

1016469/1016771/10169026

Case # 11556306

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):

Stericycle Inc

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:

*4010 Commercial Avenue
Northbrook, IL 60062*

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:

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)

FILED
 U.S. BANKRUPTCY COURT
 INDIANAPOLIS DIVISION
 2019 SEP 24 PM 12:03
 SOUTHERN DISTRICT
 KEVIN P. O'NEILL, CLERK

2. Date(s) debt was incurred:

June 2018 - October 2018

3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ *5472.51*

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:

9/17/19

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):

Wanda Perez, Stericycle Credit 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
00237

ENVELOPE NOT PROVIDED

COPIES NOT PROVIDED

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
Wendy D. Brewer (#22669-49)
FULTZ MADDIX DICKENS P.L.C.
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 MADDIX DICKENS P.L.C.
101 S. Fifth Street, Ste. 2700
Louisville, KY 40202
Tel: (502) 588-2000
E-mail: lbrymer@fmdlegal.com
Attorneys for the Debtor

4007938288 ✓
4008002327 ✓
4008064680 ✓
4008127217 ✓
4008190533 ✓
4008022332 ✓
4008127222 ✓
4008190538 ✓
4008002334 ✓
4008127225 ✓
lmv



INVOICE

INVOICE DATE	10/31/2018
INVOICE NUMBER	4008190538
CUSTOMER NUMBER	1016771
Site & Purchase Order Info on Reverse Page	

FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833



For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$12,506.86
CURRENT ADJUSTMENTS			(\$9,411.57)
Thank You-Payment #144342	10/12/2018	(\$9,411.57)	
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$1,193.57
TOTAL ACCOUNT BALANCE DUE BY 11/30/2018			\$4,288.86

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$1,193.57	\$1,323.92	\$0.00	\$1,771.37	\$0.00	\$4,288.86

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

To update your account information and more visit MyStericycle.com

INVOICE NUMBER 4008190538	INVOICE DATE 10/31/2018	CUSTOMER NUMBER 1016771
TOTAL ACCOUNT BALANCE DUE BY 11/30/2018		\$4,288.86
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

0001016771 4008190538 0000119357 3 010009

===== ADDRESSEE: =====

===== REMIT TO: =====

FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016771

INVOICE #: 4008190538

INVOICE DATE: 10/31/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 001: Fayette Memorial Hospital, 1941 Virginia Ave, Connersville, IN 47331-2833						
10/03/2018	MDID00FEGK	8.00	MinAvgWgt-30 Gal Sq Tub Disp H	112.20 lb	\$3.320 EA	\$26.56
10/03/2018	MDID00FEGK	14.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$210.00
10/03/2018	MDID00FEGK	3.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$15.000 EA	\$45.00
10/10/2018	MDID00FF4R	8.00	MinAvgWgt-30 Gal Sq Tub Disp H	97.10 lb	\$3.320 EA	\$26.56
10/10/2018	MDID00FF4R	15.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$225.00
10/17/2018	MDID00FFSQ	5.00	MinAvgWgt-30 Gal Sq Tub Disp H	58.40 lb	\$3.320 EA	\$16.60
10/17/2018	MDID00FFSQ	14.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$210.00
10/17/2018	MDID00FFSQ	3.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$15.000 EA	\$45.00
10/24/2018	MDID00FGH5	10.00	MinAvgWgt-30 Gal Sq Tub Disp H	122.00 lb	\$3.320 EA	\$33.20
10/24/2018	MDID00FGH5	1.00	43gal Red Tub w/Blk Lid Disp	30.40 lb	\$0.170 lb	\$5.17
10/24/2018	MDID00FGH5	15.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$225.00
10/31/2018			Energy Surcharge	0.00 lb		\$79.05
			Late Fee			\$46.43
			Site 001: SUB TOTAL			\$1,193.57
			Site 001: TAX TOTAL			\$0.00
			Site 001: TOTAL			\$1,193.57
TOTAL CURRENT INVOICE CHARGES						\$1,193.57



INVOICE

INVOICE DATE 09/30/2018
 INVOICE NUMBER 4008127222
 CUSTOMER NUMBER 1016771
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833



For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$11,182.94
CURRENT ADJUSTMENTS			\$0.00
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$1,323.92
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$12,506.86

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$1,323.92	\$1,513.37	\$1,872.83	\$1,032.95	\$6,763.79	\$12,506.86

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER 4008127222	INVOICE DATE 09/30/2018	CUSTOMER NUMBER 1016771
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$12,506.86
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016771 4008127222 0000132392 3 010002

===== ADDRESSEE: =====

===== REMIT TO: =====

FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL CUSTOMER #: 1016771 INVOICE #: 4008127222 INVOICE DATE: 09/30/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 001: Fayette Memorial Hospital, 1941 Virginia Ave, Connersville, IN 47331-2833						
09/05/2018	MDID00FBPU	5.00	MinAvgWgt-30 Gal Sq Tub Disp H	52.80 lb	\$3.320 EA	\$16.60
09/05/2018	MDID00FBPU	1.00	MinAvgWgt-43gal Red Tub w/Blk	24.40 lb	\$4.760 EA	\$4.76
09/05/2018	MDID00FBPU	16.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$240.00
09/05/2018	MDID00FBPU	1.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$15.000 EA	\$15.00
09/12/2018	MDID00FCFI	1.00	MinAvgWgt-7 CF Jumbo Box Dispo	25.70 lb	\$5.800 EA	\$5.80
09/12/2018	MDID00FCFI	1.00	7 CF Box Disp. Incinerate	23.00 lb	\$15.000 EA	\$15.00
09/12/2018	MDID00FCFI	7.00	MinAvgWgt-30 Gal Sq Tub Disp H	116.50 lb	\$3.320 EA	\$23.24
09/12/2018	MDID00FCFI	17.00	30 Gal Sq Tub-Path/Chemo Dispo	145.80 lb	\$15.000 EA	\$255.00
09/19/2018	MDID00FD4C	10.00	MinAvgWgt-30 Gal Sq Tub Disp H	102.10 lb	\$3.320 EA	\$33.20
09/19/2018	MDID00FD4C	1.00	MinAvgWgt-43gal Red Tub w/Blk	19.70 lb	\$4.760 EA	\$4.76
09/19/2018	MDID00FD4C	16.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$240.00
09/19/2018	MDID00FD4C	1.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$15.000 EA	\$15.00
09/26/2018	MDID00FDSX	10.00	MinAvgWgt-30 Gal Sq Tub Disp H	166.00 lb	\$3.320 EA	\$33.20
09/26/2018	MDID00FDSX	12.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$15.000 EA	\$180.00
09/30/2018			Energy Surcharge	0.00 lb		\$74.62
			Late Fee			\$167.74
			Site 001: SUB TOTAL			\$1,323.92
			Site 001: TAX TOTAL			\$0.00
			Site 001: TOTAL			\$1,323.92
TOTAL CURRENT INVOICE CHARGES						\$1,323.92



INVOICE

INVOICE DATE	07/31/2018
INVOICE NUMBER	4008002332
CUSTOMER NUMBER	1016771
Site & Purchase Order Info on Reverse Page	

FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833



For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$7,898.20
CURRENT ADJUSTMENTS			(\$101.46)
Credit: Invoice Adjustment-Ref #4007958654	07/06/2018	(\$101.46)	
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$1,872.83
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$9,669.57

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$1,872.83	\$1,032.95	\$1,781.17	\$1,365.22	\$3,617.40	\$9,669.57

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
4008002332	07/31/2018	1016771
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$9,669.57
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016771 4008002332 0000187283 3 010000

===== ADDRESSEE: =====

===== REMIT TO: =====

FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016771

INVOICE #: 4008002332

INVOICE DATE: 07/31/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 001: Fayette Memorial Hospital, 1941 Virginia Ave, Connersville, IN 47331-2833						
06/27/2018	MDID00F50G	7.00	30 Gal Sq Tub Disp Hinged Lid	68.40 lb	\$0.409 lb	\$27.98
06/27/2018	MDID00F50G	1.00	43gal Red Tub w/Blk Lid Disp	33.70 lb	\$0.409 lb	\$13.78
06/27/2018	MDID00F50G	14.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$18.000 EA	\$252.00
07/05/2018	MDID00F5W0	11.00	30 Gal Sq Tub Disp Hinged Lid	139.50 lb	\$0.409 lb	\$57.06
07/05/2018	MDID00F5W0	1.00	43gal Red Tub w/Blk Lid Disp	29.50 lb	\$0.409 lb	\$12.07
07/05/2018	MDID00F5W0	18.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$18.000 EA	\$324.00
07/05/2018	MDID00F5W0	2.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$18.000 EA	\$36.00
07/11/2018	MDID00F6BC	4.00	30 Gal Sq Tub Disp Hinged Lid	37.30 lb	\$0.409 lb	\$15.26
07/11/2018	MDID00F6BC	15.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$18.000 EA	\$270.00
07/11/2018	MDID00F6BC	1.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$18.000 EA	\$18.00
07/18/2018	MDID00F70O	12.00	30 Gal Sq Tub Disp Hinged Lid	127.70 lb	\$0.409 lb	\$52.23
07/18/2018	MDID00F70O	13.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$18.000 EA	\$234.00
07/18/2018	MDID00F70O	1.00	43gal Red Tub w/Blk Lid Incin	0.00 lb	\$18.000 EA	\$18.00
07/25/2018	MDID00F7OQ	6.00	30 Gal Sq Tub Disp Hinged Lid	53.30 lb	\$0.409 lb	\$21.80
07/25/2018	MDID00F7OQ	2.00	43gal Red Tub w/Blk Lid Disp	49.80 lb	\$0.409 lb	\$20.37
07/25/2018	MDID00F7OQ	15.00	30 Gal Sq Tub-Path/Chemo Dispo	0.00 lb	\$18.000 EA	\$270.00
07/31/2018			Energy Surcharge	0.00 lb		\$113.33
			Late Fee			\$116.95
			Site 001: SUB TOTAL			\$1,872.83
			Site 001: TAX TOTAL			\$0.00
			Site 001: TOTAL			\$1,872.83
TOTAL CURRENT INVOICE CHARGES						\$1,872.83



INVOICE

INVOICE DATE 09/30/2018
 INVOICE NUMBER 4008127225
 CUSTOMER NUMBER 1016926
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AV
 CONNERSVILLE, IN 47331



For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$459.39
CURRENT ADJUSTMENTS			(\$9.15)
Credit: Misc-Ref #4008095107	09/12/2018	(\$9.15)	
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$6.75
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$456.99

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$6.75	\$6.79	\$131.27	\$4.75	\$307.43	\$456.99

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
4008127225	09/30/2018	1016926
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$456.99
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016926 4008127225 0000000675 3 010009

===== ADDRESSEE: =====

===== REMIT TO: =====

FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AV
 CONNERSVILLE, IN 47331

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

STERICYCLE, INC (866) 783-7422

PAGE: 2 of 2

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016926

INVOICE #: 4008127225

INVOICE DATE: 09/30/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 001: Whitewater Valley Care Pav, 450 Erie Ave, Connersville, IN 47331-3176						
			Late Fee			\$6.75
			Site 001: SUB TOTAL			\$6.75
			Site 001: TAX TOTAL			\$0.00
			Site 001: TOTAL			\$6.75
TOTAL CURRENT INVOICE CHARGES						\$6.75



INVOICE

INVOICE DATE 07/31/2018
 INVOICE NUMBER 4008002334
 CUSTOMER NUMBER 1016926
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AV
 CONNERSVILLE, IN 47331



For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$326.08
CURRENT ADJUSTMENTS			(\$4.75)
Credit: Invoice Adjustment-Ref #4007958655	07/06/2018	(\$4.75)	
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$131.27
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$452.60

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$131.27	\$4.75	\$4.68	\$4.61	\$307.29	\$452.60

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
4008002334	07/31/2018	1016926
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$452.60
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016926 4008002334 0000013127 3 010007

===== ADDRESSEE: =====

===== REMIT TO: =====

FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AV
 CONNERSVILLE, IN 47331

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

STERICYCLE, INC (866) 783-7422

PAGE: 2 of 2

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016926

INVOICE #: 4008002334

INVOICE DATE: 07/31/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 001: Whitewater Valley Care Pav, 450 Erie Ave, Connersville, IN 47331-3176						
07/11/2018	MDID00F6BH	2.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$59.100 EA	\$118.20
07/11/2018	MDID00F6BH	1.00	Energy Charge	0.00 lb	\$8.250 EA	\$8.25
			Late Fee			\$4.82
			Site 001: SUB TOTAL			\$131.27
			Site 001: TAX TOTAL			\$0.00
			Site 001: TOTAL			\$131.27
TOTAL CURRENT INVOICE CHARGES						\$131.27



INVOICE

INVOICE DATE	10/31/2018
INVOICE NUMBER	4008190533
CUSTOMER NUMBER	1016469
Site & Purchase Order Info on Reverse Page	

FAYETTE MEMORIAL HOSPITAL
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 CONNERSVILLE, IN 47331-2833



For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$2,461.79
CURRENT ADJUSTMENTS			(\$1,561.09)
Thank You-Payment #144342	10/12/2018	(\$1,561.09)	
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$154.29
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$1,054.99

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$154.29	\$228.18	\$102.03	\$413.37	\$157.12	\$1,054.99

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
4008190533	10/31/2018	1016469
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$1,054.99
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016469 4008190533 0000015429 3 010004

===== ADDRESSEE: =====

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FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016469

INVOICE #: 4008190533

INVOICE DATE: 10/31/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 006: Healthy Women OB/GYN, 3542 Western Ave, Connersville, IN 47331-3427						
			Late Fee			\$13.51
			Site 006: SUB TOTAL			\$13.51
			Site 006: TAX TOTAL			\$0.00
			Site 006: TOTAL			\$13.51
Site 013: Primary Care Center, 2025 Virginia Ave, Connersville, IN 47331-2971						
10/03/2018	MDID00FEGL	2.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$25.000 EA	\$50.00
10/03/2018	MDID00FEGL	1.00	Record Retention Fee	0.00 lb	\$8.290 EA	\$8.29
10/03/2018	MDID00FEGL	1.00	Stop Charge	0.00 lb	\$7.250 EA	\$7.25
10/31/2018	MDID00FH4A	2.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$25.000 EA	\$50.00
10/31/2018	MDID00FH4A	1.00	Record Retention Fee	0.00 lb	\$8.290 EA	\$8.29
10/31/2018	MDID00FH4A	1.00	Stop Charge	0.00 lb	\$7.250 EA	\$7.25
10/31/2018			Energy Surcharge	0.00 lb		\$9.70
			Site 013: SUB TOTAL			\$140.78
			Site 013: TAX TOTAL			\$0.00
			Site 013: TOTAL			\$140.78
TOTAL CURRENT INVOICE CHARGES						\$154.29



INVOICE

INVOICE DATE 09/30/2018
 INVOICE NUMBER 4008127217
 CUSTOMER NUMBER 1016469
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
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For billing, scheduling or customer service:
(866) 783-7422
 Hours: (Mon - Fri) 8:00 AM - 5:00 PM
 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$2,233.61
CURRENT ADJUSTMENTS			\$0.00
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$228.18
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$2,461.79

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$228.18	\$102.03	\$413.37	\$157.12	\$1,561.09	\$2,461.79

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER 4008127217	INVOICE DATE 09/30/2018	CUSTOMER NUMBER 1016469
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$2,461.79
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016469 4008127217 0000022818 3 010004

===== ADDRESSEE: =====

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FAYETTE MEMORIAL HOSPITAL
 BELINDA
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 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL CUSTOMER #: 1016469 INVOICE #: 4008127217 INVOICE DATE: 09/30/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 006: Healthy Women OB/GYN, 3542 Western Ave, Connersville, IN 47331-3427						
09/12/2018	MDID00FCFG	2.00	28 Gal Square Tub Disposal	0.00 lb	\$25.000 EA	\$50.00
09/12/2018	MDID00FCFG	1.00	Record Retention Fee	0.00 lb	\$8.290 EA	\$8.29
09/12/2018	MDID00FCFG	1.00	Stop Charge	0.00 lb	\$7.250 EA	\$7.25
09/30/2018			Energy Surcharge	0.00 lb		\$4.52
			Late Fee			\$33.50
			Site 006: SUB TOTAL			\$103.56
			Site 006: TAX TOTAL			\$0.00
			Site 006: TOTAL			\$103.56

Site 013: Primary Care Center, 2025 Virginia Ave, Connersville, IN 47331-2971						
09/05/2018	MDID00FBPW	1.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$25.000 EA	\$25.00
09/05/2018	MDID00FBPW	1.00	Record Retention Fee	0.00 lb	\$8.290 EA	\$8.29
09/05/2018	MDID00FBPW	1.00	Stop Charge	0.00 lb	\$7.250 EA	\$7.25
09/05/2018	MDID00FBPW	1.00	Minimum Pick-up Fee	0.00 lb	\$17.750 EA	\$17.75
09/30/2018			Energy Surcharge	0.00 lb		\$4.02
			Site 013: SUB TOTAL			\$62.31
			Site 013: TAX TOTAL			\$0.00
			Site 013: TOTAL			\$62.31

Site 016: Fayette Family Practice, 1550 E State Road 44, Connersville, IN 47331-8293						
09/12/2018	MDID00FCFJ	1.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$25.000 EA	\$25.00
09/12/2018	MDID00FCFJ	1.00	Record Retention Fee	0.00 lb	\$8.290 EA	\$8.29
09/12/2018	MDID00FCFJ	1.00	Stop Charge	0.00 lb	\$7.250 EA	\$7.25
09/12/2018	MDID00FCFJ	1.00	Minimum Pick-up Fee	0.00 lb	\$17.750 EA	\$17.75
09/30/2018			Energy Surcharge	0.00 lb		\$4.02
			Site 016: SUB TOTAL			\$62.31
			Site 016: TAX TOTAL			\$0.00
			Site 016: TOTAL			\$62.31

STERICYCLE, INC (866) 783-7422

PAGE: 3 of 3

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016489

INVOICE #: 4008127217

INVOICE DATE: 09/30/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
TOTAL CURRENT INVOICE CHARGES						\$228.18



INVOICE

INVOICE DATE 08/31/2018
 INVOICE NUMBER 4008064680
 CUSTOMER NUMBER 1016469
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
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 CONNERSVILLE, IN 47331-2833



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 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$2,131.58
CURRENT ADJUSTMENTS			\$0.00
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$102.03
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$2,233.61

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$102.03	\$413.37	\$157.12	\$402.97	\$1,158.12	\$2,233.61

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
4008064680	08/31/2018	1016469
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$2,233.61
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016469 4008064680 0000010203 3 010005

===== ADDRESSEE: =====

===== REMIT TO: =====

FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL CUSTOMER #: 1016469 INVOICE #: 4008064680 INVOICE DATE: 08/31/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 006: Healthy Women OB/GYN, 3542 Western Ave, Connersville, IN 47331-3427						
			Late Fee			\$31.97
			Site 006: SUB TOTAL			\$31.97
			Site 006: TAX TOTAL			\$0.00
			Site 006: TOTAL			\$31.97
Site 013: Primary Care Center, 2025 Virginia Ave, Connersville, IN 47331-2971						
08/08/2018	MDID00F911	2.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$25.000 EA	\$50.00
08/08/2018	MDID00F911	1.00	Record Retention Fee	0.00 lb	\$8.290 EA	\$8.29
08/08/2018	MDID00F911	1.00	Stop Charge	0.00 lb	\$7.250 EA	\$7.25
08/31/2018			Energy Surcharge	0.00 lb		\$4.52
			Site 013: SUB TOTAL			\$70.06
			Site 013: TAX TOTAL			\$0.00
			Site 013: TOTAL			\$70.06
TOTAL CURRENT INVOICE CHARGES						\$102.03



INVOICE

INVOICE DATE 07/31/2018
 INVOICE NUMBER 4008002327
 CUSTOMER NUMBER 1016469
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
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 CustomerCare@Stericycle.com

PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$1,741.63
CURRENT ADJUSTMENTS			(\$23.42)
Credit: Invoice Adjustment-Ref #4007958653	07/06/2018	(\$23.42)	
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$413.37
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$2,131.58

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$413.37	\$157.12	\$402.97	\$206.08	\$952.04	\$2,131.58

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER 4008002327	INVOICE DATE 07/31/2018	CUSTOMER NUMBER 1016469
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$2,131.58
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016469 4008002327 0000041337 3 010007

===== ADDRESSEE: =====

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 BELINDA
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 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL

CUSTOMER #: 1016469

INVOICE #: 4008002327

INVOICE DATE: 07/31/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 006: Healthy Women OB/GYN, 3542 Western Ave, Connersville, IN 47331-3427						
07/18/2018	MDID00F70M	2.00	28 Gal Square Tub Disposal	0.00 lb	\$59.100 EA	\$118.20
07/18/2018	MDID00F70M	1.00	Energy Charge	0.00 lb	\$8.250 EA	\$8.25
			Late Fee			\$25.77
			Site 006: SUB TOTAL			\$152.22
			Site 006: TAX TOTAL			\$0.00
			Site 006: TOTAL			\$152.22
Site 013: Primary Care Center, 2025 Virginia Ave, Connersville, IN 47331-2971						
07/11/2018	MDID00F6BE	2.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$59.100 EA	\$118.20
07/11/2018	MDID00F6BE	1.00	Energy Charge	0.00 lb	\$8.250 EA	\$8.25
			Site 013: SUB TOTAL			\$126.45
			Site 013: TAX TOTAL			\$0.00
			Site 013: TOTAL			\$126.45
Site 015: Dr. Kapoor, 2004 Indiana Ave, Connersville, IN 47331						
07/09/2018	MDID00F62K	1.00	Energy Charge	0.00 lb	\$8.250 EA	\$8.25
07/09/2018	MDID00F62K	1.00	Minimum Stop Fee	0.00 lb	\$59.100 EA	\$59.10
			Site 015: SUB TOTAL			\$67.35
			Site 015: TAX TOTAL			\$0.00
			Site 015: TOTAL			\$67.35
Site 016: Fayette Family Practice, 1550 E State Road 44, Connersville, IN 47331-8293						
07/18/2018	MDID00F70Q	1.00	Energy Charge	0.00 lb	\$8.250 EA	\$8.25
07/18/2018	MDID00F70Q	1.00	Minimum Stop Fee	0.00 lb	\$59.100 EA	\$59.10
			Site 016: SUB TOTAL			\$67.35
			Site 016: TAX TOTAL			\$0.00
			Site 016: TOTAL			\$67.35
TOTAL CURRENT INVOICE CHARGES						\$413.37



INVOICE

INVOICE DATE 06/30/2018
 INVOICE NUMBER 4007938288
 CUSTOMER NUMBER 1016469
 Site & Purchase Order Info on Reverse Page

FAYETTE MEMORIAL HOSPITAL
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PAYMENT NEEDED TO AVOID COLLECTION AGENCY REFERRAL

ACCOUNT SUMMARY

DESCRIPTION	DATE	AMOUNT	TOTAL
PREVIOUS BALANCE			\$1,561.09
CURRENT ADJUSTMENTS			\$0.00
CURRENT INVOICE CHARGES	(See Reverse Page For Details)		\$180.54
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT			\$1,741.63

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History					
Please disregard if payment has been sent.					
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$180.54	\$402.97	\$206.08	\$378.70	\$573.34	\$1,741.63

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc.
 4010 Commercial Ave.
 Northbrook, IL 60062

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
4007938288	06/30/2018	1016469
TOTAL ACCOUNT BALANCE DUE UPON RECEIPT		\$1,741.63
TOTAL AMOUNT ENCLOSED		\$
To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.		

To update your account information and more visit MyStericycle.com

0001016469 4007938288 0000018054 3 010004

===== ADDRESSEE: =====

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FAYETTE MEMORIAL HOSPITAL
 BELINDA
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2833

STERICYCLE, INC.
 P.O. BOX 6575
 CAROL STREAM, IL 60197-6575

FAYETTE MEMORIAL HOSPITAL CUSTOMER #: 1016469 INVOICE #: 4007938288 INVOICE DATE: 06/30/2018

DATE	MANIFEST/ ORDER NUMBER	QUANTITY/ CONTAINERS	DESCRIPTION	WEIGHT	PRICE	TOTAL
Site 006: Healthy Women OB/GYN, 3542 Western Ave, Connersville, IN 47331-3427						
			Late Fee			\$23.42
			Late Fee			\$23.42
			Site 006: SUB TOTAL			\$46.84
			Site 006: TAX TOTAL			\$0.00
			Site 006: TOTAL			\$46.84
Site 013: Primary Care Center, 2025 Virginia Ave, Connersville, IN 47331-2971						
06/13/2018	MDID00F3M3	1.00	30 Gal Sq Tub Disp Hinged Lid	0.00 lb	\$59.100 EA	\$59.10
06/13/2018	MDID00F3M3	1.00	Energy Charge	0.00 lb	\$7.750 EA	\$7.75
			Site 013: SUB TOTAL			\$66.85
			Site 013: TAX TOTAL			\$0.00
			Site 013: TOTAL			\$66.85
Site 015: Dr. Kapoor, 2004 Indiana Ave, Connersville, IN 47331						
06/11/2018	MDID00F3D3	1.00	Energy Charge	0.00 lb	\$7.750 EA	\$7.75
06/11/2018	MDID00F3D3	1.00	Minimum Stop Fee	0.00 lb	\$59.100 EA	\$59.10
			Site 015: SUB TOTAL			\$66.85
			Site 015: TAX TOTAL			\$0.00
			Site 015: TOTAL			\$66.85
TOTAL CURRENT INVOICE CHARGES						\$180.54