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 from May 1, 2019 th							
Name of Creditor (the person or other entity to whom the debtor owe property): Becton Dickinson and Company	s mon	ey or		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:							
Becton Dickinson and Company c/o/ McCarter & English, LLP Attn: Lisa S. Bonsall, Esq. 100 Mulberry Street, Four Gateway Center Newark, NJ 07102 Email: <u>lbonsall@mccarter.com</u>				Check box if you have never received any notices from the bankruptcy court in the ECEIVED			
-and-				BMC GROUP			
Becton Dickinson and Company Attn: Robert Manspeizer 1 Becton Drive Franklin Lakes, NJ 07417				BMC GROUP			
Name and address where payment should be sent (if different): Becton Dickinson and Company c/o/ McCarter & English, LLP Attn: Lisa S. Bonsall, Esq. 100 Mulberry Street, Four Gateway Center Newark, NJ 07102 Email: <u>lbonsall@mccarter.com</u>				Check box if the address differs from the address on the envelope sent to you by the court.			
Telephone number: (973) 639-2066							
Last four digits of account or other number by which creditor identifi debtor:	es		•				
1. Basis for Administrative Claim							
□Goods sold		□Retiree	e bene	fits as defined in 11 U.S.C. § 1114(a)			
Services performed				ies, and compensation (fill out below)			
☐Money loaned			-	s of your SS #:			
Personal injury/wrongful death			ompe m	nsation for services performed to			
Taxes				(date) (date)			
Other							
2. Date(s) debt was incurred: 05/01/2019 - 08/31/2019	3. I	f court judg	gment,	date obtained:			
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:	\$	58,695.07					
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 interest or additional charges.	addi	tion to the p	orincip	al amount of the claim. Attach itemized statement of all			



Description of Propert Basis for Perfection:	the Debtor that secures the claim. y:	 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 C	Taim:	8. Assignment
is the first filed proof a asserted herein	of claim evidencing the claim	□If the claimant has obtained this claim by Assignment, a copy is attached hereto.
	a proof of claim filed on	
 Ireplaces/suspends a pr Supporting Documentation: 	oof of claim filed on	
documents that support the cl	aim, such as promissory notes, purc ity agreements. Do not send origina	by on this form or on any attached documents. Attach redacted copies of any schase orders, invoices, itemized statements of running accounts, contracts, al documents; they may be destroyed after scanning. If the documents are not plain in an attachment.
Date:	power of attorney, if any):	rany, of the creditor or other person authorized to file this claim (attach copy of MARCENSPECTED, SCHOOT LIGHTEN imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.
12/14/2019	Dobert M	Encloser serior 1 il iralien

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Invoice Summary

Account Number:	19996116
Invoice Number:	1001345513-4
Invoice Date:	04/02/2019
Billing Period:	05/01/2019 -05/31/2019
Rent or Purchase:	\$ 12,440.00
Support:	\$ 2,015.00
Total Tax	\$ 0.00
Total Amount Due on 05/01/2019	\$ 14,455.00
All fe	es mentioned are in USD
Equipment Location:	

Customer Name and Address:

FAYETTE MEMORIAL HOSPITAL ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893 FAYETTE MEMORIAL HOSPITAL ASSOCIATI 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893

	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
Location:	** Label Printers** ASU						
	4001192006	43030441	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers** ASU		Subtotal	
Location:	** Label Printers**ER						
	4001192010	43030445	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**ER		Subtotal	
Location:	** Label Printers**ICU						
	4001192007	43030442	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**ICU		Subtotal	
Location:	** Label Printers**NOR1	THST					
	4001192008	43030443	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**NORTH		Subtotal	
Location:	** Label Printers**OB						
	4001192009	43030444	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**OB		Subtotal	
Location:	**Label Printer** OR						
	4001192005	43030440	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: **Label Printer** OR		Subtotal	

Location: ASU

Questions: Please call us at 1-800-438-6789 Area-Midwest

Contract No Serial No Purchase Order No Description Rent / Purchase Support Total 4001191974 15303478 NOT ON FILE MEDISTATION/ES.AUX,TOWERS,OLD Image: Contract No Image: Contract No <td< th=""><th>R.S.</th><th>BD</th><th></th><th>Account Number: 19996116</th><th>Invoice Numb 100134551:</th><th></th><th>Total Amount</th><th>Due on 05/01/2019 \$ 14,455.00</th></td<>	R.S.	BD		Account Number: 19996116	Invoice Numb 100134551:		Total Amount	Due on 05/01/2019 \$ 14,455.00
400191973 15309482 NOT ON FILE MED.SRM.FLATORFSET.12F.LT MED.SRM.FLATORFSET.12F.LT Location: XSVE Location: ASU Location: XSVE Location: ASUS Location: XSVE Subtoal Mathematication Location:		Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
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Location: FRCP - Acute 4001191986 15309485 NOT ON FILE MED,SRM,FLATOFFSET,12FT,LT MED 4001191984 15319580 NOT ON FILE MEDSTATION,ES,MAIN,6DR MED 4001191987 15319582 NOT ON FILE MEDSTATION,ES,AUX,7-DRAWER MED Location: FRCP - Acute Subtotal MED Location: ICU MEDSTATION,ES,AUX,7OWER,DC MED 4001191986 15303483 NOT ON FILE MEDSTATION,ES,AUX,TOWER,DC MED 4001191972 15309481 NOT ON FILE MEDSTATION,ES,AUX,TOWER,DC MED MED		With the second s						
Location: FRCP - Acute 4001191986 15309485 NOT ON FILE MED,SRM,FLATOFFSET,12FT,LT MED 4001191984 15319580 NOT ON FILE MEDSTATION,ES,MAIN,6DR MED 4001191987 15319582 NOT ON FILE MEDSTATION,ES,AUX,7-DRAWER MED Location: FRCP - Acute Subtotal MED Location: FRCP - Acute Subtotal MED Location: FRCP - Acute Subtotal MED MEDSTATION,ES,AUX,TOWER,DC MED MED MED 4001191972 15309481 NOT ON FILE MEDSTATION,ES,AUX,TOWER,DC MED		4001191998	15519564	NOT ON FILE			Subtotal	
4001191986 15309485 NOT ON FILE MED,SRM,FLATOFFSET,12FT,LT MED MED 4001191984 15319580 NOT ON FILE MEDSTATION,ES,MAIN,6DR MED MED 4001191987 15319582 NOT ON FILE MEDSTATION,ES,AUX,7-DRAWER MED MED Location: ICU	Location:	FRCP - Acute					Subtotal	11 507
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4001191987 15319582 NOT ON FILE MEDSTATION,ES,AUX,7-DRAWER Media Media Location: ICU Subtotal Subtotal Media 4001191996 15303483 NOT ON FILE MEDSTATION,ES,AUX,TOWER,DC Media Media 4001191972 15309481 NOT ON FILE MED,SRM,FLATOFFSET,12FT,LT Media Media		ALL AND A REAL AND A	NEW CLEARE WERE REPORTED FOR COMPANY			Henrick Congrat and and a second a first		
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4001191981 15319579 NOT ON FILE MEDSTATION, ES, MAIN, 6DR		4001191972	15309481	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
		4001191981	15319579	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

Page: 2 / 5

	BD		Account Number: 19996116		bice Number: 001345513-4	Total Amount Du	le on 05/01/2019 • \$ 14,455.00
	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
	4001192001	15319589	NOT ON FILE	MEDSTATION,ES,AUX,7-DI	RAWER	Subtotal	_
Location:	IT DEPARTMENT						
	4001/19/1992	42868234	NOTION FILE	CCE Basic Connectivity			
	4001191994	43030437	NOT ON FILE	ES VM Small Server w/SQL Mains			
Location:	IT Department			Location: IT DEPARTMEN	T	Subtotal	
	40011191993	42868235	NOTONFLIE	Localized User/Form Mgmt t 11220Mains		Subtotal	
Location:	NORTHSTAR						
	40011191937	15303475	NOTONFILE	MEDSTATIONES AUX TOV			
	4001191939	15309477	NOT ON FILE	MED,SRM,FLATOFFSET,12	2FT,LT		
	4001191938	4153119574	NOTONFILE	MEDSUATIONIESIMAINI6D			
	4001191999	15319585	NOT ON FILE	MEDSTATION, ES, AUX, 7-DI	RAWER		
				Location: NORTHSTAR		Subtotal	
Location:		TIMESEEMAZEMANIN					
	4001191936		NOT ON FILE	MEDSTATIONESIAUXITO	HINNING STARTER AND SHORE AND		
	4001191940 4001191935	15309478 15319573	NOT ON FILE	MED,SRM,FLATOFFSET,12 MEDSTATIONIESIMAIN.6D			
	EXX. SASAS			Location: OB		Subtotal	
Location:	OR						
	4001191985	15303482	NOTIONFILE	MEDSTATIONES AUXITON	VERSC		
	4001191997	15303484	NOT ON FILE	MEDSTATION, ES, AUX, TOV			
	4001191941	15309480	NOTION FILE	MEDSRMIELATOFFSEI 12	CONTRACTOR AND A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPT		
	4001191979	15319577	NOT ON FILE	MEDSTATION, ES, MAIN, 6D	R		
	0			Location: OR		Subtotal	
Location:	Oncology	15309484	NOTONFLE	MEDICOMONINIPACE			
	4001191982 4001191975	15319575	NOT ON FILE	MEDISRM ROUNDOFFSET MEDSTATION, ES, MAIN, 6D	rette des la del		
	4001131313	10010010		Location: Oncology		Subtotal	
Quanti			6790 Aroo Midwoot				

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

	BD		Account Number: 19996116		Invoice Number: 1001345513-4	Total Amount	Due on 05/01/2019 ` \$ 14,455.00
	Contract No	<u>Serial No</u>	Purchase Order No	Description	Rent / Purchase	Support	Total
Location:	PHARMACY						
	4001191983	15303479	NOTIONFILE	CISAFE V7 X DBL			
			on sa anna ann an ann ann ann ann ann ann	Location: PHARM		Subtotal	
Location:	RECOVERY 4001192000	15319587	NOTION FILE	MEDSTATION			
				Location: RECOV		Subtotal	
					Totals by Unit Location	:	
					Location: ** Label Print	ters** ASU	
					Location: ** Label Print	ters**ER	
					Location: ** Label Print	ters**ICU	
					Location: ** Label Print	ters**NORTHST	
					Location: ** Label Print		
					Location: **Label Printe	er** OR	
					Location: ASU		
					Location: ASYS2		
					Location: ASYS3		
					Location: ASYS4		
					Location: ASYS6		
					Location: ER		
					Location: FRCP - Acut	e	
					Location: ICU		
					Location: IT Department		
						K	
					Location: OB		
					Location: OR		
					Location: RECOVERY Sub Total		\$ 14 455 00
							\$ 14,455.00 \$ 0.00
					Rent/Purchase State Ta		\$ 0.00
					Rent/Purchase County		¥ 0.00

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BD		Account Number: 19996116		Invoice Number: 1001345513-4	Total Amount	Due on 05/01/2019 * \$ 14,455.00
Contract No	<u>Serial No</u>	Purchase Order No	Description	Rent / Purchase	Support	Total
				Rent/Purchase City Tax		\$ 0.00
				Rent/Purchase District Tax		\$ 0.00
				SuppState Tax		\$ 0.00
				SuppCounty Tax		\$ 0.00
				SuppCity Tax		\$ 0.00
				SuppDistrict Tax		\$ 0.00
				GRAND TOTAL		\$ 14,455.00

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All fees mentioned are in USD

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This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.



Invoice Summary

Account Number:	19996116
Invoice Number:	1001359600-3
Invoice Date:	05/03/2019
Billing Period:	06/01/2019 -06/30/2019
Rent or Purchase:	\$ 12,440.00
Support:	\$ 2,015.00
Total Tax	\$ 0.00
Total Amount Due on 06/01/2019	\$ 14,455.00
All fee	es mentioned are in USD
Equipment Location:	
	COOLATI

Customer Name and Address:

FAYETTE MEMORIAL HOSPITAL ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893 Equipment Location: FAYETTE MEMORIAL HOSPITAL ASSOCIATI 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893

	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
Location:	** Label Printers** ASU						
	4001192006	43030441	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers** ASU		Subtotal	
Location:	** Label Printers**ER						
	4001192010	43030445	NOT ON FILE	MEDICATION LABEL MODULE		and the second second	
				Location: ** Label Printers**ER		Subtotal	
Location:	** Label Printers**ICU						
	4001192007	43030442	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**ICU		Subtotal	
Location:	** Label Printers**NORT	HST					
	4001192008	43030443	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**NORTH		Subtotal	
Location:	** Label Printers**OB						
	4001192009	43030444	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**OB		Subtotal	
Location:	**Label Printer** OR						
	4001192005	43030440	NOT ON FILE	MEDICATION LABEL MODULE			
	And a state of the second	and a second		Location: **Label Printer** OR		Subtotal	
Location:	ASU						

Questions: Please call us at 1-800-438-6789 Area-Midwest

	BD		Account Number: 19996116	Invoice Number: 1001359600-3		Total Amount Due on 06/01/2019 \$ 14,455.00		
	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total	
	4001191974	15303476	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC				
	4001191973	15309482	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			The Constant of the Constant of Constant	
	4001191976	15319576	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				
	autoper dar note for an and the			Location: ASU		Subtotal		
Location:	ASYS2							
	4001191991	15313624	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES				
				Location: ASYS2		Subtotal		
Location:	ASYS3					(1. · · · · · · · · · · · · · · · · · · ·		
	4001191990	15313623	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES				
				Location: ASYS3		Subtotal		
Location:	ASYS4				WINH STORES		and the second second second second	
	4001191989	15313622	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES				
				Location: ASYS4		Subtotal		
Location:	Terrest Autor Assessed on State Sporting & College							
	4001191988	15313621	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES				
1				Location: ASYS6		Subtotal		
Location:	FT SHARE FOR THE REAL PROPERTY OF THE PROPERTY OF						The second s	
	4001191978	15303477	NOT ON FILE	MEDSTATION,ES,AUX,TOWER,DC				
	4001191977	15309483	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT	Constant of the second s		MARINELISKI C	
	4001191980	15319578	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				
	4001191998	15319584	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER Location: ER		Subtotal		
Location:	FRCP - Acute			Education. ER		Subtotal		
Location.	4001191986	15309485	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT				
	4001191984	15319580	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				
	4001191987	15319582	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER				
	4001101001	ICO ICOL		Location: FRCP - Acute		Subtotal		
Location:	ICU							
	4001191996	15303483	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC				
	4001191972	15309481	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT				
	4001191981	15319579	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

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	BD		Account Number: 19996116	Invoice Number: 1001359600-3		Total Amount	Due on 06/01/2019 \$ 14,455.00
	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
Lesetiers	4001192001	15319589	NOT ON FILE	MEDSTATION,ES,AUX,7-DRAWER		Subtotal	
Location.	4001191992	42868234	NOT ON FILE	CCE Basic Connectivity	nooseen olerin teest		
	4001191994	43030437	NOT ON FILE	ES VM Small Server w/SQL <15 Mains			
				Location: IT DEPARTMENT		Subtotal	
Location:	IT Department						
	4001191993	42868235	NOT ON FILE	Localized User/Form Mgmt Lic 11-20Mains			
				Location: IT Department		Subtotal	
Location:	NORTHSTAR		Distanti disanta secolari an			AND AND A COMPANY AND A COMPANY AND A	
	4001191937	15303475	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC			
	4001191939	15309477	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT		THE REPORT OF THE PARTY OF THE	
	4001191938	15319574	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
	4001191999	15319585	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER			
	0.5			Location: NORTHSTAR		Subtotal	
Location:	Internet and a state of the second of the second state of the	15000 (70	NOT ON FUE				TERRETORIA CONTRACTOR
	4001191936	15303473	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC			
	4001191940	15309478	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			Charles and the second second
	4001191935	15319573	NOT ON FILE	MEDSTATION,ES,MAIN,6DR Location: OB		Subtotal	
Location:	OP					Subtotal	
Location.	4001191985	15303482	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC		and the second se	
	4001191985	15303482	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC		and the second sec	
	4001191941	15309480	NOT ON FILE	MEDSTATION, ES, KOX, TOWER, SO	States and States		
	4001191979	15319577	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
	4001131313	10010077	NOTONTILL	Location: OR		Subtotal	
Location:	Oncology						
	4001191982	15309484	NOT ON FILE	MED,SRM,ROUNDOFFSET,25FT,LT			
	4001191975	15319575	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
				Location: Oncology		Subtotal	

Questions: Please call us at 1-800-438-6789 Area-Midwest

	BD		Account Number: 19996116		Invoice Number: 1001359600-3	Total Amount	Due on 06/01/2019 \$ 14,455.00
	Contract No	<u>Serial No</u>	Purchase Order No	Description	<u>Rent / Purchase</u>	Support	Total
Location: Pl	HARMACY						
		15002470	NOTONIELE	CIISATE V7 X DBL	NTGMAINBIO		
	4001191983	13393478	NOTONIFILE	GLEARIDO			
				Location: PHARM	ACY	Subtotal	
Location: R							
	4001192000	15319587	NOTIONIFILE	MEDSTATION			
				Location: RECOV		Subtotal	
					Totals by Unit Location:	** • • • •	
					Location: ** Label Printers Location: ** Label Printers		
					Location: ** Label Printers		
					Location: ** Label Printers		
					Location: ** Label Printers		
				•	Location: **Label Printer**		
					Location: ASU		
					Location: ASYS2		
					Location: ASYS3		
					Location: ASYS4		
					Location: ASYS6		
					Location: ER		
					Location: FRCP - Acute		
					Location: ICU		
					Location: IT DEPARTMEN	IT	
					Location: IT Department		
					Location: NORTHSTAR		
					Location: OB		
					Location: OR		
					Location: Oncology Location: PHARMACY		
					Location: RECOVERY		
					Sub Total		\$ 14,455.00
					Rent/Purchase State Tax		\$ 0.00
					Rent/Purchase County Tax	C C C C C C C C C C C C C C C C C C C	\$ 0.00
		s at 1_800_138_1					

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

BD		Account Number: 19996116		Invoice Number: 1001359600-3	Total Amount	Due on 06/01/2019 \$ 14,455.00
Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
				Rent/Purchase City Tax		\$ 0.00
				Rent/Purchase District Tax		\$ 0.00
				SuppState Tax		\$ 0.00
				SuppCounty Tax		\$ 0.00
				SuppCity Tax		\$ 0.00
				SuppDistrict Tax		\$ 0.00
				GRAND TOTAL		\$ 14,455.00
					All fees mer	ntioned are in USD



Invoice Summary

Account Number:	19996116
Invoice Number:	1001372526-4
Invoice Date:	06/05/2019
Billing Period:	07/01/2019 -07/31/2019
Rent or Purchase:	\$ 12,440.00
Support:	\$ 2,015.00
Total Tax	\$ 0.00
Total Amount Due on 07/01/2019	9 \$ 14,455.00
All 1	fees mentioned are in USD
Equipment Location:	
EAVETTE MEMODIAL HOSDITAL	ASSOCIATI

Customer Name and Address:

FAYETTE MEMORIAL HOSPITAL ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893 Equipment Location: FAYETTE MEMORIAL HOSPITAL ASSOCIATI 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893

	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
Location:	** Label Printers** ASU						
	4001192006	43030441	NOT ON FILE	MEDICATION LABEL MODULE			
	A DESCRIPTION DE LA COMPACTACIÓN DE			Location: ** Label Printers** ASU	,	Subtotal	
Location:	** Label Printers**ER						
	4001192010	43030445	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**ER		Subtotal	
Location:	** Label Printers**ICU						
	4001192007	43030442	NOT ON FILE	MEDICATION LABEL MODULE			
		-		Location: ** Label Printers**ICU		Subtotal	
Location:	** Label Printers**NOR	THST					
	4001192008	43030443	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**NORTH	ł	Subtotal	
Location:	** Label Printers**OB						
	4001192009	43030444	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**OB		Subtotal	
Location:	**Label Printer** OR						
	4001192005	43030440	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: **Label Printer** OR		Subtotal	

Location: ASU

Questions: Please call us at 1-800-438-6789 Area-Midwest

	BD		Account Number: 19996116	Invoice Number: 1001372526-4		Total Amount Due on 07/01/2019 \$ 14,455.00	
	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
	4001191974	15303476	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC			
	4001191973	15309482	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191976	15319576	NOT ON FILE	MEDSTATION,ES,MAIN,6DR		Subtotal	
Location:	ASYS2						
	4001191991	15313624	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
	ALL TO A LOCAL AND INTERVED AND AND AND			Location: ASYS2		Subtotal	
Location:	ASYS3						
	4001191990	15313623	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
				Location: ASYS3		Subtotal	
Location:	ASYS4						
	4001191989	15313622	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
				Location: ASYS4		Subtotal	
Location:	ASYS6			_			
	4001191988	15313621	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
				Location: ASYS6	š.	Subtotal	
Location:	ER						
	4001191978	15303477	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC			
	4001191977	15309483	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191980	15319578	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
	4001191998	15319584	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER	R		
				Location: ER		Subtotal	The other states of
Location:	FRCP - Acute				THE REPORT OF		
	4001191986	15309485	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191984	15319580	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
	4001191987	15319582	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER			
				Location: FRCP - Acute		Subtotal	
Location:	ICU		Summary and the state of the second			and the second	National Action of the Action of the
	4001191996	15303483	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC			
	4001191972	15309481	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT	anterior Source and the second second		
	4001191981	15319579	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

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	BD		Account Number: 19996116		Invoice Number: 1001372526-4		Total Amount Due on 07/01/2019 \$	
	Contract No	<u>Serial No</u>	Purchase Order No	Description	Rent / Purchase	Support	Total	
	4001192001	15319589	NOT ON FILE	MEDSTATION,ES,AUX,7-DRAV	VER	Subtotal		
Location:	IT DEPARTMENT							
	4001191992	42868234	NOT ON FILE	CCE Basic Connectivity				
	4001191994	43030437	NOT ON FILE	ES VM Small Server w/SQL <15 Mains		nnisenni ssaatseen niseen seelisinni		
				Location: IT DEPARTMENT		Subtotal		
Location:	IT Department							
	4001191993	42868235	NOTION FILE	Localized User/Form Mgmf Lic 11:20Mains				
Looption	NORTHSTAR			Location: IT Department		Subtotal		
Location:		15303475	NOTONFILE	MEDSTATIONESIAUXITOWER				
	4001191939	15309477	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,				
	4001191938	15319574	NOTONELE	MEDSTATIONIES MAIN BR				
	4001191999	15319585		MEDSTATION, ES, AUX, 7-DRAV				
				Location: NORTHSTAR		Subtotal		
Location:	ОВ							
	4001191936	15303473	NOTONFILE	MEDSTATION ESIAUX TOWER	RSC			
	4001191940	15309478	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,				
	4001191935	15319573	NOTONELLE	MEDSTATIONES MAIN 6DR				
	HERETAR STREET, U.S. C. STREET, STREET	774001100 2 1000893888384	alan mananan mananan karang	Location: OB	and a subsection of the second sec	Subtotal		
Location:	OR							
	4001191985	15303482	NOTIONFILE	MEDSTATIONESAUXTOWER	ξSC -			
	4001191997	15303484	NOT ON FILE	MEDSTATION, ES, AUX, TOWEF	R,SC			
	4001191941	15309480	NOTION FILE	MED.SRM.FLATOFFSET 12FT				
	4001191979	15319577	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				
				Location: OR		Subtotal		
Location:	Oncology						1711111777781101111	
	4001191982	15309484	NOT ON FILE	MEDISRM/ROUNDOFFSET,25				
	4001191975	15319575	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR		Cubéné-1		
				Location: Oncology		Subtotal		
Questi	ons: Please call us	at 1-800-438-	6789 Area-Midwest					

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

.

E C	BD		Account Number: 19996116	Invoice Number: Total / 1001372526-4		Total Amoun	Amount Due on 07/01/2019 \$ 14,455.00	
	Contract No	Serial No	Purchase Order No	Description	<u>Rent / Purchase</u>	Support	Total	
ocation:	PHARMACY							
	4001191983	15303479	NOT ON FILE	CIISAFE, V7.X, DBL INTG MAIN, CLEAR DO	BIO,			
ocation.	RECOVERY	22 Mart 1111 22:10 (31107) 4 KORDZ 2000		Location: PHARMACY		Subtotal		
Joanon.	4001192000	15319587	NOT ON FILE	MEDSTATION, ES, MAIN, 2DR				
				Location: RECOVERY		Subtotal		
					Totals by Unit Location:		and the second second	
					Location: ** Label Printer	s** ASU		
					Location: ** Label Printer	s**ER		
					Location: ** Label Printer	s**ICU		
					Location: ** Label Printer	s**NORTHST		
					Location: ** Label Printer	s**OB		
					Location: **Label Printer*	* OR		
					Location: ASU			
					Location: ASYS2			
					Location: ASYS3			
					Location: ASYS4		and the second	
					Location: ASYS6			
					Location: ER		Contraction of the	
					Location: FRCP - Acute			
					Location: ICU		A File	
	4.)				Location: IT DEPARTME	NT		
					Location: IT Department			
					Location: NORTHSTAR			
					Location: OB			
					Location: OR		a second and	
					Location: Oncology			
					Location: PHARMACY			
					Location: RECOVERY			
					Sub Total		\$ 14,455.00	
					Rent/Purchase State Tax		\$ 0.00	
					Rent/Purchase County Ta	•	\$ 0.00	
					Rent/Furchase County Ta	*	¢ 0	

Contract No Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
			Rent/Purchase City Tax		\$ 0.00
			Rent/Purchase District Tax		\$ 0.00
			SuppState Tax		\$ 0.00
			SuppCounty Tax		\$ 0.00
			SuppCity Tax		\$ 0.00
			SuppDistrict Tax		\$ 0.00
			GRAND TOTAL		\$ 14,455.00

All fees mentioned are in USD

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Invoice Summary

Account Number:	19996116
Invoice Number:	1001386080-4
Invoice Date:	07/03/2019
Billing Period:	08/01/2019 -08/31/2019
Rent or Purchase:	\$ 12,440.00
Support:	\$ 2,015.00
Total Tax	\$ 0.00
Total Amount Due on 08/01/2019	\$ 14,455.00
All fe	es mentioned are in USD
Equipment Location:	

Customer Name and Address:

FAYETTE MEMORIAL HOSPITAL ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893 Equipment Location: FAYETTE MEMORIAL HOSPITAL ASSOCIATI 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893

	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
Location:	** Label Printers** ASU						
	4001192006	43030441	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers** ASI	U	Subtotal	
Location:	** Label Printers**ER						
	4001192010	43030445	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**ER		Subtotal	
Location:	** Label Printers**ICU						
	4001192007	43030442	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**ICU		Subtotal	
Location:	** Label Printers**NORT	HST					
	4001192008	43030443	NOT ON FILE	MEDICATION LABEL MODULE			
				Location: ** Label Printers**NOF	RTH	Subtotal	
Location:	** Label Printers**OB						
	4001192009	43030444	NOT ON FILE	MEDICATION LABEL MODULE			
	Line of the line o			Location: ** Label Printers**OB		Subtotal	
Location:	**Label Printer** OR						
	4001192005	43030440	NOT ON FILE	MEDICATION LABEL MODULE			
	and service and Arctic Tar has the contract of the and			Location: **Label Printer** OR		Subtotal	

Location: ASU

Questions: Please call us at 1-800-438-6789 Area-Midwest

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

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	BD		Account Number: 19996116	Invoice Number: 1001386080-4		Total Amount Due on 08/01/2019 \$ 14,455.00	
	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total
	4001191974	15303476	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC			
	4001191973	15309482	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191976	15319576	NOT ON FILE	MEDSTATION,ES,MAIN,6DR		Subtotal	
Location:	ASYS2					Gubtotal	
	4001191991	15313624	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
				Location: ASYS2		Subtotal	
Location:	ASYS3						
	4001191990	15313623	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
				Location: ASYS3		Subtotal	
Location:	ASYS4						
	4001191989	15313622	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
				Location: ASYS4		Subtotal	
Location:	ASYS6						
	4001191988	15313621	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES		and the second	
				Location: ASYS6		Subtotal	
Location:	ER						
	4001191978	15303477	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC			
	4001191977	15309483	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191980	15319578	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
	4001191998	15319584	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER			
				Location: ER		Subtotal	
Location:	FRCP - Acute						
	4001191986	15309485	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191984	15319580	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			
	4001191987	15319582	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER			
				Location: FRCP - Acute		Subtotal	
Location:	NUMBER OF CONTRACTOR OF CONTRACTOR			การสาขารแนตรงธรณฑ์สาขายายายาก การสาขาวัย ประเทศไปประเทศ			and a second
	4001191996	15303483	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC			
	4001191972	15309481	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT			
	4001191981	15319579	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR			

	BD		Account Number: 19996116		Invoice Number: 1001386080-4		Total Amount Due on 08/01/2019 \$ 14,455.00	
	Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total	
	4001192001	15319589	NOT ON FILE	MEDSTATION,ES,AUX,7-DRAWER		Subtotal		
Location:	IT DEPARTMENT							
	4001191992	42868234	NOT ON FILE	CCE Basic Connectivity				
	4001191994	43030437	NOT ON FILE	ES VM Small Server w/SQL <15 Mains				
				Location: IT DEPARTMENT		Subtotal		
Location:	IT Department							
	4001191993	42868235	NOT ON FILE	Localized User/Form Mgmt Lic 11-20Mains				
	Energy provide influence on the set of the set of the set	******		Location: IT Department		Subtotal		
Location:	NORTHSTAR							
	4001191937	15303475	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, DC				
	4001191939	15309477	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT				
	4001191938	15319574	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				
	4001191999	15319585	NOT ON FILE	MEDSTATION, ES, AUX, 7-DRAWER				
				Location: NORTHSTAR		Subtotal		
Location:	OB							
	4001191936	15303473	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC				
	4001191940	15309478	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT				
	4001191935	15319573	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR				
				Location: OB		Subtotal		
Location:								
	4001191985	15303482	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC				
	4001191997	15303484	NOT ON FILE	MEDSTATION, ES, AUX, TOWER, SC				
	4001191941	15309480	NOT ON FILE	MED,SRM,FLATOFFSET,12FT,LT				
	4001191979	15319577	NOT ON FILE	MEDSTATION, ES, MAIN, 6DR	Contract of			
			-	Location: OR		Subtotal		
Location:	Oncology						and the second secon	
	4001191982	15309484	NOT ON FILE	MED,SRM,ROUNDOFFSET,25FT,LT				
	4001191975	15319575	NOT ON FILE	MEDSTATION,ES,MAIN,6DR Location: Oncology	Harter	Subtotal		
							1000	

This statement serves as notice to customer of its obligations to report each earned discount under applicable federal health care programs.

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	BD		Account Number: 19996116		Invoice Number: 1001386080-4	Total Amou	nt Due on 08/01/2019 \$ 14,455.00
	Contract No	Serial No	Purchase Order No	Description	Rent / Pur	chase Support	Total
Location:	PHARMACY						
	40011191983	15303479	NOTONIFILE		INTGIMAINIBIO		
Lootion	RECOVERY			Location: PHARM	ACY	Subtotal	
Location:	40011920001	45319587	NOTONELE	MEDSTATIONESI	MAIN2DR		
				Location: RECOV		Subtotal	
					Totals by Unit		
						_abel Printers** ASU	
						_abel Printers**ER _abel Printers**ICU	
						_abel Printers**NORTHST	
						Label Printers**OB	
						abel Printer** OR	
					Location: AS		
					Location: AS	YS2	
					Location: AS	YS3	
					Location: AS	YS4	
					Location: AS	YS6	
					Location: ER	1	
					Location: FR	CP - Acute	
					Location: ICU		
					Location: IT	DEPARTMENT	
					Location: IT	-	
						ORTHSTAR	
					Location: OB		
					Location: OR		
					Location: On	-	
					Location: PH		
					Location: RE	COVERY	£ 44 455 00
					Sub Total	-	\$ 14,455.00 \$ 0.00
					Rent/Purchase		\$ 0.00
					Rent/Purchase	e county rax	¥ 0.00

BD	Account Number: 19996116	I	Invoice Number: 1001386080-4	Total Amount Due on 08/01/2019 \$ 14,455.00	
Contract No Ser	ial No Purchase Order No	Description	Rent / Purchase	Support Total	
			Rent/Purchase City Tax Rent/Purchase District Tax SuppState Tax SuppCounty Tax SuppCity Tax SuppDistrict Tax	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	
			GRAND TOTAL	\$ 14,455.00	
				All fees mentioned are in USD	



Property Tax Invoice SummaryAccount Number:19996116Invoice Number:6000030560-2Invoice Date:06/12/2019Total Amount Due on 11/01/2019\$ 875.07All fees mentioned are in USD

Customer Name and Address:

FAYETTE MEMORIAL HOSPITAL ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE, IN 47331-2893

	Serial No	Contract No	Description	Unit Location	Tax Collector	Amount Due	Year
Ship To:	19996116 FAYETTE N	MEMORIAL HOSPITA	AL ASSOCIATI 1941 VIRGINIA AVE CO	NNERSVILLE IN-47331-2893			
	12873460	4000864390	MEDSTATION ES MAIN	1	Fayette		2018
	12885251	4000864403	MEDSTATION ES MAIN	F	Fayette		2018
	12893977	4000864412	MEDSTATION ES MAIN	1	Fayette		2018
	12894600	4000864413	MEDSTATION ES MAIN	F	Fayette		2018
	12903681	4000864417	MEDSTATION ES MAIN		Fayette	and and a state of the second s	2018
	12905076	4000864418	MEDSTATION ES MAIN		Fayette		2018
	13715988	4000864419	MEDSTATION ES MAIN	1	Fayette		2018
	13739789	4000864421	CIISAFE, V7.X, DBL INTG MAIN, BI	O, I	Fayette		2018
	13922184	4000864422	MEDSTATION ES MAIN	1	Fayette		2018
	14442362	4000864439	PYXIS ANESTHESIA SYSTEM ES	S	Fayette		2018
	14442363	4000864440	PYXIS ANESTHESIA SYSTEM ES	З	Fayette		2018
	14442364	4000864441	PYXIS ANESTHESIA SYSTEM ES	S I	Fayette		2018
	14860681	4001090041	PYXIS ANESTHESIA SYSTEM ES	5	Fayette		2018
	40648221	4000864435	ES VM PRODUCTION SERVER V	V/S F	Fayette		2018
	8000050765	4000864429	MEDSTATION ES MAIN	1	Fayette		2018
	8000052425	4000864432	MEDSTATION ES MAIN	I	Fayette		2018
				Subtotal 2018 D	Jue	\$ 875.07	
				Subtotals for s	ship to 19996116	\$ 875.07	

Questions: Please call us at 1-800-438-6789 Area Midwest



All fees mentioned are in USD



October 15, 2019

Via FedEx

Linda Restivo
ParalegalBMC Group, Inc.1. 973.848.8618Attn: FMHA Claims Processing5. 973.624.7070
Irestivo@mccarter.com3732 West 120th Street

Dear Sir/Madam:

Enclosures

c:

Re: Fayette Memorial Hospital Association, Inc. d/b/a Fayette Regional Health Systems Ch. 11 Case No. 18-07762-JJG

above-referenced bankruptcy case. On behalf of BD, enclosed please find a duly

This firm represents claimant Becton, Dickinson and Company ("BD") in the

executed Administrative Expense Claim Form with attachments and one additional copy of same. Kindly enter the claim on the claims register for this case and return the copy

Respectfully,

Four Gateway Center 100 Mulberry Street Newark, NJ 07102 T. 973.622.4444 F. 973.624.7070 www.mccarter.com

McCarter & English, LLP

BOSTON

HARTFORD

STAMFORD

NEW YORK

NEWARK

EAST BRUNSWICK

John R. Stoelker, Esq. (Via E-Mail)

Thank you for your courtesies.

marked "filed" in the self-addressed stamped envelope.

PHILADELPHIA

WILMINGTON

WASHINGTON, DC

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And Restire

Linda Restivo, Paralegal