

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): INDIANA HEALTH INFORMATION EXCHANGE, INC.	<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: AMMON R. FILLMORE 846 NORTH SENATE AVE. SUITE 300, INDIANAPOLIS, IN 46202	<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): JENNIFER FREENEY Accounts Receivables 846 NORTH SENATE AVE. SUITE 300, INDIANAPOLIS, IN 46202	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: 317-644-1750	

Last four digits of account or other number by which creditor identifies debtor:

1. Basis for Administrative Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	PLEASE SEE ATTACHED SUPPORTING DOCUMENTS <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 _____ (date) - to _____ (date)
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RECEIVED
OCT 21 2019
BMC GROUP

2. Date(s) debt was incurred:	3. If court judgment, date obtained:
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 15,907.00

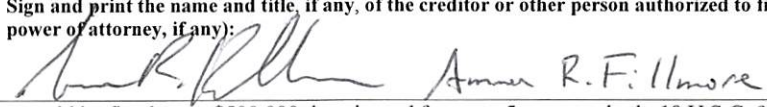
If all or part of your claim is secured, also complete Item 5 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

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: <input 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: October 17th, 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):  Ammon R. Fillmore
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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.

FMHA POC

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Indiana Health Information Exchange

Administrative Claim - No Payments Received May 2019 - August 2019

May-19	3087	5/1/19	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
June-19	3181	6/1/19	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
July-19	3254	7/1/19	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
August-19	3354	8/1/19	IT Services/Support - Careweb, D4D	\$3,976.75	\$0.00	\$3,976.75
Total Claim for Services Provided between 5/1 and 8/31				\$15,907.00	\$0.00	\$15,907.00



Indiana Health Information Exchange

846 North Senate Ave
Suite 300
Indianapolis, IN 46202 US
jfeeney@ihie.org

Invoice

BILL TO

Fayette Regional Health
System
Attn: Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 3087

DATE 05/01/2019

DUE DATE 05/31/2019

TERMS Net 30

ACTIVITY	AMOUNT
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INPC Monthly Services	3,976.75
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BALANCE DUE

\$3,976.75



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BILL TO

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1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 3181

DATE 06/01/2019

DUE DATE 07/01/2019

TERMS Net 30

ACTIVITY	AMOUNT
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INPC Monthly Services	3,976.75
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BALANCE DUE

\$3,976.75



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BILL TO

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1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 3254

DATE 07/01/2019

DUE DATE 07/31/2019

TERMS Net 30

ACTIVITY	AMOUNT
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INPC Monthly Services	3,976.75
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BALANCE DUE

\$3,976.75



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BILL TO

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1941 Virginia Avenue
Connersville, IN 47331

INVOICE # 3354

DATE 08/01/2019

DUE DATE 08/31/2019

TERMS Net 30

ACTIVITY	AMOUNT
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INPC Monthly Services	3,976.75
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BALANCE DUE

\$3,976.75



October 16th, 2019

BMC Group, Inc.
ATTN: FHMA Claims Processing
P.O. Box 90100
Los Angeles, CA 90009

RE: Fayette Memorial Hospital Association
U.S. Bankruptcy Court
Southern District of Indiana
Case NO. 18-07762-JJG

To Whom it May Concern,

Enclosed please find an Administrative Claim Form in the amount of \$15,907.00 for unpaid health information technology services performed by the Indiana Health Information Exchange, Inc for the benefit of Fayette Memorial Hospital Association. Also enclosed is supporting documentation for the Claim.

Sincerely,

A handwritten signature in black ink, appearing to read "Ammon R. Fillmore", with a long horizontal line extending to the right.

Ammon R. Fillmore

General Counsel & Privacy Officer

Indiana Health Information Exchange, Inc.

Enclosed:
Administrative Claim Form (signed)
Monthly Service Invoices