Service under this Agreement at least sixty (60) days prior to the expiration of the Service's term.



## Master Services Agreement

- B. **Travel Expenses:** Any travel by TruBridge representatives to Customer's site shall be governed under the terms of TruBridge's Travel Policy and all expenses for such travel shall be billed to Customer as incurred.
4. **Payment:**
- A. **Standard Payments:** All charges for service under this Agreement shall be due and payable upon receipt by Customer of TruBridge's invoice for such charges. Any such invoices which are not paid in full within thirty (30) days of the invoice date shall bear interest at the rate of one and one-half percent (1.5%) per month on the unpaid balance. All amounts paid under this Agreement shall be non-refundable.
- TruBridge shall have the right and discretion to suspend and/or cancel services under this Agreement by sending written notice to that effect to Customer at any time when Customer has failed to pay an undisputed invoice within ninety (90) days.**
- B. **ACH/EFT Payments:** Certain Services, as identified in their EXHIBIT A, may require payment via Automated Clearing House/Electronic Funds Transfer ("ACH/EFT") transactions. TruBridge shall initially waive the ACH/EFT requirement for such Services; however, in the event Customer has one or more invoices past due for a period of more than sixty (60) days, TruBridge may, at any time thereafter, enforce the ACH/EFT requirement. Additionally, in the event this Agreement is suspended or terminated by TruBridge pursuant to Section 4(A) above, TruBridge may, as a condition of reinstatement, require that all amounts due and payable under the reinstated Agreement be paid electronically via Automated Clearing House/Electronic Funds Transfer transactions.
5. **ACH/EFT:** This Section 5 may only be enforced by TruBridge pursuant to Section 4(B) above.
- A. **Authorization for ACH/EFT:** Customer hereby authorizes TruBridge to withdraw and transfer funds from a designated account at Customer's primary banking institution (the "Payment Account") via ACH/EFT transactions for purpose of the fulfillment of Customer's payment obligations under Section 4(B) above. Each month's ACH/EFT shall take place on or after the fifth day of each month for amounts invoiced in the prior month. Customer understands that TruBridge does not need to notify the Customer prior to any withdrawal for invoiced amounts that are not disputed in good faith by the Customer.
- B. **Payment Account:** Customer agrees to provide TruBridge with Payment Account information as may be necessary for the establishment of payments via ACH/EFT. Customer warrants that it shall i) maintain funds in the Payment Account that will, at minimum, allow Customer to meet its payment obligations that will accrue under this



## Master Services Agreement

Agreement; ii) maintain the Payment Account during the term of this Agreement; iii) notify TruBridge in writing at least ten (10) business days prior to the implementation of any planned changes in the Payment Account or immediately upon the occurrence of any unplanned change in the Payment Account; and iv) immediately notify TruBridge of any issue that may become known to Customer that may adversely affect any ACH/EFT transactions to be made pursuant to this Agreement.

- C. **Returned Transactions:** In the event an ACH/EFT transaction is returned unpaid (a "Returned Transaction"), TruBridge shall notify Customer in writing of the unpaid return. Customer shall have five (5) business days from its receipt of TruBridge's notification of the Returned Transaction to correct any issues that caused the unpaid return or make substantial efforts satisfactory to TruBridge toward correcting the issue or issues. TruBridge may, at its sole discretion, charge Customer a fee equal to ten percent (10%) of the Returned Transaction for any Returned Transaction. In the event the Returned Transaction cannot be resubmitted and paid within ten (10) business days of TruBridge's notification to Customer of the unpaid return, TruBridge may immediately terminate the affected Service EXHIBIT A.
- 6. **Taxes:** Customer shall pay any and all taxes (except TruBridge's Federal and State Income Taxes) assessed by any local, state or federal taxing authority with respect to Services rendered pursuant to this Agreement.
- 7. **Customer Responsibilities:**
  - A. **Hiring of TruBridge Employees:** If, during the term of a Service engagement or twelve (12) months thereafter, Customer directly or indirectly retains the services (whether as an employee, independent contractor or otherwise) of any employee of TruBridge (or ex-employee within 3 months of his/her employment termination date) who, in the course of a Service engagement, has provided service to Customer on behalf of TruBridge, Customer agrees that TruBridge will be damaged, but that the amount of this damage will be difficult to determine. Accordingly, Customer agrees that for each such TruBridge employee hired by Customer, Customer will pay TruBridge, fifty thousand dollars (\$50,000.00) as liquidated damages.
  - B. **Additional Responsibilities:** Any additional Customer responsibilities associated with a Service engagement, if any, shall be specified in the Service's EXHIBIT A.
- 8. **Save Harmless:** Customer shall assume the entire responsibility and liability for, and shall indemnify and save harmless TruBridge and its employees from and against, any and all loss or injury that any of them may sustain as a result of any third party claims arising out of or in



## Master Services Agreement

connection with any patient care or related services provided by Customer or any of its employees, except to the extent that such loss or injury results from the willful misconduct or gross negligence of TruBridge or any of its employees. Customer agrees to assume the defense of any such claims at law or in equity that may be brought against TruBridge or any of its employees and to pay the amount of any judgment that may be entered against TruBridge or any of its employees or the amount of any reasonable settlement of any such claims.

9. **Liability:** TRUBRIDGE'S LIABILITY FOR FURNISHING SERVICE UNDER THIS AGREEMENT SHALL BE LIMITED TO PROVIDING THE SERVICES DESCRIBED. TRUBRIDGE SHALL NOT BE LIABLE FOR ANY DAMAGES OR LOSSES INCURRED BY CUSTOMER AS A RESULT OF THE LOSS OF USE OF THE SERVICES, OR ANY PART OR COMPONENT THEREOF, OR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES RESULTING FROM OR OCCASIONED BY THE FAILURE OF TRUBRIDGE TO PERFORM ANY OBLIGATION UNDER THIS AGREEMENT.
10. **Delays:** TruBridge shall not be liable for any delay or failure to provide the Services or to perform any other duty or obligation hereunder, where such failure resulted from, arose out of, or was caused by, any cause or event beyond the reasonable control of TruBridge.
11. **Business Services Implementation:**
  - A. **Implementation Timeframe:** The parties mutually agree to implement each Business Service specified in EXHIBIT A, if any, within one hundred eighty (180) days of the execution of this Agreement or, for Business Services added through execution of an Addendum, the execution of such Addendum (the "Implementation Timeframe").
  - B. **Delays:** In the event of a failure to implement a Business Service during the Business Service's designated Implementation Timeframe and such failure is directly attributable to the action(s) or inaction of TruBridge, TruBridge shall provide Customer with a credit to be applied to Customer's account in an amount equal to the first month's Service Fees for the affected Business Service. In the event of a failure to implement a Business Service during the Business Service's designated Implementation Timeframe and such failure is directly attributable to the action(s) or inaction of Customer, Customer shall be liable for payment to TruBridge a fee in the amount of five thousand dollars (\$5,000). A delaying party shall not be liable for any failure to implement a Business Service during the Implementation Timeframe, where such failure resulted from, arose out of, or was caused by, any cause or event beyond the party's reasonable control.
12. **Connectivity:** Certain Business Services and Managed IT Services will require Internet connectivity. Customer is responsible for securing and maintaining any connectivity and/or





## Master Services Agreement

communication services and any associated equipment at Customer's location(s) as may be necessary for the implementation of Services under this Agreement.

**It is expressly understood that, unless Internet Access Services are specifically included in this Agreement under an EXHIBIT A, TruBridge will not be providing Customer with any connectivity or communication services.**

13. **Data Access:** It is mutually understood that Customer must provide TruBridge with access to the data necessary to perform the Service(s) during the term of this Agreement. In the event Customer intentionally creates any impediment to such access (an "Impediment"), Customer agrees to pay TruBridge an amount equal to the prorated Service Fees that would have accrued for an affected Service during the remainder of the Service's then current term. The prorated Service Fees shall be calculated based upon the average monthly Service Fees for the affected Service provided in the previous six months. TruBridge shall provide Customer with written notification upon becoming aware of an Impediment and Customer shall have five (5) business days from the receipt of such written notice to cure the Impediment. In the event the Impediment is not cured within five (5) business days, the prorated Service Fees shall then become due and payable in full.
14. **Independent Contractors:** The parties to this Agreement are independent contractors. There is no relationship of partnership, joint venture, employment, franchise or agency created hereby between the parties. Neither party will have the power to bind the other or incur obligations on the other party's behalf without the other party's prior written consent.
15. **Waiver and Severability:** Waiver or failure by either party to exercise in any respect any right provided for in this Agreement will not be deemed a waiver of any further right under this Agreement. If any provision of this Agreement is found by a court of competent jurisdiction to be unenforceable for any reason, the remainder of this Agreement will continue in full force and effect.
16. **Notices and Reports:** Any notice or report hereunder shall be in writing to the notice address set forth below and shall be deemed given: 1) upon receipt of it by personal delivery; 2) upon receipt if sent by certified or registered U.S. Mail (return receipt requested); or 3) the next business day after it is sent if it is sent by next day delivery by a major commercial delivery service.
17. **Assignment:** This Agreement may not be assigned, sold or otherwise transferred by Customer without the express written consent of TruBridge. Such consent will not be unreasonably withheld. Notwithstanding the foregoing, Customer's account must be in good standing and Customer must be current with all its obligations prior to the assignment of this





## Master Services Agreement

Agreement. This Agreement may be assigned by TruBridge (i) pursuant to a merger or change of control or (ii) to an assignee of all or substantially all of TruBridge's assets. Any purported assignment in violation of this section shall be void.

18. **Entire Agreement:** This Agreement, to include EXHIBIT A, embodies the entire agreement between the parties hereto with respect to Services and supersedes all other oral or written agreements regarding the subject matter contained herein. Any waiver, modification or amendment of any provision of this Agreement will be effective only if in writing and signed by both parties.
19. **Governing Law:** This Agreement shall be construed and enforced under the laws of the State of Indiana, excluding rules as to choice and conflict of law. The exclusive and sole venue for any action brought to enforce or interpret this Agreement shall be the state and federal courts situated in Fayette County, Indiana and each party hereby consents to the exercise of personal and subject-matter jurisdiction by such courts.
20. **Service Contingency:** Services under this Agreement shall be contingent upon the General Support Agreement executed apart herefrom between Customer and Computer Programs and Systems, Inc. remaining in effect. Suspension of such General Support Agreement for any reason may result in the suspension of Services under this Agreement. Suspension of Services shall not result in the termination of this Agreement and, in the event the General Support Agreement is reinstated, Services under this Agreement shall resume. Termination of the General Support Agreement may result in the termination of this Agreement.

TruBridge, LLC  
3725 Airport Boulevard, Suite 208A  
Mobile, AL 36608

By: [Signature]  
(Authorized Signature)

Name: Christopher L. Fowler  
(Printed)

Title: President

Date: 9/15/13

Fayette Regional Health System  
1941 Virginia Avenue  
Connersville, IN 47331

By: [Signature]  
(Authorized Signature)

Name: RANDY WHITE  
(Printed)

Title: CEO

Date: 9/10/13



## **Master Services Agreement**

### **Exhibit A**

#### **Services and Service Fees**

##### **Consulting Service: Point of Care and Computerized Physician Order Entry Process Re-Design**

###### **A. Services and Fees:**

1. **Service:** Point of Care (POC) and Computerized Physician Order Entry (CPOE) Process Re-Design services will include:

A twelve (12) week engagement that includes:

- Nine (9) weeks of services provided on-site and three (3) weeks of services provided remotely;
- implementing all recommended clinical revisions from the TruBridge clinical documentation assessment;
- analyzing, assessing, and evaluating current hospital order entry processes including:
- making rounds with physicians and observing process and making recommendations for efficient order entry and information flow;
- observing process and make recommendations for efficient order entry and information flow for all applications;
- mapping and redefining necessary workflow changes for physicians, nursing and ancillary departments as affected;
- providing assistance with data analysis and item master recommendations;
- reviewing and assessing order sets and making recommendations to improve the set up
- use of existing order sets and recommending and guiding in the building of additional order sets;
- establishing best practices for new enhancement and continuing education;
- equipping on-site staff with the knowledge necessary to provide on-going support of the
- POC and CPOE products;
- providing direct and timely reports to hospital senior management regarding the engagement; and
- facilitating communication between CPSI support personnel when needed

*Pricing specified in this Exhibit A will remain valid for a period of 60 days from the date of submission.*



## Master Services Agreement

### Exhibit A

#### Services and Service Fees

#### Consulting Service: Point of Care and Computerized Physician Order Entry Process Re-Design

##### 2. Service Fee

###### a. Service Fee

Standard Fee	\$ 66,000	
Less Discount	<u>(\$ 16,500)</u>	
Total Fee		\$ 49,500

###### b. **Payment Schedule:** The Service Fee shall be billed as follows:

• Upon Commencement of Initial Visit	\$ 15,000
• Four (4) Weeks after Initial Visit	\$ 15,000
• Eight (8) Weeks after Initial Visit	\$ 10,000
• Upon Completion of the Engagement	\$ 9,500

**ACH/EFT Transactions:** Payment of the above Service Fees shall be via ACH/EFT transaction.

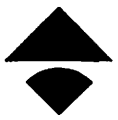
##### B. **Customer Responsibilities:** Customer's responsibilities shall include, but not be limited to, the following:

1. Working with the TruBridge Consultant to establish an Education Team of hospital employees at the beginning of the project including:
  - a. Designated Documentation Liaison
  - b. Designated Physician Champion
  - c. Designated Nursing Senior Management Representative
  - d. Designated Executive Management Representative;
2. Requiring that each member of the Education Team be available to meet individually with the TruBridge Consultant for the creation and personalization of work flow at least through the entirety of the engagement;
3. Providing timely Information Technology (IT) Department assistance with hardware reviews, making sure training areas are available, and IT setup/configuration; and
4. Requiring all associated physicians, Department Managers and staff attend the scheduled education sessions as scheduled.

##### C. **Service Term:**

Twelve (12) Weeks

Pricing specified in this Exhibit A will remain valid for a period of 60 days from the date of submission.



# TruBridge

P.O. Box 850309  
Mobile, Alabama 36685  
Telephone (251) 639-8100

CUSTOMER FILE

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
Connersville IN 47331

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
Connersville IN 47331

INVOICE NUMBER
T1811095859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
11/09/18			999	ON RECEIPT	11/09/18
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		BUSINESS SERVICES			
		Company: MAIN			
5095	2	S EM PR Direct Deposit Interface		39.00	78.00
5141	1	S EM Abstracting Interface		39.00	39.00
6025	1	S Elect Remit(UB-M)- Medicare		80.60	80.60
6028	1	S Elect Remit(UB-X)- Medicaid		42.90	42.90
6030	1	S Elect Remit(UB-B)- Blue Cross		31.00	31.00
6032	1	S Elect Remit(1500-M)- Medicare		31.00	31.00
6038	1	Med Nec Medicare Update Service		500.00	500.00
6040	1	Eligibility Checking Ser(Subscription)		1000.00	1000.00
6084	1	R EBOS -(HH)Medicaid UB		35.00	35.00
6085	1	R EBOS -(HH)Medicare UB		35.00	35.00
6140	1	S 837 File Download		70.20	70.20
6295	1	S Elect Remit(1500-B)- Blue Shield		31.00	31.00
6896	8	S Elect Remit(UB-C)- Commercial		31.00	248.00
6982	7	S Elect Remit(1500-C)- Commercial		31.00	217.00
6983	1	S Elect Remit(1500-X)- Medicaid		42.90	42.90
		subtot-Company: MAIN		2481.60	
		subtot-BUSINESS SERVICES		2481.60	
		IT MANAGED SERVICES			
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.					
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# TruBridge

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Mobile, Alabama 36685  
Telephone (251) 639-8100

CUSTOMER FILE

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
  
Connersville IN 47331

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
  
Connersville IN 47331

INVOICE NUMBER
T1811095859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
11/09/18			999	ON RECEIPT	11/09/18
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
50549	1	Company: MAIN ITMS DCS Cloud Comput - Test (Monthly) subtot-Company: MAIN 250.00  subtot-IT MANAGED SERVICES 250.00		250.00	250.00
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS.					
			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
			2731.60		
				NET INVOICE	2731.60



# TruBridge

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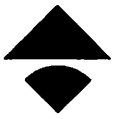
CUSTOMER FILE

S Fayette Reg Health System  
O 1941 Virginia Avenue  
L Attn: Accts Payable  
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S Fayette Reg Health System  
H 1941 Virginia Avenue  
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INVOICE NUMBER
T1812095859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
12/09/18			999	ON RECEIPT	12/09/18
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		subtot-Company: MAIN .00			
		subtot-IT MANAGED SERVICES .00			
		BUSINESS SERVICES			
		Company: MAIN			
5095	2	S EM PR Direct Deposit Interface		39.00	78.00
5141	1	S EM Abstracting Interface		39.00	39.00
6025	1	S Elect Remit(UB-M)- Medicare		80.60	80.60
6028	1	S Elect Remit(UB-X)- Medicaid		42.90	42.90
6030	1	S Elect Remit(UB-B)- Blue Cross		31.00	31.00
6032	1	S Elect Remit(1500-M)- Medicare		31.00	31.00
6038	1	Med Nec Medicare Update Service		500.00	500.00
6040	1	Eligibility Checking Ser(Subscription)		1000.00	1000.00
6084	1	R EBOS -(HH)Medicaid UB		35.00	35.00
6085	1	R EBOS -(HH)Medicare UB		35.00	35.00
6140	1	S 837 File Download		70.20	70.20
6295	1	S Elect Remit(1500-B)- Blue Shield		31.00	31.00
6896	8	S Elect Remit(UB-C)- Commercial		31.00	248.00
6982	7	S Elect Remit(1500-C)- Commercial		31.00	217.00
6983	1	S Elect Remit(1500-X)- Medicaid		42.90	42.90
		subtot-Company: MAIN 2481.60			
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.					
CONTINUED ON NEXT PAGE					



# TruBridge

P.O. Box 850309  
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CUSTOMER FILE

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
Connersville IN 47331

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
Connersville IN 47331

INVOICE NUMBER
T1812095859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
12/09/18			999	ON RECEIPT	12/09/18
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
50549	1	subtot-BUSINESS SERVICES			2481.60
		IT MANAGED SERVICES Company: MAIN			
		ITMS DCS Cloud Comput - Test (Monthly)		250.00	250.00
		subtot-Company: MAIN			250.00
		subtot-IT MANAGED SERVICES			250.00
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS.			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
			2731.60		2731.60
			NET INVOICE		2731.60





CUSTOMER FILE

P.O. Box 850309  
Mobile, Alabama 36685  
Telephone (251) 639-8100

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
Connersville IN 47331

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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
Connersville IN 47331

INVOICE NUMBER
T1901095859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
1/09/19			999	ON RECEIPT	1/09/19
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		subtot-Company: MAIN .00			
		subtot-IT MANAGED SERVICES .00			
		BUSINESS SERVICES			
		Company: MAIN			
5095	2	S EM PR Direct Deposit Interface		39.00	78.00
5141	1	S EM Abstracting Interface		39.00	39.00
6025	1	S Elect Remit(UB-M)- Medicare		80.60	80.60
6028	1	S Elect Remit(UB-X)- Medicaid		42.90	42.90
6030	1	S Elect Remit(UB-B)- Blue Cross		31.00	31.00
6032	1	S Elect Remit(1500-M)- Medicare		31.00	31.00
6038	1	Med Nec Medicare Update Service		500.00	500.00
6040	1	Eligibility Checking Ser(Subscription)		1000.00	1000.00
6084	1	R EBOS -(HH)Medicaid UB		35.00	35.00
6085	1	R EBOS -(HH)Medicare UB		35.00	35.00
6140	1	S 837 File Download		70.20	70.20
6295	1	S Elect Remit(1500-B)- Blue Shield		31.00	31.00
6896	8	S Elect Remit(UB-C)- Commercial		31.00	248.00
6982	7	S Elect Remit(1500-C)- Commercial		31.00	217.00
6983	1	S Elect Remit(1500-X)- Medicaid		42.90	42.90
		subtot-Company: MAIN 2481.60			
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.					
CONTINUED ON NEXT PAGE					



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CUSTOMER FILE

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S Fayette Reg Health System  
H 1941 Virginia Avenue  
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O Connersville IN 47331

INVOICE NUMBER
T1901095859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
1/09/19			999	ON RECEIPT	1/09/19
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
50549	1	subtot-BUSINESS SERVICES			2481.60
		IT MANAGED SERVICES			
		Company: MAIN			
		ITMS DCS Cloud Comput - Test (Monthly)		250.00	250.00
		subtot-Company: MAIN			250.00
		subtot-IT MANAGED SERVICES			250.00
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS.			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
			2731.60		2731.60
			NET INVOICE		
			2731.60		



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Fayette Reg Health System  
1941 Virginia Avenue  
Attn: Accts Payable  
  
Connersville IN 47331

INVOICE NUMBER
T1902115859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
2/11/19			999	ON RECEIPT	2/11/19
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		subtot-Company: MAIN			.00
		subtot-IT MANAGED SERVICES			.00
		BUSINESS SERVICES			
		Company: MAIN			
5095	2	S EM PR Direct Deposit Interface		39.00	78.00
5141	1	S EM Abstracting Interface		39.00	39.00
6025	1	S Elect Remit(UB-M)- Medicare		80.60	80.60
6028	1	S Elect Remit(UB-X)- Medicaid		42.90	42.90
6030	1	S Elect Remit(UB-B)- Blue Cross		31.00	31.00
6032	1	S Elect Remit(1500-M)- Medicare		31.00	31.00
6038	1	Med Nec Medicare Update Service		500.00	500.00
6040	1	Eligibility Checking Ser(Subscription)		1000.00	1000.00
6084	1	R EBOS -(HH)Medicaid UB		35.00	35.00
6085	1	R EBOS -(HH)Medicare UB		35.00	35.00
6140	1	S 837 File Download		70.20	70.20
6295	1	S Elect Remit(1500-B)- Blue Shield		31.00	31.00
6896	8	S Elect Remit(UB-C)- Commercial		31.00	248.00
6982	7	S Elect Remit(1500-C)- Commercial		31.00	217.00
6983	1	S Elect Remit(1500-X)- Medicaid		42.90	42.90
		subtot-Company: MAIN			2481.60

A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
CONTINUED ON NEXT PAGE

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE



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Connersville IN 47331

INVOICE NUMBER
T1902115859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
2/11/19			999	ON RECEIPT	2/11/19
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
50549	1	subtot-BUSINESS SERVICES			2481.60
		IT MANAGED SERVICES Company: MAIN			
		ITMS DCS Cloud Comput - Test (Monthly)		250.00	250.00
		subtot-Company: MAIN			250.00
		subtot-IT MANAGED SERVICES			250.00
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS.			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
			2731.60		2731.60
			NET INVOICE		2731.60



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1941 Virginia Avenue  
Attn: Accts Payable  
  
Connersville IN 47331

INVOICE NUMBER
T1903115859
CUSTOMER NUMBER
5859
ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
3/11/19			999	ON RECEIPT	3/11/19
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		subtot-Company: MAIN .00			
		subtot-IT MANAGED SERVICES .00			
		BUSINESS SERVICES			
		Company: MAIN			
5095	2	S EM PR Direct Deposit Interface		30.00	60.00
5141	1	S EM Abstracting Interface		30.00	30.00
6025	1	S Elect Remit(UB-M)- Medicare		62.00	62.00
6028	1	S Elect Remit(UB-X)- Medicaid		33.00	33.00
6030	1	S Elect Remit(UB-B)- Blue Cross		31.00	31.00
6032	1	S Elect Remit(1500-M)- Medicare		31.00	31.00
6038	1	Med Nec Medicare Update Service		500.00	500.00
6040	1	Eligibility Checking Ser(Subscription)		1000.00	1000.00
6084	1	R EBOS -(HH)Medicaid UB		35.00	35.00
6085	1	R EBOS -(HH)Medicare UB		35.00	35.00
6140	1	S 837 File Download		54.00	54.00
6295	1	S Elect Remit(1500-B)- Blue Shield		31.00	31.00
6896	8	S Elect Remit(UB-C)- Commercial		31.00	248.00
6982	7	S Elect Remit(1500-C)- Commercial		31.00	217.00
6983	1	S Elect Remit(1500-X)- Medicaid		33.00	33.00
		subtot-Company: MAIN 2400.00			
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS. CONTINUED ON NEXT PAGE			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
					NET INVOICE



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ORDER NUMBER

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
3/11/19			999	ON RECEIPT	3/11/19
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
50549	1	subtot-BUSINESS SERVICES			2400.00
		IT MANAGED SERVICES Company: MAIN			
		ITMS DCS Cloud Comput - Test (Monthly)		250.00	250.00
		subtot-Company: MAIN			250.00
		subtot-IT MANAGED SERVICES			250.00
A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS.			MERCHANDISE TOTAL	FREIGHT	TOTAL TAX
			2650.00		NET INVOICE
					2650.00



Jacobson  
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Kight LLC

Christine K. Jacobson

The Elliott House  
108 E. 9th Street  
Indianapolis, IN 46202  
(317) 608-1132  
cjacobson@jhklegal.com  
www.jhklegal.com

Via Overnight Messenger

July 2, 2019

BMC Group, Inc.  
Attn: FMHA Claims Processing  
3732 West 120<sup>th</sup> Street  
Hawthorne CA 90250

**Re: *In re Fayette Memorial Hospital Association, Inc. dba Fayette Regional Health Systems; Case No. 18-07762-JJG-11; United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division; Administrative Claims on Behalf of TruBridge LLC and Computer Programs & Systems, Inc.***

To Whom It May Concern:

Enclosed please find an original and two (2) copies of administrative claims to be filed in the above-captioned case with respect to each of TruBridge, LLC and Computer Programs & Systems, Inc. These claims are filed pursuant to an Order entered in the above-referenced bankruptcy case and related Notice regarding filing of such claims.

Please return a file-marked, dated copy of the claims in the enclosed self-addressed stamped envelope to my attention. Should you have any questions, please contact me at 317.608.1132 or [cjacobson@jhklegal.com](mailto:cjacobson@jhklegal.com). Thank you for your assistance.

Regards,

JACOBSON HILE KIGHT LLC

Enclosures

cc: Wendy Brewer w/enclosures [wbrewer@fmdlegal.com](mailto:wbrewer@fmdlegal.com) (by email only)  
Laura M. Brymer w/enclosures [lbrymer@fmdlegal.com](mailto:lbrymer@fmdlegal.com) (by email only)