

ADMINISTRATIVE EXPENSE CLAIM FORM

Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from May 1, 2019 through August 31, 2019 ONLY.

Name of Creditor (the person or other entity to whom the debtor owes money or property): <p align="center">Becton Dickinson and Company</p>	<input type="checkbox"/>	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: Becton Dickinson and Company c/o/ McCarter & English, LLP Attn: Lisa S. Bonsall, Esq. 100 Mulberry Street, Four Gateway Center Newark, NJ 07102 Email: lbonsall@mccarter.com -and- Becton Dickinson and Company Attn: Robert Manspeizer 1 Becton Drive Franklin Lakes, NJ 07417	<input type="checkbox"/>	Check box if you have never received any notices from the bankruptcy court in this case. <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED OCT 16 2019 BMC GROUP </div>
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: lbonsall@mccarter.com	<input type="checkbox"/>	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 identifies debtor:		
1. Basis for Administrative Claim <input 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 checked="" 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 _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (date) (date) </div>	
2. Date(s) debt was incurred: 05/01/2019 – 08/31/2019	3. If court judgment, date obtained:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: <u> \$58,695.07 </u>		
If all or part of your claim is secured, also complete Item 5 below. <input type="checkbox"/> 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.		

<p>5. Please identify the property of the Debtor that secures the claim.</p> <p>Description of Property: _____</p> <p>Basis for Perfection: _____</p> <p>Value of Property: _____</p>	<p>6. Offsets, Credits and Setoffs:</p> <p><input type="checkbox"/> All payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein.</p> <p><input checked="" type="checkbox"/> This claim is not subject to any setoff or counterclaim.</p> <p><input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:</p>
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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:

10/14/2019

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):

Robert Manspeizer

Robert Manspeizer, Senior Litigator M&R

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.



Send Payment to:
 CareFusion Solutions, LLC
 Pyxis® Products
 25082 Network Place
 Chicago, IL 60673-1250

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 fees mentioned are in USD

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			
					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**NORTHST						
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

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



Account Number:
19996116

Invoice Number:
1001345513-4

Total Amount Due on 05/01/2019
\$ 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			
Location: ASYS2					Subtotal	
4001191991	15313624	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ASYS3					Subtotal	
4001191990	15313623	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ASYS4					Subtotal	
4001191989	15313622	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ASYS6					Subtotal	
4001191988	15313621	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ER					Subtotal	
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: FRCP - Acute					Subtotal	
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: ICU					Subtotal	
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			

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Invoice Number:
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\$ 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 Location: ICU			
						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 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: OR						
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 Location: OR			
						Subtotal
Location: Oncology						
4001191982	15309484	NOT ON FILE	MED,SRM,ROUND OFFSET,25FT,LT			
4001191975	15319575	NOT ON FILE	MEDSTATION,ES,MAIN,6DR Location: Oncology			
						Subtotal

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Invoice Number:
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Total Amount Due on 05/01/2019
\$ 14,455.00

Contract No	Serial No	Purchase Order No	Description	Rent / Purchase	Support	Total	
Location: PHARMACY							
4001191983	15303479	NOT ON FILE	GISAFE V7X DBL NTG MAIN BIO CLEAR DO				
					Location: PHARMACY	Subtotal	
Location: RECOVERY							
4001192000	15319587	NOT ON FILE	MEDSTATION ES MAIN 2DR				
					Location: RECOVERY	Subtotal	

Totals by Unit Location:

Location: ** Label Printers** ASU	
Location: ** Label Printers**ER	
Location: ** Label Printers**ICU	
Location: ** Label Printers**NORTHST	
Location: ** Label Printers**OB	
Location: **Label Printer** OR	
Location: ASU	
Location: ASYS2	
Location: ASYS3	
Location: ASYS4	
Location: ASYS6	
Location: ER	
Location: FRCP - Acute	
Location: ICU	
Location: IT DEPARTMENT	
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	\$ 0.00

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

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Invoice Number:
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Total Amount Due on 05/01/2019
\$ 14,455.00

<u>Contract No</u>	<u>Serial No</u>	<u>Purchase Order No</u>	<u>Description</u>	<u>Rent / Purchase</u>	<u>Support</u>	<u>Total</u>
				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

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

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Send Payment to:
 CareFusion Solutions, LLC
 Pyxis® Products
 25082 Network Place
 Chicago, IL 60673-1250

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 fees mentioned are in USD

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			
					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**NORTHST						
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						

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Invoice Number:
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\$ 14,455.00

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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			
Location: ASYS2					Subtotal	
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			
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: 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			

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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
4001192001	15319589	NOT ON FILE	MEDSTATION,ES,AUX,7-DRAWER Location: ICU			
						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 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: OR						
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 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

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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
Location: PHARMACY						
4001191983	15303479	NOT ON FILE	CISAFE V7X DEL INTG MAIN BIO CLEAR DO			
					Location: PHARMACY	Subtotal
Location: RECOVERY						
4001192000	15319587	NOT ON FILE	MEDSTATION ES MAIN 2DR			
					Location: RECOVERY	Subtotal

Totals by Unit Location:

Location: ** Label Printers** ASU	
Location: ** Label Printers**ER	
Location: ** Label Printers**ICU	
Location: ** Label Printers**NORTHST	
Location: ** Label Printers**OB	
Location: **Label Printer** OR	
Location: ASU	
Location: ASYS2	
Location: ASYS3	
Location: ASYS4	
Location: ASYS6	
Location: ER	
Location: FRCP - Acute	
Location: ICU	
Location: IT DEPARTMENT	
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	\$ 0.00

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<u>Contract No</u>	<u>Serial No</u>	<u>Purchase Order No</u>	<u>Description</u>	<u>Rent / Purchase</u>	<u>Support</u>	<u>Total</u>
				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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Send Payment to:
 CareFusion Solutions, LLC
 Pyxis® Products
 25082 Network Place
 Chicago, IL 60673-1250

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 **\$ 14,455.00**
All fees mentioned are in USD

Customer Name and Address:
 FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE
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Equipment Location:
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Location: ** Label Printers**ICU							
4001192007	43030442	NOT ON FILE	MEDICATION LABEL MODULE				
					Location: ** Label Printers**ICU	Subtotal	
Location: ** Label Printers**NORTHST							
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				
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Location: **Label Printer** OR							
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Location: ASU							

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Location: ASYS2					Subtotal	
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Location: ASYS6						
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Location: ASYS6					Subtotal	
Location: ER						
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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			
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Location: FRCP - Acute					Subtotal	
Location: ICU						
4001191996	15303483	NOT ON FILE	MEDSTATION,ES,AUX,TOWER,DC			
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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: OR						
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 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

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



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
Location: PHARMACY						
4001191983	15303479	NOT ON FILE	CIISAFE,V7.X,DBL INTG MAIN,BIO, CLEAR DO			
Location: PHARMACY					Subtotal	
Location: RECOVERY						
4001192000	15319587	NOT ON FILE	MEDSTATION,ES,MAIN,2DR			
Location: RECOVERY					Subtotal	

Totals by Unit Location:

Location: ** Label Printers** ASU	
Location: ** Label Printers**ER	
Location: ** Label Printers**ICU	
Location: ** Label Printers**NORTHST	
Location: ** Label Printers**OB	
Location: **Label Printer** OR	
Location: ASU	
Location: ASYS2	
Location: ASYS3	
Location: ASYS4	
Location: ASYS6	
Location: ER	
Location: FRCP - Acute	
Location: ICU	
Location: IT DEPARTMENT	
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	\$ 0.00

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.



Account Number:
19996116

Invoice Number:
1001372526-4

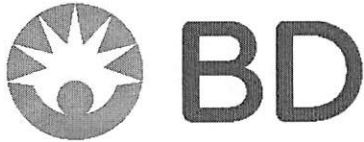
Total Amount Due on 07/01/2019
\$ 14,455.00

<u>Contract No</u>	<u>Serial No</u>	<u>Purchase Order No</u>	<u>Description</u>	<u>Rent / Purchase</u>	<u>Support</u>	<u>Total</u>
				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

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.



Send Payment to:
 CareFusion Solutions, LLC
 Pyxis® Products
 25082 Network Place
 Chicago, IL 60673-1250

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 fees mentioned are in USD

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			
					Subtotal	
Location: ** Label Printers**ER						
4001192010	43030445	NOT ON FILE	MEDICATION LABEL MODULE			
					Subtotal	
Location: ** Label Printers**ICU						
4001192007	43030442	NOT ON FILE	MEDICATION LABEL MODULE			
					Subtotal	
Location: ** Label Printers**NORTHST						
4001192008	43030443	NOT ON FILE	MEDICATION LABEL MODULE			
					Subtotal	
Location: ** Label Printers**OB						
4001192009	43030444	NOT ON FILE	MEDICATION LABEL MODULE			
					Subtotal	
Location: **Label Printer** OR						
4001192005	43030440	NOT ON FILE	MEDICATION LABEL MODULE			
					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.



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			
Location: ASYS2					Subtotal	
4001191991	15313624	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ASYS3					Subtotal	
4001191990	15313623	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ASYS4					Subtotal	
4001191989	15313622	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ASYS6					Subtotal	
4001191988	15313621	NOT ON FILE	PYXIS ANESTHESIA SYSTEM ES			
Location: ER					Subtotal	
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: FRCP - Acute					Subtotal	
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: ICU					Subtotal	
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			

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.



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 Location: ICU			
						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 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: OR						
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 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

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



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
Location: PHARMACY						
4001191983	15303479	NOT ON FILE	C/SAFE IV X DBL INTG MAIN BIO CLEAR DO			
Location: PHARMACY					Subtotal	
Location: RECOVERY						
4001192000	15319587	NOT ON FILE	MEDSTATION ES MAIN 2DR			
Location: RECOVERY					Subtotal	

Totals by Unit Location:

- Location: ** Label Printers** ASU
- Location: ** Label Printers**ER
- Location: ** Label Printers**ICU
- Location: ** Label Printers**NORTHST
- Location: ** Label Printers**OB
- Location: **Label Printer** OR
- Location: ASU
- Location: ASYS2
- Location: ASYS3
- Location: ASYS4
- Location: ASYS6
- Location: ER
- Location: FRCP - Acute
- Location: ICU
- Location: IT DEPARTMENT
- 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	\$ 0.00

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.



Account Number:
19996116

Invoice Number:
1001386080-4

Total Amount Due on 08/01/2019
\$ 14,455.00

<u>Contract No</u>	<u>Serial No</u>	<u>Purchase Order No</u>	<u>Description</u>	<u>Rent / Purchase</u>	<u>Support</u>	<u>Total</u>
				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

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.



Send Payment to:
 CareFusion Solutions, LLC
 Pyxis® Products
 25082 Network Place
 Chicago, IL 60673-1250

Property Tax Invoice Summary

Account Number: 19996116
Invoice Number: 6000030560-2
Invoice Date: 06/12/2019
Total Amount Due on 11/01/2019 **\$ 875.07**
All 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 MEMORIAL HOSPITAL ASSOCIATI 1941 VIRGINIA AVE CONNERSVILLE IN-47331-2893						
12873460	4000864390	MEDSTATION ES MAIN		Fayette		2018
12885251	4000864403	MEDSTATION ES MAIN		Fayette		2018
12893977	4000864412	MEDSTATION ES MAIN		Fayette		2018
12894600	4000864413	MEDSTATION ES MAIN		Fayette		2018
12903681	4000864417	MEDSTATION ES MAIN		Fayette		2018
12905076	4000864418	MEDSTATION ES MAIN		Fayette		2018
13715988	4000864419	MEDSTATION ES MAIN		Fayette		2018
13739789	4000864421	CIISAFE,V7.X,DBL INTG MAIN,BIO,		Fayette		2018
13922184	4000864422	MEDSTATION ES MAIN		Fayette		2018
14442362	4000864439	PYXIS ANESTHESIA SYSTEM ES		Fayette		2018
14442363	4000864440	PYXIS ANESTHESIA SYSTEM ES		Fayette		2018
14442364	4000864441	PYXIS ANESTHESIA SYSTEM ES		Fayette		2018
14860681	4001090041	PYXIS ANESTHESIA SYSTEM ES		Fayette		2018
40648221	4000864435	ES VM PRODUCTION SERVER W/S		Fayette		2018
8000050765	4000864429	MEDSTATION ES MAIN		Fayette		2018
8000052425	4000864432	MEDSTATION ES MAIN		Fayette		2018
Subtotal 2018 Due					\$ 875.07	
Subtotals for ship to 19996116					\$ 875.07	

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.



Account Number:

19996116

Invoice Number:

6000030560-2

Total Amount Due on 11/01/2019

\$ 875.07

Serial No

Contract No

Description

Unit Location

Tax Collector

Amount Due Year

Total 2018 Due

\$ 875.07

Total Sales Tax

\$ 0.00

Total Due

\$ 875.07

All fees mentioned are in USD

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.

October 15, 2019

Via FedEx

Linda Restivo
Paralegal
T. 973.848.8618
F. 973.624.7070
lrestivo@mccarter.com

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

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

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

Dear Sir/Madam:

This firm represents claimant Becton, Dickinson and Company ("BD") in the above-referenced bankruptcy case. On behalf of BD, enclosed please find a duly 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 marked "filed" in the self-addressed stamped envelope.

Thank you for your courtesies.

Respectfully,



Linda Restivo, Paralegal

Enclosures

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

BOSTON

HARTFORD

STAMFORD

NEW YORK

NEWARK

EAST BRUNSWICK

PHILADELPHIA

WILMINGTON

WASHINGTON, DC