

**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): Cardinal Health 110, LLC	<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: Erin Gapinski, Senior Counsel 7000 Cardinal Place Dublin, OH 43017	<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: 614-757-9964	

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 _____ to _____ (date) (date)
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2. Date(s) debt was incurred: May 1, 2019 through August 31, 2019	3. If court judgment, date obtained:
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ \$126,379.33

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: <u>Credits</u>  Basis for Perfection: <u>See attached Addendum</u>  Value of Property: <u>\$461.80</u>	6. Offsets, Credits and Setoffs: <input checked="" 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: <u>10/9/19</u>	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): <u>Jyronza Walton, Credit Manager</u>
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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.

**FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.**

**Case No. 18-07762**

**Addendum to Administrative Proof of Claim filed by Cardinal Health 110, LLC**

Effective as of September 1, 2016, Apexus, LLC (“Apexus”) and Cardinal Health 110, LLC and Cardinal Health 112, LLC (collectively “Cardinal Health”) entered into a 340B Prime Vendor Program Base Agreement, as may be amended from time to time (the “Agreement”). Pursuant to the Agreement, Cardinal Health agreed to sell and distribute certain pharmaceutical products (the “Products”) to participants in the Apexus 340B Prime Vendor Program. Subsequently, on January 26, 2017, Fayette Memorial Hospital Association, Inc. (the “Debtor”), as a participant in the Apexus 340B Prime Vendor Program, and Cardinal Health entered into a Letter of Participation (“LOP”), whereby the Debtor agreed to be bound by the terms and conditions of the Agreement. During the post-petition period of May 1, 2019 through August 31, 2019 (the “Administrative Claim Period”), and in accordance with the LOP, the Debtor ordered certain Products, which were delivered by Cardinal Health. The Debtor has failed to pay for those Products. Cardinal Health is owed \$126,379.33 on account of unpaid invoices listed on the attached itemization for Products ordered during the Administrative Claims Period (the “Administrative Claim”). The Administrative Claim amount is net of certain credits totaling \$461.80 (the “Credit Balance”) on the Debtor’s account. Cardinal Health hereby files a secured claim to the extent of the Credit Balance pursuant to its right of set-off under §362(d)(1).

Cardinal Health hereby expressly reserves the right to amend this proof of claim and this addendum as may be necessary to adjust the amount claimed herein or to supplement this proof of claim in any manner.

## Fayette Memorial

<b>Invoice Date</b>	<b>Invoice Number</b>	<b>Invoice Amount</b>
6/3/2019	6025348	88.44
6/4/2019	6046801	406.17
6/4/2019	6563460	20,757.62
6/4/2019	6563461	463.69
6/4/2019	6563462	1,796.12
6/5/2019	6061664	302.24
6/5/2019	6061665	0.30
6/6/2019	6589316	184.48
6/6/2019	6589317	510.64
6/6/2019	6590574	6,956.42
6/6/2019	6590573	6,064.21
6/7/2019	6090396	698.11
6/10/2019	6103294	388.56
6/10/2019	6103295	0.20
6/11/2019	6125178	1,019.34
6/11/2019	6639478	48.72
6/11/2019	6639477	5,202.49
6/12/2019	6140057	264.19
6/13/2019	6155044	215.98
6/13/2019	6668323	137.13
6/13/2019	6670202	4,191.26
6/13/2019	6670203	6,057.30
6/14/2019	6169636	461.15
6/17/2019	6182195	1,239.96
6/18/2019	6203351	444.97
6/19/2019	6218188	250.19
6/20/2019	6232310	0.09
6/20/2019	6745502	7,022.50
6/20/2019	6745501	1,403.82
6/20/2019	6746236	2.17
6/20/2019	6746235	143.77
6/21/2019	6245628	161.53
6/24/2019	6258015	301.81
6/25/2019	6278961	1,695.67
6/25/2019	6794297	6,591.44
6/25/2019	6794299	5,385.18
6/25/2019	6794298	194.84
6/26/2019	6293375	305.66
6/27/2019	6307792	111.63
6/27/2019	6823303	82.48
6/27/2019	6823302	5,834.96
6/27/2019	6823304	6,232.39
6/27/2019	6822749	26.13
6/27/2019	6822750	141.30

6/28/2019	6321168	0.09
7/1/2019	6333977	346.33
7/2/2019	6356092	1,197.27
7/2/2019	6871352	5,400.42
7/2/2019	6871351	4,317.26
7/2/2019	6871353	51.41
7/3/2019	6371101	177.66
7/5/2019	6384967	78.48
7/5/2019	6900209	5.17
7/5/2019	6900787	273.36
7/5/2019	6900785	4,865.94
7/5/2019	6900786	66.98
7/5/2019	6900208	215.20
7/8/2019	6400554	465.63
7/8/2019	6400555	0.30
7/9/2019	6420894	1,178.59
7/9/2019	6937089	1,872.26
7/9/2019	6937087	2,008.02
7/9/2019	6937088	117.60
7/10/2019	6434785	289.02
7/10/2019	6434786	0.20
7/11/2019	6449688	228.92
7/11/2019	8958620	(251.44)
7/11/2019	6969609	244.16
7/11/2019	6966015	118.20
7/12/2019	6463196	569.47
7/15/2019	6475697	105.03
7/16/2019	6496296	127.83
7/16/2019	7014363	44.10
7/16/2019	7014362	4,644.79
7/16/2019	7014364	1,865.93
7/17/2019	6511014	0.10
7/17/2019	6511013	271.39
7/18/2019	7043254	2.19
7/18/2019	7043253	64.72
7/19/2019	6538773	97.57
7/23/2019	6570959	1,305.62
7/24/2019	6589738	70.46
7/24/2019	1344740	(125.20)
7/27/2019	7147004	11.12
7/27/2019	7147005	2.78
7/27/2019	9097390	(17.03)
7/27/2019	9097380	(68.12)
8/7/2019	6739509	352.31
8/7/2019	1443880	(0.01)
Total		\$ 126,379.33



Erin L. Gapinski  
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[www.cardinal.com](http://www.cardinal.com)

October 9, 2019

**Via Federal Express**

BMC Group  
Attn: FMHA Claims Processing  
3732 West 120th Street  
Hawthorne, CA 90250

Re: *In re Fayette Memorial Hospital Association, Inc.; Case No. 18-07762*

To Whom it May Concern:

Enclosed for filing for the above case is an Administrative Expense Claim Form for Cardinal Health 110, LLC. Please date stamp the extra copy as received and return it in the enclosed envelope.

Please let us know if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Erin Gapinski/ek".

Erin L. Gapinski  
Senior Counsel

Enclosure