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): HFAP

☐ 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: HFAP Attn Sheryl Miller 506 N. Clark St. Ste 301 Chicago, IL 60654

☐ 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):

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

Telephone number: 312.920.7383 ext. 07

Last four digits of account or other number by which creditor identifies debtor: Former HFAP ID# 155759

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1. Basis for Administrative Claim
- ☒ Goods sold (crossed out)
- ☒ Services performed (circled)
- ☐ 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 ________ (date) - to ________ (date)

2. Date(s) debt was incurred: May 2, 2019

3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ 6,932.35

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: 10/2/19

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):

[signature] Sheryl Miller Business Operations Manager

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.

FMHA POC
00236

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 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
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

HFAP 506 North Clark Street
Suite 301
Chicago, IL 60654

Invoice

Date	Invoice #
5/28/2019	10577

Bill To
Fayette Regional Health System Amanda Sudhoff 1941 Virginia Ave. Connersville, IN 47331

Due Date	P.O. No.	Terms	Project
6/27/2019		Net 30	

Quantity	Description	Rate	Amount
	HFAP Hospital Direct Costs - Surveyor Bernard McDonnell, DO	2,091.02	2,091.02
	HFAP Hospital Direct Costs -Surveyor Bruce Krider	1,991.59	1,991.59
	HFAP Hosp Admin Fee	1,200.00	1,200.00
	HFAP Life Safety Direct Costs - Surveyor David Self	1,249.74	1,249.74
	HFAP Life Safety Admin Fee	400.00	400.00

Fayette Memorial Hospital
Survey date May 2, 2019

Total $6,932.35

Sent via email May 28, 2019

From: Christopher Cox <ccox@hfap.org>
Sent: Tuesday, May 28, 2019 10:29 AM
To: Amanda Sudhoff <AmandaS@fayetteregional.org>
Cc: Sheryl Miller <smiller@HFAP.org>
Subject: HFAP Focused Resurvey Invoice

Amanda,

I have attached the focused resurvey invoice for your organization.

Do I need to complete any additional paperwork for this invoice? Or perhaps I need to direct it to another place?

Thanks for your assistance,

Christopher D. Cox
Customer Relationship and IT Projects Manager

A better healthcare survey experience.

Did you know? HFAP certifies Stroke, Joint Replacement, Wound Care, Lithotripsy, and Compounding Pharmacy **programs.**
506 North Clark, Suite 301
Chicago, IL 60654
P:312.920.7383, ext. 06
F:312.626.2113
www.hfap.org

Disclaimer: This email is a privileged communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited.

Sheryl R. Miller

Manager
Accreditation Operations

506 North Clark Street
Suite 301
Chicago, IL 60654

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E: smiller@hfap.org

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A better healthcare survey experience.

506 North Clark Street
Suite 301
Chicago, IL 60654

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Debtor's Claims Agent
BMC Group, Inc.
Attn: FMHA Claims Processing
PO Box 90100
Los Angeles, CA 90009

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