

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 May 1, 2019 through August 31, 2019 ONLY.

Name of Creditor (The person or other entity to whom the debtor owes money or property): <p style="font-size: 1.2em; color: blue;">MCG Health, LLC</p>	<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: <p style="font-size: 1.2em; color: blue;">901 Fifth Ave, Ste 2000 Seattle, WA 98164</p>	<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: ~~425~~ 206-389-5396

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 SS #: _____ Unpaid compensation for services performed from _____ (date) - to _____ (date)
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 SMC GROUP

2. Date(s) debt was incurred: 5/1/19 - 8/31/19	3. If court judgment, date obtained:
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 13,718.83

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: 9/26/19

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):

Andrew Branson - Contracts Specialist

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.



UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

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

**NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING
DURING THE PERIOD BETWEEN MAY 1, 2019 AND AUGUST 31, 2019**

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 **October 18, 2019** (the “**Claims Bar Date**”) as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the “**Debtor**”) that arose **during the period between May 1, 2019 and August 31, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an “**Administrative Expense Claim**”).

Pursuant to 11 U.S.C. § 503, “after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate. . .”

Any person or entity asserting an Administrative Expense 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 **Administrative Proof of 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 October 18, 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 Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor, 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: September 6, 2019

/s/ Wendy D. Brewer
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-and-

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Kelle Younts
 Fayette Regional Health System
 1941 Virginia Avenue
 Connersville, IN 47331 USA

Invoice Date: 8/16/2018
 Due Date: 9/30/2018
 Invoice Number: 0000028771
 Account No: [REDACTED]

For your reference our TIN is 33-1104821

Invoice

Invoice Period: 9/29/18-9/28/19

Product	Format	Licensed Basis Metric	Licensed Basis
Application Infrastructure	Misc	Beds	75
Behavioral Health Care	Hosted	Beds	46
General Recovery Care	Hosted	Beds	75
Indicia for Case Management Standalone	Hosted	Beds	75
Indicia for Case Management	Hosted	Beds	46
Indicia Guideline Modification Module	Hosted	Beds	46
Inpatient and Surgical Care	Hosted	Beds	75
Multiple Condition Management Guidelines	Hosted	Beds	75

Subtotal	40,710.35
Sales Tax	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance	40,710.35

MCG Health, LLC Remittance Information

Please include your Invoice# on all remittance advice.

Bank Information for Electronic Payment

Bank of America NA
 101 S Tyron Street
 Charlotte, NC 28255

Account Number: 375-033-0687
 ABA Routing Number for ACH Payment: 111000012
 ABA Routing Number for Wire Transfer: 0260-0959-3
 SWIFT Code: BOFAUS3N

Lockbox Information for Payment by Check

For US Mail:
 MCG Health LLC
 PO Box 742350
 Atlanta, GA 30374-2350

For Courier Delivery:
 Bank of America Lockbox Services
 Lockbox 742350
 6000 Feldwood Road
 College Park, GA 30349

Pro-rated
 5/1/14 - 8/31/14 :
 \$13,718.83

