Fill in this information to identify the case:			
Debtor 1 Fayette Memorial Hospital Association, Inc.			
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the: Southern District of Indiana, Indianapolis Division			
Case number 18-07762-JJG-11			

E-Filed on 04/02/2020 Claim # 259

Modified Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

F	Part 1: Identify the C	laim					
1.	Who is the current creditor?	RN Network Name of the current credit		•			
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?	?				
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices	s to the creditor	be sent?	Where should pardifferent)	yments to the creditor	be sent? (if
		Name	RN Network Name 7259 S Bingham Junction Blvd.		Name		
		Number Street Midvale	UT	84047	Number Stree		
		City Contact phone (801) 930	State 0-3838	ZIP Code	City Contact phone	State	ZIP Code
		Contact email steve.ridi	ing@chghealthca	re.com	Contact email		_
		Uniform claim identifier for	r electronic payment	s in chapter 13 (if you u	se one):		
4.	Does this claim amend one already filed?	☐ No Yes. Claim numbe	er on court claims	registry (if known) 75	5	Filed on 01/15/2	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the	ne earlier filing?				

0.	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9 0 8 9				
7.	How much is the claim?	\$\$. Does this amount include interest or other charges?				
		☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).				
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).				
		Limit disclosing information that is entitled to privacy, such as health care information.				
		Services Performed				
— 9.	Is all or part of the claim secured?	✓ No ☐ Yes. The claim is secured by a lien on property.				
		Nature of property:				
		Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i>				
		Attachment (Official Form 410-A) with this Proof of Claim.				
		☐ Other. Describe:				
		Basis for perfection:				
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)				
		Value of property: \$				
		Amount of the claim that is secured:				
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.)				
		Amount necessary to cure any default as of the date of the petition: \$				
		Annual Interest Rate (when case was filed)% ☐ Fixed ☐ Variable				
10.	Is this claim based on a	☑ No				
	lease?	\square Yes. Amount necessary to cure any default as of the date of the petition. $\qquad \qquad \qquad$				
11.	Is this claim subject to a right of setoff?	☑ No				

40 111			
12. Is all or part of the claim entitled to priority under	No Chark		A
11 U.S.C. § 507(a)?	Yes. Check		Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example.		c support obligations (including alimony and child support) under C. § 507(a)(1)(A) or (a)(1)(B).	\$0.00
in some categories, the law limits the amount entitled to priority.		,850* of deposits toward purchase, lease, or rental of property or services for I, family, or household use. 11 U.S.C. § 507(a)(7).	\$0.00
Challed to phonly.	bankrup	salaries, or commissions (up to \$12,850*) earned within 180 days before the tcy petition is filed or the debtor's business ends, whichever is earlier. C. § 507(a)(4).	\$0.00
	_	r penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$0.00
	☐ Contribu	tions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$0.00
	Other. S	pecify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts a	re subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after	er the date of adjustment.
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	the Del which t	licate the amount of your claim arising from the value of any goods received by tor within 20 days before the date of commencement of the above case, in he goods have been sold to the Debtor in the ordinary course of such s business. Attach documentation supporting such claim.	\$0.00
Part 3: Sign Below			
The person completing	Check the appro	priate box:	
this proof of claim must sign and date it.	☐ I am the cre	ditor.	
FRBP 9011(b).		ditor's attorney or authorized agent.	
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	_	stee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. antor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
specifying what a signature is.		an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment aim, the creditor gave the debtor credit for any payments received toward the d	
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	the information in this <i>Proof of Claim</i> and have a reasonable belief that the info	ormation is true
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjury that the foregoing is true and correct.	
3571.	Executed on dat	e <u>04/02/2020</u> MM / DD / YYYY	
	Steve R. Ridir Signature	g	
	Print the name	of the person who is completing and signing this claim:	
	Name	Steve R. Riding First name Middle name Last name	
	Title	Manager Client Receivables	
	Company	CHG Healthcare	
		Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address		
		Number Street	
		City State ZIP Code	
	Contact phone	Email	

Attachment 1 - Amended Claim No. 75 (RN Network).pdf Description -

Fill in this information to identify the case:					
Debtor 1	Fayette Memorial Hospital Association, Inc.				
Debtor 2 (Spouse, if filing	Fayette Regional Health System				
United States	United States Bankruptcy Court for the: Southern District of Indiana				
Case number	18-07762-JJG-11				

Official Form 410

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: **Identify the Claim** Who is the current RN Network creditor? Name of the current creditor (the person or entity to be paid for this claim) **GHC** Healthcare Other names the creditor used with the debtor Has this claim been **☑** No acquired from ☐ Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? **RN Network** Federal Rule of Name Bankruptcy Procedure 7259 S Bingham Junction Blvd (FRBP) 2002(g) Number Number Street Street Midvale UT 84047 City State ZIP Code City State ZIP Code 801-930-3838 Contact phone Contact phone steve.riding@chghealthcare.com Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): Does this claim amend ■ No one already filed? \checkmark Yes. Claim number on court claims registry (if known) \checkmark 75 01/15/2019 Filed on MM / DD / YYYY **☑** No 5. Do you know if anyone else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any no	umber you use to ident	ify the debtor: 9 0 8 9				
7.	How much is the claim?	\$\$ Does this amount include interest or other charges?						
				g interest, fees, expenses, or other kruptcy Rule 3001(c)(2)(A).				
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, service	s performed, personal i	injury or wrongful death, or credit card.				
		Attach redacted copies of any documents supporting						
		Limit disclosing information that is entitled to privacy,	such as health care inf	ormation.				
		Services Performed						
— 9.	Is all or part of the claim secured?	✓ No☐ Yes. The claim is secured by a lien on property.						
Nature of property:								
		Real estate. If the claim is secured by the	ne debtor's principal res	sidence, file a <i>Mortgage Proof of Claim</i>				
		Attachment (Official Form						
		Basis for perfection:						
			Attach redacted copies of documents, if any, that show evidence of perfection of a security example, a mortgage, lien, certificate of title, financing statement, or other document that s been filed or recorded.)					
		example, a mortgage, lien, certificate of title	y, that show evidence on the control of the control	of perfection of a security interest (for or other document that shows the lien has				
		example, a mortgage, lien, certificate of title	y, that show evidence on the financing statement, of the financing statement, or the financing statement of the financing stateme	or other document that shows the lien has				
		example, a mortgage, lien, certificate of title been filed or recorded.) Value of property:	e, financing statement, o	or other document that shows the lien has				
		example, a mortgage, lien, certificate of title been filed or recorded.) Value of property:	s, financing statement, of sta	or other document that shows the lien has				
		example, a mortgage, lien, certificate of title been filed or recorded.) Value of property: Amount of the claim that is secured:	s, financing statement, of sta	or other document that shows the lien has - _(The sum of the secured and unsecured amounts should match the amount in line 7.				
		example, a mortgage, lien, certificate of title been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured:	s, financing statement, of sta	or other document that shows the lien has - _(The sum of the secured and unsecured amounts should match the amount in line 7.				
10	Is this claim based on a	example, a mortgage, lien, certificate of title been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default as Annual Interest Rate (when case was filed Fixed Variable	s, financing statement, of sta	or other document that shows the lien has - _(The sum of the secured and unsecured amounts should match the amount in line 7.				
10	Is this claim based on a lease?	example, a mortgage, lien, certificate of title been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default as Annual Interest Rate (when case was filed	s, financing statement, of sta	or other document that shows the lien has				
_		example, a mortgage, lien, certificate of title been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default as Annual Interest Rate (when case was filed Fixed Variable	s, financing statement, of sta	or other document that shows the lien has				

12. Is all or part of the claim	☑ No				
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	k one:			Amount entitled to priority
A claim may be partly priority and partly	Domes 11 U.S	tic support obligations (in .C. § 507(a)(1)(A) or (a)(icluding alimony and child 1)(B).	l support) und	er \$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.			d purchase, lease, or rent se. 11 U.S.C. § 507(a)(7)		or services for \$
,	bankru	, salaries, or commission ptcy petition is filed or the .C. § 507(a)(4).	s (up to \$13,650*) earned e debtor's business ends,	d within 180 da whichever is	ays before the earlier. \$
	☐ Taxes	or penalties owed to gove	ernmental units. 11 U.S.C	. § 507(a)(8).	\$
	☐ Contrib	utions to an employee be	enefit plan. 11 U.S.C. § 50	07(a)(5).	\$
	Other.	Specify subsection of 11	U.S.C. § 507(a)() that	applies.	\$
	* Amounts	are subject to adjustment on	4/01/22 and every 3 years a	fter that for cas	es begun on or after the date of adjustment.
Part 3: Sign Below					
The person completing	Check the appr	opriate box:			
this proof of claim must sign and date it.	☐ I am the cr	editor			
FRBP 9011(b).		editor's attorney or autho	rized agent		
If you file this claim	_	•	•	kruptcv Rule :	3004.
electronically, FRBP	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
5005(a)(2) authorizes courts to establish local rules					
specifying what a signature	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the				
is.			e debtor credit for any pa		
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.				
years, or both.	I declare under	penalty of perjury that the	e foregoing is true and co	rrect.	
18 U.S.C. §§ 152, 157, and 3571.		4/1/2020			
	Executed on da	te MM / DD / YYYY	_		
	_ Steve	Ri Jin a			
	_ 3(000				
	Print the name	of the person who is c	ompleting and signing t	his claim:	
	Name	Steve	R.		Riding
		First name	Middle name		Last name
	Title	Manager Client F	Receivables		
	Company	CHG Healthcare			
		Identify the corporate ser	rvicer as the company if the a	uthorized agen	t is a servicer.
	Address	7259 S Bingham	Junction Blvd		
		Number Street			
		Midvale		UT	84047
		City		State	ZIP Code
	Contact phone	801-930-3838		Email	steve.riding@chghealthcare.com

Amended Claim No. 75 Exhibit A - RN Network Invoice Amounts

Invoice #	Date of Service	Invoice Date	Provider	Invoice Amount
3085874RI	7/19/18-7/21/18	7/30/2018	Ranney, Sally SPC Hours	2,555.00
	7/22/2018			
3093083RI	7/26/18-7/27/18	8/6/2018	Ranney, Sally SPC Hours	2,520.00
	7/30/18-7/31/28			
3099227RI	8/4/18	8/13/2018	Ranney, Sally SPC Hours	2,555.00
3105879RI	8/5/18-8/7/18	8/20/2018	Ranney, Sally SPC Hours	2,537.50
	8/13/18-8/14/18			
3112621RI	8/18/18	8/27/2018	Ferguson, Tylene MED Hours	2,520.00
3114002RI	8/12/18-8/14/18	8/27/2018	Ranney, Sally SPC Hours	2,537.50
	8/20/18			
3118476RI	8/23/18-8/24/18	9/3/2018	Ferguson, Tylene MED Hours	2,520.00
	8/27/18			
3126560RI	8/30/18-8/31-18	9/10/2018	Ferguson, Tylene MED Hours	2,520.00
3128940RI	8/29/18-9/1/18	9/10/2018	Ranney, Sally SPC Hours	2,880.00
	9/3/18			
	9/5/18			
3131785RI	9/8/18	9/17/2018	Ferguson, Tylene MED Hours	2,557.50
	9/3/18			
	9/5/18			
3131785RX	9/8/18	9/21/2018	Ferguson, Tylene MED Hours	15.00
	9/2/18			
3133033RI	9/4/18-9/5/18	9/17/2018	Ranney, Sally SPC Hours	2,380.00
	9/9/18			
3140934RI	9/11/18-9/12/18	9/24/2018	Ferguson, Tylene MED Hours	2,520.00
3142000RI	9/15/2018	9/24/2018	Ranney, Sally SPC Hours	840.00
	9/17/18			
	9/19/18			
3145198RI	9/22/18	10/1/2018	Ferguson, Tylene MED Hours	2,520.00
	9/16/18-9/17/18			
3146871RI	9/20/18	10/1/2018	Ranney, Sally SPC Hours	2,555.00
3153344RI	9/23/18-9/24/18	10/8/2018	Ferguson, Tylene MED Hours	1,680.00
	9/24/18-9/25/18			
3154595RI	9/28/18	10/8/2018	Ranney, Sally SPC Hours	2,555.00
3163473RI	9/30/18-10/2/18	10/15/2018	Ranney, Sally SPC Hours	2,520.00
3164287RI	10/1/2018	10/15/2018	Ferguson, Tylene MED Hours	840.00
3167581RI	10/8/18-10/9/18	10/22/2018	Ranney, Sally SPC Hours	1,680.00
3169179RI	10/10/2018	10/22/2018	Ferguson, Tylene MED Hours	1,680.00
			TOTAL	\$47,487.50



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
07/30/18	3085874RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	7/19-21	36.50	70.00	2555.00
		Total		2,555.00



1-866-588-3508

Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-888-286-2217

. +107051117

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nank you for all that you do	1.	or an unit healthful COLEGO	Larry FUNIVEEW	ork representative for assistance at 1-800-860	6-0407.						
ayroll Representative	nicolewatts				7 - E	-Mail	nicole wa	tte@mno	twork com		

nicole watts@mnetwork.com



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
08/06/18	3093083RI	2579089

Bill To:

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	7/22,26-27	36.00	70.00	2520.00
		Total	'	2,520.0



Alternate Payroll Tax: 1-800-303
Payroll Direct phone: 1-888-286-2217

	ally Ranney		FACILITY	/ Fayette Regional Health	END	7/28	H
DE#2723801					CC#	a and the second	
VEEK 1				A Service of the serv	HOURS WORKE	D	
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SUPERVISOR NAME PRINT SUPERVISOR SIGNATURE By signing this work record you agree	all	La Robbins		BSW RN ingly.		π	ILE:
COMMENTS	A CONTRACTOR OF THE CONTRACTOR						
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	- precitive and and		tact any PNNe	twork representative for assistance	at 1-800-866-0407		1
Thank you for all that you do.	ang on your ame sne	er, do not nestiate to con	lact any rosise	trons representative for assistance	u 500-550 5.01.		
Payroll Representative nic	olewatts					E-Mail	
1							



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
08/13/18	3099227RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	7/30-31,8/4	36.50	70.00	2555.00
		Total		2,555.00

--- " IELWORK, 1-866-588-3508 Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-888-286-2217 AME Sally Ranney ay Cycle city Conners ville FACILITY Fayette Regional Health DE#2723801 EEK 1 CC# 5610334 RECORD OF TIME HOURS NOT HOURS WORKED Meat Time In NL Time Out WORKED Break Regular On Call Call Back ON (start/stop) (start/stop) Cancel 0700 1900 0700 ED .15 00 0645 . 15 1 TOTALS FOR WEEK 1 30 ney BSN RN AVELER SIGNATURE PERVISOR NAME PRINTED PERVISOR SIGNATURE signing this work record you agree with the boyes worked indicated above **MMENTS** TES SHEETS ARE DUE EVERY MONDAY OF PAY WEEK E TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD. NSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED. ERVISOR SIGNATURE IS REQUIRED. ase indicate if you have a change in mailing address? u have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407. nicole.watts@mnetwork.com nk you for all that you do. E-Mail nicolewatts rroll Representative



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
08/20/18	3105879RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	8/5-7	36.25	70.00	2537.50
		Total		2,537.50

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PERVISOR NAME F PERVISOR SIGNAT gring this work record	RINTED JU	un mun	nera				nn	e (CHR	751
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PERVISOR NAME F PERVISOR SIGNAT graing this work record MMENTS TES SHEETS ARE DUE EVERY TIME SHEETS WILL NOT SURE PROPER PAYMEN	RINTED URE You agree with the hours work MONDAY OF PAY WEEK. BE PAID UNTIL THE FOLLOWING T, PLEASE ENSURE HOURS ARE A	ed indicated above and will pay PERIOD.	be invoiced ac				nn	E (CHRE	750
PERVISOR NAME F PERVISOR SIGNAT gring this work record MMENTS ES SHEETS ARE DUE EVERY TIME SHEETS WILL NOT SURE PROPER PAYMEN RVISOR SIGNATURE IS R	RINTED URE You agree with the hours work MONDAY OF PAY WEEK BE PAID UNTIL THE FOLLOWING F, PLEASE ENSURE HOURS ARE A EQUIRED.	pay period. Appropriately categorizations?	be invoiced ac	cordingly.	4.000 SES 0417		mn	.E (CHRE	751
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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
08/27/18	3112621RI	2579089

RIII I O	Ril	ΙТ	U.

Customer PO	Terms	-
	NET 30 DAYS	

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours NEW ASSIGNMENT ORIENTATION ALL HOURS	8/13-14,18	36.00	70.00	2520.00
		Total		2,520.00



1-866-588-3508 Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-888-288-2217

NAME	TYLENE FERGUSO	N	FACILITY FA	yette <u>Regional Health</u>			CITY	CONNI	RSVILLE	STATE	IN
Pay Cycle	8/12/18 - 8/18/18										
JDE#2554341			**		CC#		_	56656	34		-
WEEK 1										HOUR	S NO
,,_,_,	RECORD OF TIME			HOL	IRS WORKE		-,			WORK	ED.
DAY OF WEEK	Time in	Time Out	Maai Break Regul	ler	Overtime	(start/atop)	Hollday	Charge	Call Back (start/stop)	Cancal	Bick
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	TOTALS	FOR WEEK 1		3	6	1983 C X 377					
TRAVELER SIGNATU	URE Sen	11:4 17	- July		-						-
SUPERVISOR NAME	PRINTED / havy 9	Kustr /(4	eeino d	- FRN							
SUPERVISOR SIGNA	TURE MALLEY - K	ndicated above and will	eno O bo project accord	Ge RN Ingly.			TITLE	R	ſ		
COMMENTS:			()								
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NOTES:	VERY MONDAY OF PAY WEEK.									T	
	not be paid until the following p ment, please ensure houre are a		AD/YES								
BUPERVISOR SIGNATURE Plesse Indicate If you h	l ja seguiseb. hava a change in mailing address:	7									
If you have questions	about anything on your time sheet.		ntect any RNNew	work representative for assistance at 1-800-8	66-0407.						
Thank you for all that y	you do.										

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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
08/27/18	3114002RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	8/12-14	36.25	70.00	2537.50
		Total	l.	2,537.50

RN	network.	Alternati Payroll	Direct phone: 1-888-286-	2217 END		C		lle.	
NAME	Sally Ranney	FACILITY		CC#	8/18/13	TON	nersy	STATE IN	-
Pay Cycle JDE#2723801						5610	334		-
WEEK A				HOURS WORK	ED.			_	
WEEK 1					On Call	Holiday C	harge (starte		
Озу	RECORD OF TIME	Meal		Overtime	i			-	Thom I
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MON 8/13 TUES 8/14	0700 190		12		1				日
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SAT					1-	11.178			
	TOTALS FOR WE	EK1	360	. 15					
SUPERVISOR NAME PRIN	ITED U	U	36. BSW RW			TITLE			
By signing this work record you a	gree with the hours worked indicated above an	d will be invoiced according	ely.			10 - 10 M			
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have questions about anyth	ing on your time sheet, do not hesitate to	o contact any RNNetwo	ork representative for assistance	at 1-800-866-0407.					
tyouron an analysis ac.	a facility said				E-Mail	nical	e watts@mn	etwork com	
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week-vacation!

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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/03/18	3118476RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours	8/20,23-24	36.00	70.00	2520.00
		Total		2,520.00



FAX TO 1-866-588-3508 Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-868-286-2217

NAME	TYLENE FERGUSO	N	FACILITY	Fayette Regional Health			CITY	CONN	ERSVILLE	STATE	IN
Pay Cycle	8/19/18 - 8/25/18									3,	
JDE#2554341		7 -1.			CC#			56656	34		
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WEEK 1											
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SUPERVISOR NAME PE	RINTED MAS	RGIE CA	ezt	ER							
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Thank you for all that you		, uo not neattate to cor	nact any K	NNetwork representative for assistance at 1-800							



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/10/18	3126560RI	2579089

Dil	1 7	ᇊ	
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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours	8/27,30-31	36.00	70.00	2520.00
		Total		2,520.00



Thank you for all that you do.

FAX TO 1-868-588-3508

Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-888-286-2217

NAME	TYLENE FERGUSO!	Y PACI	utv <u>Fayette Re</u>	<u>agionai Health</u>			CITY	CONN	ERSVILLE	STATE	IN
Pay Cycle	8/26/18 - 9/1/18		•								Ţ
JDE#2554341					CC#			<u> 56656</u>	34		
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WEEK 1											
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BAT	·-·f·-····				† <i>-</i>				۔۔۔۔۔۔۔۔	11	
	TOTAL8	FOR WEEK 1		36		l	٠		ļ	<u> </u>	
TRAVELER SIGNAT	TURE DO T	Jengus									
SUPERVISOR NAME	E PRINTED (A)	wa-Kust	ĝ Leyns	lds RN (Cha RN (Chaose)	erze.	.)			<u> </u>	-	
SUPERVISOR GIGN.	ATURE MUNICAL ACCORD you above with the hours worked !	with Re		KN (Change,)		TITLE	u			
COMMENTS:		•	•								
											
LATE TIME SHEETS WILL TO ENSURE PROPER PA SUPERVISOR SIGNATUR	Every Monday of Pay Week. L not 82 Paid Until The Following P VMENT, PLEASE ENSURE HOURS ARE A LE 18 REQUIRED. I Navo a Change in Mailing addross	PPROPRIATELY CATEGORIZED.									
If you have missions	shoul anything on your time sheet	do not heatlete to contect #	ny RNNetwork mores	entative for essistence of 1-600-66	8-0407.					\neg	

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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/10/18	3128940RI	2579089

Bill To:

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours Ranney, Sally SPC Overtime Hrs	8/29-9/1 8/29-9/1	40.00 1.00	70.00 80.00	2800.00 80.00
		Total		2,880.00

NAME

Pay Cycle

JDE#2723801

(Renetwork.

an another ork

Sally Ranney

1-866-588-3508 Alternate Payroll fax: 1-800-805-0051

Payroll Direct phone: 1-888-286-2217	CONNERS WILLE) IN
ACILITY Favette Regional Heath_	END 9/1/8 5610334	

WEEK 1 RECORD OF TIME		Section 2		HOURS WORKED				HOURS NOT WORKED
Day 8/2Co	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	(start/stop) Cancel Sick
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THUR 18/30 0700	1900		5		1			
FRI 9/31 0700 SAT 9/1 0700	1900		12.	5	1			1
	FOR WEEK 1		36	5				

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS

NOTES
TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

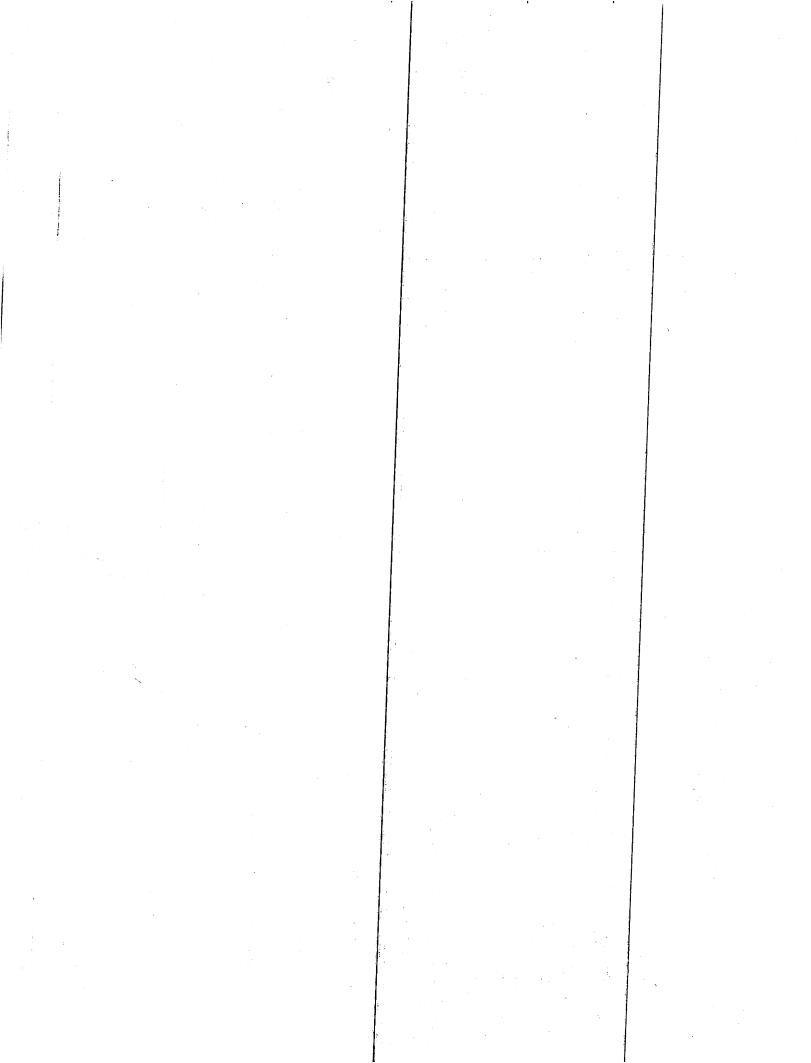
Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407. Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole watts@mnetwork.com





REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/17/18	3131785RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM AccountsPayable@Fayetteregional.org 1941 VIRGINIA AVENUE CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours Ferguson, Tylene MED Hldy Hours Ferguson, Tylene MED Gtd Hours	9/3,5,8 9/3,5,8 9/3,5,8	21.00 3.75 11.25	70.00 80.00 70.00	1470.00 300.00 787.50

Total 2,557.50



Thank you for all that you do.

FAX TO 1-866-588-3508 Alternate Payroli fax: 1-800-805-0051 Payroli Direct phone: 1-888-286-2217

YAME TYLENE FERGUSON		N	FACILITY Fevette Regional Health				CITY	CONNERSVILLE		STATE	IN
ay Cycle										-	
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	e every monday of pay when. TLL not be paid until the followin	G PAY PERIOD.									
	PAYMENT, PLEASE ENSURE HOURS AR		ORIZED.								
BUPERVISOR BIGHAT											
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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

09/21/18	3131785RX	2579089
Date	Invoice #	Account #

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM AccountsPayable@Fayetteregional.org 1941 VIRGINIA AVENUE CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Provider	Dates of Service	Description	Unit	Rate	Amount
Ferguson, Tylene MED	9/3,5,8	Hours	-1.50	70.00	105.00-
ADJUSTMENT CORRECTION HOLIDAY ENDS AT AT MIDNIGHT ON THE HOLIDAY.	3/3,3,0	Holiday Hours	1.50	80.00	120.00

Total Invoice \$ 15.00



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/17/18	3133033RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	9/2,4-5	34.00	70.00	2380.00
		Total		2,380.00

RN n	etwork.	ax Services	Altern Payro	-588-3508 -588-3508 -ate Payroll fax: 1-800-805-0051 Direct phone: 1-888-286-2217 Faveite Regional Health	Tmerger	9/8/18	C	onne	05
NAME Pay Cycle	Sally Ranney		17.00	- Lian		10/18		610334	
JDE#2723801					END	9/8/1		9	
	-				CC#		Holiday	/	
WEEK 1							_	Gal	(Stop)
	RECORD OF	TIME	Meal					charge (St.	1
Day	Time in	Time Out	Break	Regular	HOURS WORKE	on Call (start/stop)	Holiday		1
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MON 7/3 TUES 9/4	0700	1900		17		1			1
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1171		TALS FOR WEEK 1		34					
TRAVELER SIGNATURE		respondente	woiced according	y BSN R			TILE		hau
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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/24/18	3140934RI	2579089

Bill To:

Customer PO	Terms
	NET 30 DAYS

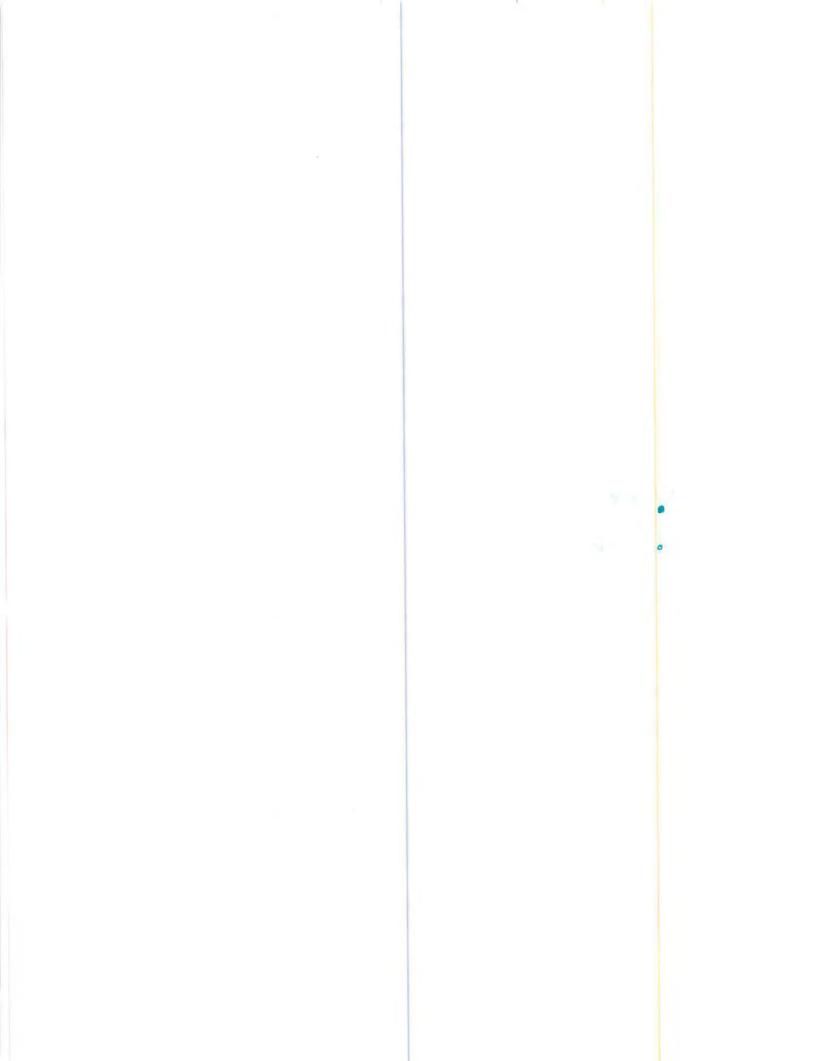
Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours	9/9,11-12	36.00	70.00	2520.00
		Total		2,520.00

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FAX TO: 1-868-588-3808 Alternate Payroll fax: 1-800-808-0081 Payroll Direct phone: 1-888-286-2217

MANAL	TYLENE FERGUSON							CITY	Y CONNERSVALLE			W
ay Cycle 9/9/18 - 9/1 E/16		- A - A - A - A - A - A - A - A - A - A			00#				88868	54		
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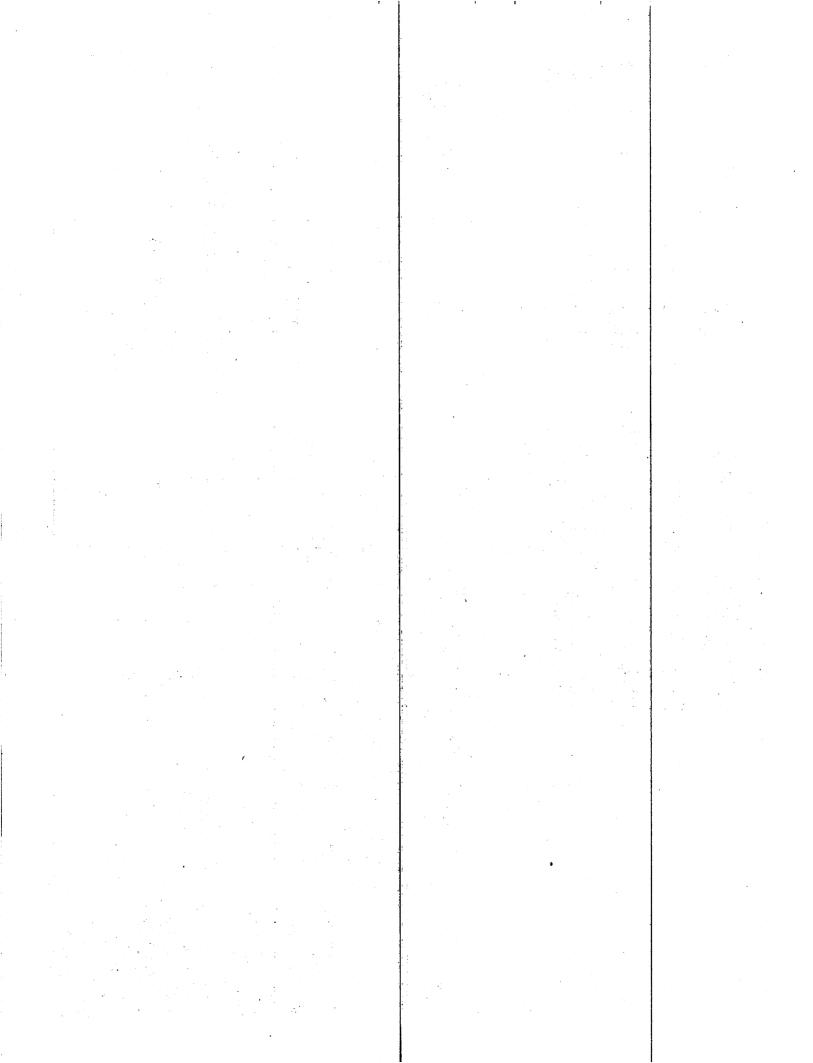
RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
09/24/18	3142000RI	2579089

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
anney, Sally SPC Hours	9/15	12.00	70.00	840.0
		Total		

PANEL	. 1	ax Services		→1/6582///34						L	2
NP-51-5018 11:58 WM		ax Services	1-866-	rg9-3508							
Comment			Altern	ate Payroll fax: 1-800-805-0051 Direct phone: 1-888-286-2217							
RINnet	work.		Payro	1-888-286-2217				0			11.
				Y Fayette Regional Heath				- (1	100	154	lle
NAME	Sally Ranney		FACILIT			10	9/15/	COL	nne	1 3 5	ATE III
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TRAVELER SIGNATURE SUPERVISOR NAME PRINTED	Sall	Mar	ne Do	y BSN	RN	<u> </u>			-6		
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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/01/18	3145198RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours	9/17,19,22	36.00	70.00	2520.00
		Total		2,520.0



FAX TO 1-866-588-3508 Alternate Payroli fax: 1-500-805-0051 Payroli Direct phone: 1-588-286-2217

NAME	TYLENE FERGUSO	N	PACILITY	Fayette Regional Health			CITY	COMM	RSVILLE	STATE	IN		
Pay Cycle			9/16/18 - 9/22/18							***************************************			
JDE#2644341					CC#	***		56656	34				
WEEK 1	44(5)))												
	RECORD OF TIME			H	URS WORK	EO				HOURI	NOT		
DAY OF WEEK	Three in	Year	Mari Bassi		Overtime	On Call (start/stop)	1		Cutt Back				
		Time Out	Moai Break	Troplier	Continue	(mar(mod))	HOHMA	Charge	(sturt/stop)	Cancel	BICK		
BUN													
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8AT7 / C	18:48	7:15			12	<u> </u>	1	L	,				
	TOTALS	FOR WEEK 1			36			1					
TRAVELER SIGNA	Curry	notrikeyn	lde	ea (· Andrews				
SUPERVISOR NAM SUPERVISOR SKGI By ilgalog this work o	OP x	iti Rey	wld	De RN 9/22/18	, , , , , , , , , , , , , , , , , , , ,		MITE	K	/	trate			
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	Mariani			***************************************		1-10/12		- tena			444		
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BUPERVISOR BIGNATU Please indicate if yo	una is request). u have a change in mailing address?			9.		1 41 9 21 000	ici:						

If you have questions about anything on your time sheet, do not heeltate to contact any RNNetwork representative for assistance at 1-600-666-0407.

Thank you for all that you do.



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/01/18	3146871RI	2579089

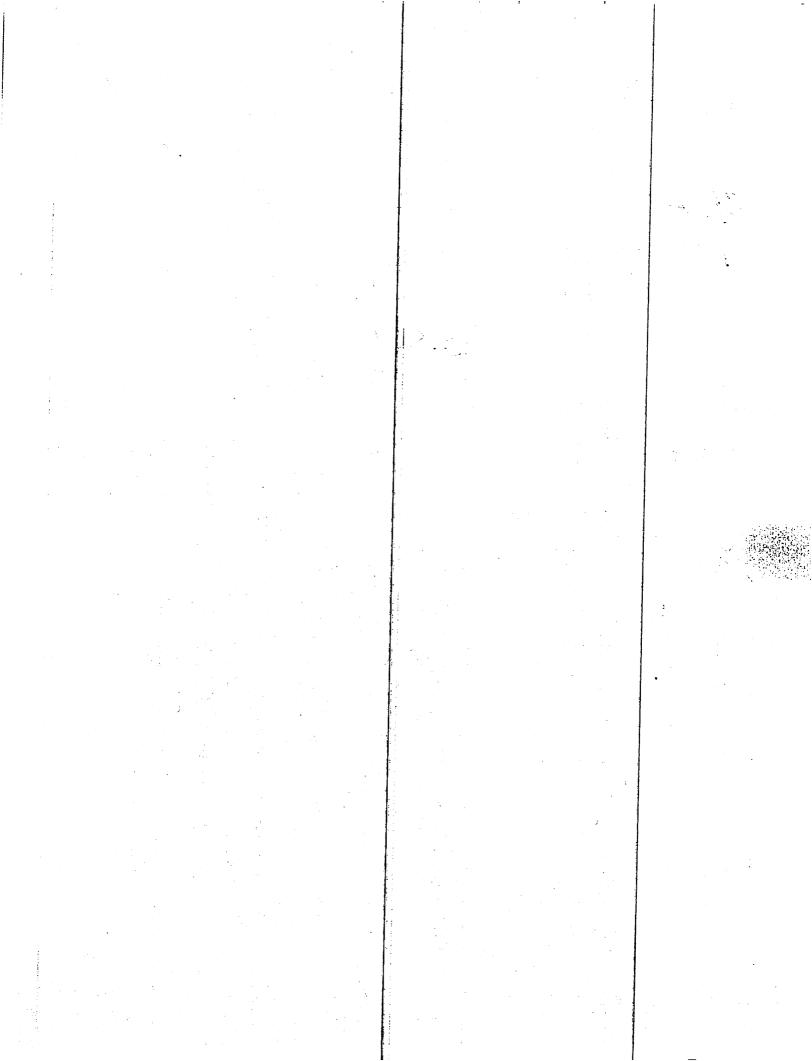
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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	9/16-17,20	36.50	70.00	2555.00
		Total		2,555.0

RMnetwork.		Alterna Payroll	ate Payroll fax: 1-800-80 Direct phone: 1-888-2	05-0051 86-2217						
Sally Ranney FACILITY Fayerte Regional						X	Car	iners &	lle	
NAME Pay Cycle	Jan	The second of th				END	9/22/1	CITY COT	iners &	TATE IN
JDE#2723801					100	CC#	THE			
ODE#Z1Zddd1						00:		56103	334	
WEEK 1		100								HOURS NOT
	RECORD OF	TIME	Meat		Hour	S WORKED	On Call			WORKED
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MON 9// /	0700	1900	-	12			1		1	
TUES						100	1		1	
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SAT	Marie Transfer						1		I	1 1 1 he 3
	TOI	TALS FOR WEEK 1		34		.30				
TRAVELER SIGNATURE SUPERVISOR NAME PRIN SUPERVISOR SIGNATURE By signing this work record you a COMMENTS	Omes	Han Smort ficated above and will be invoided	101 (iced according)	BSN.	RN			TILE	9/20	/18
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Please indicate if you have a ch	ange in mailing address?									N =
you have questions about anythank you for all that you do.	ing on your time sheet, do	not hesitate to contact an	ny RNNetwork	representative for assistance a	at 1-800-866-0407.					
ayroll Representative nic	olewatts	ne Hone					E-Mail	nicole wa	tts@mnetwork	com
			1440		Part House			DICOIC,WA	MONOTHIE (WOLK	COIL
										16

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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/08/18	3153344RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours	9/23-24	24.00	70.00	1680.00
		Total		1,680.00



FAX TO 1-866-588-3508 Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-888-286-2217

Pay Cycle	9/23/18 - 9/29/1	USON 8	FACILITY Fayette Regional	<u>Health</u>			CITY	CONN	ERSVILLE	STATE	: IN
JDE#2554341			•		CC#			56656	34		
WEEK 1								00000	0-7	T	
WERT 1	RECORD OF TIME			HOUSE	IS WORKE					HOUR	S NO
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FRI 9/28/	18:45	7:15				<u>-</u>	ļ				12
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Supervisor Bighatur	Par.	ila) Russe	eu Res		and in the contract of	vins C	karg	red	lurse		
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If you have questions about Thank you for all that you	ut anything on your time sheet, d	o not hesitate to conta	ct any RNNetwork representative for assis	tance at 1-800-866-040	07.					1	_



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/08/18	3154595RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
anney, Sally SPC Hours	9/24-25,28	36.50	70.00	2555.0



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/15/18	3163473RI	2579089

Bill To:

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	9/30-10/2	36.00	70.00	2520.00
		Total		2,520.00



1-866-588-3508 Alternate Payroll fax: 1-800-805-0051 Payroll Direct phone: 1-888-286-2217

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SUN 9/30,	0700	1900	-	12			1-1	1	-	
MON /D//	0700	1900	19	12		1	1-1			
TUES 10/2	0700	1900	141	12		1				
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FRI						1	-			
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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/15/18	3164287RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
erguson, Tylene MED Hours	10/1	12.00	70.00	840.0
		Total		840.0



FAX TO 1-888-588-3508

Alternate Payroll fax: 1-800-805-0081 Payroll Direct phone: 1-888-286-2217

NAME	TYLENE FERGU	BON F	ACILITY	Favette Regional Health			CITY	CONN	RBVILLE	STATE	W
Pay Cycle	9/30/18 - 10/6/18										
JDE#2554341					CC#			56656	34		
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WEEK 1		 		r						HOUR	NOT
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THUR					T	7	T	T	,		
FRI					T	,	1	T	,		
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EUPERVISOR SIGNATUR	E IO REGUIRED.										
If you have questions	neve a change in making edurate? about anything on your time sheet, do	not hesitate to contac	ct any RN	Network representative for assistance at 1-800-866-0	407.						
Thank you for all that y											

Nicole, I'm scheduled to work tonight & will get timesheet signed. I was admitted to hospital 10/3/18 for 2 days for pneumonia & then again 10/6/18 for observation of allergic reaction to antibiotic.

- Tylene



REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/22/18	3167581RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ranney, Sally SPC Hours	10/8-9,13	36.00	70.00	2520.00
		Total		2,520.0

RNnetwork.

1-866-588-3508 Alternate Payroll fax: 1-800-805-0051

JDE#2723801			FACILIT	Y Eavette Regional Health			cox Con	ners	STATE	IN
- LILLUOUI					END	10/13	118		The late	10
					CC#	10/10	561033	34		
WEEK 1					COF					
	-									
	RECORD OF T	ME						100	HOURS	101
Day	Time In		Meal		HOURS WORKED			Call Back	WORKE	+
SUN ,		Time Out	Break	Regular	Overtime	On Call (start/stop)	Holiday Charge		Cancel S	ick
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UES 16/9	0706	1900		12		1		1	-	+
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REMIT TO:

RN NETWORK PO BOX 974088 DALLAS TX 75397-4088

Date	Invoice #	Account #
10/22/18	3169179RI	2579089

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Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service	Hours	Rate	Amount
Ferguson, Tylene MED Hours	10/7,9-10	36.00	70.00	2520.00
		Total		2,520.00



Thank you for all that you do.

FAX TO 1-866-588-3508 Alternate Payroll fax: 1-800-805-0051

Payroll Direct phone: 1-888-286-2217

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