


<b>UNITED STATES BANKRUPTCY COURT</b>		District of Delaware	<b>PROOF OF CLAIM</b>
Name of Debtor: Graceway Pharmaceuticals, LLC, et al.,		Case Number: 111-13036 (PJW)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): TRICARE Management Activity (Department of Defense)		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where notices should be sent: 16401 E. Centretch Parkway Aurora, CO 80011  Telephone number: (303) 676-3734		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> <b>RECEIVED</b>   <b>MAR 27 2012</b>   <b>BMC GROUP</b> </div>	
Name and address where payment should be sent (if different from above): Same as Above  Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>385,350.14</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority: \$ _____  <small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
2. Basis for Claim: <u>Pharm Benefit Overpymt</u> (See instruction #2 on reverse side.)		6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:	
3. Last four digits of any number by which creditor identifies debtor: <u>1591</u>  3a. Debtor may have scheduled account as: <u>TRICARE</u> (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>385,350.14</u>			
Date: 03/26/2012		Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	
Mary L. Dickens, Paralegal Specialist		FOR COURT USE ONLY Graceway Pharmaceuticals LLC  00249	

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form****Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

## Consideration for Debt

The Civilian Health and Medical Program of the Uniformed Services, CHAMPUS, now known as TRICARE Management Activity (TRICARE) was created by the Department's Medical Care Act. Pub. L. No. 84-569 70 Stat. 250 (1956), codified at 10 U.S.C. 1071-1106. The implementing regulation is found at 32 C.F.R. 199. The TRICARE Program is a federal health benefit program designed to supplement the Uniformed Services' direct medical care system by providing medically necessary services and supplies for dependents of active duty members, retired members, dependents of retired members and survivors of active duty and retired members of the Uniformed Services.

By statute, administration of the TRICARE Program is the responsibility of the Secretary of Defense. 10 U.S.C. Section 1073. The Secretary has delegated the responsibility to the Assistant Secretary of Defense for Health Affairs who has, in turn, delegated responsibility for assisting in the operational management, direction and coordination of all TRICARE Programs and activities to the Director, TRICARE Management Activity. 32 C.F.R. Section 199.1(c).

### **Debtor: Graceway Pharmaceuticals, LLC, et al., – Case No: 11-13036 (PJW)**

The National Defense Authorization Act for Fiscal Year 2008 amended 10 U.S.C. § 1074g to extend Federal Ceiling Price (FCP) standards to Department of Defense (DoD) Retail Pharmacy Program prescriptions. On March 17, 2009, the DoD issued a Final Rule with an effective date of May 26, 2009, amending 32 C.F.R. § 199.21 to require pharmaceutical manufacturers to refund amounts paid by the DoD above the FCP. TMA has determined that from July 1, 2011 through December 31, 2011, it made payments above the FCP for pharmaceuticals produced by Graceway Pharmaceuticals, LLC, et al., and is entitled to a refund of \$389,882.82. On December 20, 2011, Graceway Pharmaceuticals, LLC, et al. submitted a \$4,532.68 payment for posting towards the 3<sup>rd</sup> Quarter debt. Below is a breakout of the debt amount.

Quarter	Original Amt Due	Due Date	Remaining Amt Due	See Exhibit
3 <sup>rd</sup> Qtr – 2011	\$206,084.06	01/09/2012	\$201,551.38	A
4 <sup>th</sup> Qtr – 2011	\$183,798.76	No Demand Letter	\$183,798.76	B
	\$389,882.82		\$385,350.14	

The total remaining due is \$385,350.14.

This claim reflects the known liability of the debtor to TRICARE.

The filing of this Claim is not: (a) a waiver or release of TRICARE's rights against any person, entity or property; (b) a waiver or release of any right or claim of TRICARE arising out of any other claim, of any nature whatsoever, which TRICARE has against the Debtors; (c) a waiver or release or any rights of TRICARE under 32 C.F.R. § 199.21, any provisions of the Bankruptcy Code or other applicable non-bankruptcy law; (d) an election of any remedy to the exclusion, express or implied, of any other remedy; (e) a consent that this Claim is a debt which is subject to discharge in this or any other subsequent bankruptcy proceeding; (f) a ratification or consent to any obligation or liability based upon or arising out of any transaction between TRICARE and the Debtor; (g) a waiver or release of any rights of TRICARE to have any and all final orders in

any and all noncore matters entered only after de novo review by a United States District Court; (h) a waiver or release of any rights of TRICARE to trial by jury in any proceeding as to any and all matters so triable; or (i) a waiver or release of any rights of TRICARE to have the reference in this matter withdrawn by the United States District Court in any matter or proceeding subject to mandatory or discretionary withdrawal. All of such rights are hereby expressly reserved by TRICARE without exemption and with no purpose of confessing or conceding any of the foregoing in any way by this filing or by any other participation in this case.

All the documentation pertaining to the debt is enclosed at exhibits A and B.



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

CRM

December 9, 2011

GRACEWAY PHARMACEUTICALS, LLC

222 Valley Creek Blvd.

Suite 300

Attn: Stephanie Kupski

Exton, PA 19341

Labeler Code: E00089

TIN: XX-XXX5385

PRINCIPAL: 206,084.06

Standard Discount (MARR) Program

To Whom It May Concern:

The National Defense Authorization Act for Fiscal Year 2008 amended 10 U.S.C. section 1074g to extend Federal Ceiling Price (FCP) standards to Department of Defense (DoD) Retail Pharmacy Program prescriptions. On March 17, 2009, the DoD issued a Final Rule with an effective date of May 26, 2009, amending 32 C.F.R. section 199.21 to require pharmaceutical manufacturers to refund amounts paid by the DoD above the FCP. TRICARE Management Activity (TMA) has determined that from July 1, 2011 through September 30, 2011 it made payments above the FCP for pharmaceuticals produced by GRACEWAY PHARMACEUTICALS, LLC (the Company) and is entitled to a refund of \$206,084.06. This amount represents TMA's calculation of the debt and does not relieve the Company of its independent obligation to calculate and refund amounts owed pursuant to 32 C.F.R. section 199.21(q). Failure to refund the total amount owed may subject the Company to liability pursuant to 31 U.S.C. section 3729.

The Federal Claims Collection Act, beginning at 31 U.S.C. section 3701, requires each federal agency, including TMA, to collect funds owed to the United States arising out of that agency's activities. Further, pursuant to 31 U.S.C. section 3717, government agencies are required to collect interest on all delinquent debts at the rate of 1 percent per year. Interest charges will be waived if this debt is paid in full within 70 days from the date the utilization data was made available. The utilization data was made available on November 1, 2011; therefore the payment must be received by January 9 2012 to avoid interest charges. If payment is not made within 70 days of the date the utilization data was made available, interest will accrue from the date of this letter. Additionally, federal agencies are required to assess a penalty charge, not to exceed six percent per year, upon any portion of amounts owed that are delinquent for more than 90 days, and assess administrative costs resulting from the delinquency.

The Company has the right to inspect and copy all records pertaining to this debt.

If a manufacturer believes TMA's calculation of the debt is incorrect, the manufacturer may dispute the accuracy of the utilization data from which the debt was calculated in accordance with the procedures provided at 32 C.F.R. section 199.21 (q)(3)(iv). A refund obligation as to the amount in dispute will be deferred pending good faith efforts to resolve the dispute in accordance with procedures established by the Director, TMA. When the dispute is ultimately resolved, any refund owed relating to the amount in dispute will be subject to an interest charge from the date payment of the amount was initially due, consistent with CFR 199.11. Further, the Company may submit a request to compromise the debt and/or waive collection of interest, penalties and administrative costs pursuant to 32 C.F.R. section 199.11. During the pendency of any such request, the matter that is the subject of the request shall not be considered a failure of a manufacturer to honor an agreement for purposes of 32 C.F.R. section 199.21 (q)(4).

If the Company can demonstrate that it is unable to refund the full amount in one payment, it may be afforded an opportunity to enter into a written agreement for payment of the debt. Any payment agreement will include the accrual of penalties, administrative charges, and an interest charge of 1 percent per year.

To satisfy your debt immediately, please register at <https://www.Pay.gov> and submit payment for the full amount on the TRICARE Retail Pharmacy Refunds form using the following information:

Labeler Code:	E00089
Calendar Year:	2011
Quarter:	3
Program:	SDP
Reference:	GC201101967/GC201101968
Amount Due:	206,084.06

If paying by check or money order, please make payable to "U.S. TREASURY/TMA" and send to:

TRICARE Management Activity  
Attention: Accounting Officer  
Reference: GC201101967/GC201101968  
16401 E. Centretech Parkway  
Aurora, CO 80011-9066

To ensure that your payment is applied correctly, please include the following information:

1. The Program(s) for which the payment is being made (e.g. Standard Discount Program/MARR or Additional Discount Program/VARR)
2. The Calendar Quarter(s) for which the payment is to be applied
3. If payment is being made for multiple quarters, please indicate the amount to be applied to each respective quarter

In addition, please include a signed statement indicating the amount owed per the

Company's independent calculation with the following declaration:

I declare (or certify, verify, or state) under penalty of perjury, individually and on behalf of [the Company] that the foregoing is true and correct.

Executed on [date],

by [signature]  
[printed name]  
[position]

Finally, please submit the supporting Reconciliation of Quarterly Utilization documentation on the TRICARE Retail Refunds Website (TRRWS) at <https://refunds.ha.osd.mil/>

For questions regarding the TRRWS or TRICARE Management Activity (TMA) Utilization Data, please contact:

TRICARE Retail Refunds Team  
(703) 681-8494  
[ufvarr@tma.osd.mil](mailto:ufvarr@tma.osd.mil)

For questions regarding payments, please contact:

Contract Resource Management (CRM)  
TRICARE Management Activity  
(303) 676-3637  
[ufvarr@tma.osd.mil](mailto:ufvarr@tma.osd.mil)

\*\*\*In order to avoid delays in processing future payments, please submit your Reconciliation of Quarterly Utilization on the TRRWS at the time of your payment.\*\*\*

Sincerely,



Audrey C. Olson  
Accounting Officer

**\*NOTICE TO DEBTORS PRESENTING CHECKS:** When you provide a check as payment on your TRICARE debt, you authorize us either to use information from your check to make a one time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment. Privacy Act - A Privacy Act Statement required by 5 U.S.C. section 522a(e)(3) stating our authority for soliciting and collecting the information from your check, and explaining the purposes and routine uses which will be made of your check information, is available from our internet site at: <https://www.pccotc.gov/pccotc/index.htm>, or call toll free at 1-866-945-7920 (local number (Delaware) 302-324-6442, Military DSN 510-428-6824 (option 4, option 5, option 4) to obtain a copy by mail. Furnishing the check information is voluntary, but a decision not to do so may require you to make payment by some other method.

**U.S. Postal Service<sup>TM</sup> RECEIPT**  
**CERTIFIED MAIL<sup>TM</sup>** (Domestic Mail Only; No Insurance Coverage Provided)  
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

GRACEWAY PHARMACEUTICALS, LLC  
ATTN: STEPHANIE KUPSKI  
222 VALLEY CREEK BLVD, SUITE 300  
EXTON, PA 19341

S3Q11\_DL\_E00089

See Reverse for Instructions

PS Form 3800, August 2006

4952 7564 0000 0240





From Quarterly Totals Report													POB											
NDC	Drug Name	Coverage Term Date	Pkg Size	TDJ Bq	WAC/UF Mid Amt	Discount	TDJ+ Discount	Formulary	Quantity	Rx Count	Original Calculation Amt	Package Qty	VA Price	Price/VA Pkg	Adjusted Calculation Total/ Reconn 1	Adjusted Calculation Total/ Reconn 2	Accepted Dispensed Adj 3	Adjusted Calculation Total/ Reconn 3	VA Price	Price/VA Pkg	Price/VA Pkg	Price/VA Pkg	Comments	
1545652	2933560 METFORMIN 7.5	12/31/2011	97.400	13.38	0.00000	0.0000	0.00	0.06	351.500	3	\$53.52	4	13.38	\$53.76	\$53.76	\$53.76	\$53.76	\$53.76	13.38000	\$0.00	\$97.44	\$0.00	\$0.00	\$53.52
2933560	2933560 METFORMIN-VIA	12/31/2011	70.000	6.90	0.00000	0.0000	0.00	0.06	70.000	3	\$6.90	4	6.90	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90	6.90000	\$0.00	\$70.00	\$0.00	\$0.00	\$6.90
2933560	2933560 FAMBUCOR 50	12/31/2011	100.000	50.02	0.00000	0.0000	0.00	0.06	1,260.000	7	\$600.24	12	50.02	\$50.25	\$600.25	\$600.25	\$600.25	\$600.25	50.02000	\$0.00	\$1,000.00	\$0.00	\$0.00	\$600.24
2933560	2933560 FAMBUCOR 100	12/31/2011	100.000	78.56	0.00000	0.0000	0.00	0.06	1,260.000	15	\$942.69	12	78.56	\$989.86	\$989.86	\$989.86	\$989.86	\$989.86	78.56000	\$0.00	\$1,000.00	\$0.00	\$0.00	\$942.69
2933560	2933560 FAMBUCOR 150	12/31/2011	100.000	108.18	0.00000	0.0000	0.00	0.06	1,350.000	1	\$108.18	1	108.18	\$108.04	\$108.04	\$108.04	\$108.04	\$108.04	108.18000	\$0.00	\$974.40	\$0.00	\$0.00	\$108.18
2933560	2933560 FAMBUCOR 2.5	12/31/2011	97.400	13.38	0.00000	0.0000	0.00	0.06	6,575.460	58	\$5.09	67	13.38	\$902.91	\$902.91	\$902.91	\$902.91	\$902.91	13.38000	\$0.00	\$974.40	\$0.00	\$0.00	\$5.09
2933560	2933560 ALUMINA 5% CR	12/31/2010	24.000	157.05	0.00000	0.0000	0.00	0.06	5.000	5	\$51.09	5	157.05	\$1,099.35	\$1,099.35	\$1,099.35	\$1,099.35	\$1,099.35	327.84000	\$0.00	\$24.00	\$0.00	\$0.00	\$51.09
2933560	2933560 ALUMINA 5% CR	12/31/2010	24.000	32.84	0.00000	0.0000	0.00	0.06	48.000	4	\$645.68	2	32.84	\$645.68	\$645.68	\$645.68	\$645.68	\$645.68	127.12000	\$0.00	\$24.00	\$0.00	\$0.00	\$645.68
2933560	2933560 CECILIA 3.15% A	9/30/2010	28.000	127.12	0.00000	0.0000	0.00	0.06	28.000	1	\$127.12	1	127.12	\$127.12	\$127.12	\$127.12	\$127.12	\$127.12	127.12000	\$0.00	\$28.00	\$0.00	\$0.00	\$127.12
2933560	2933560 CECILIA 3.15% A	12/31/2010	28.000	129.89	0.00000	0.0000	0.00	0.06	33.21000	1,212	\$154.05	1,186	129.89	\$154.06	\$154.06	\$154.06	\$154.06	\$154.06	129.89000	\$0.00	\$28.00	\$0.00	\$0.00	\$154.05
2933560	2933560 MAALOX AUCI	12/31/2010	14.000	25.13	0.00000	0.0000	0.00	0.06	728.000	2	\$50.26	2	25.13	\$50.26	\$50.26	\$50.26	\$50.26	\$50.26	25.13000	\$0.00	\$14.00	\$0.00	\$0.00	\$50.26
2933560	2933560 MAALOX AUCI	12/31/2010	14.000	47.39	0.00000	0.0000	0.00	0.06	8,204.000	531	\$27.70	586	47.39	\$27.70	\$27.70	\$27.70	\$27.70	\$27.70	47.39000	\$0.00	\$14.00	\$0.00	\$0.00	\$27.70

**SUBTOTAL**

Reviewed by: [xx/xx/xxxx](#)  
Validated by: [xx/xx/xxxx](#)

Reviewed by: [xx/xx/xxxx](#)  
Validated by: [xx/xx/xxxx](#)

DISPUTES:
Accepted
Rejected
Pending
Total



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

OGC-AC

March 26, 2012

BMC Group, Inc.  
ATTN: Graceway Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

RE: DoD, TRICARE Debt  
Pharmaceutical Benefit Overpayment

Dear Sir or Madam:

Please file the enclosed Proof of Claim in the U.S.C. Chapter 11, Case no. 11-13036 (PJW), and return a stamped copy in the self-addressed envelope provided.

Also enclosed is the Consideration for Debt and documentation to support the debt.

Sincerely,

  
Mary L. Dickens  
Paralegal Specialist

Enclosures:  
As stated

BMC Group, Inc.  
ATTN: Graceway Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

Express

ORIGIN ID: BKEA (303) 676-3993  
SHIP DATE: 26MAR12  
ACTMGT: 0.3 LB MAN  
CAD: 381825/CAFE2511  
AURORA MAILROOM  
TRICORE MANAGEMENT ACTIVITY  
16401 E CENTRETECH PARKWAY  
AURORA, CO 800119066  
UNITED STATES US  
BILL SENDER

TO GRACEWAY CLAIMS PROCESSING  
BMC GROUP, INC.  
18675 LAKE DRIVE EAST

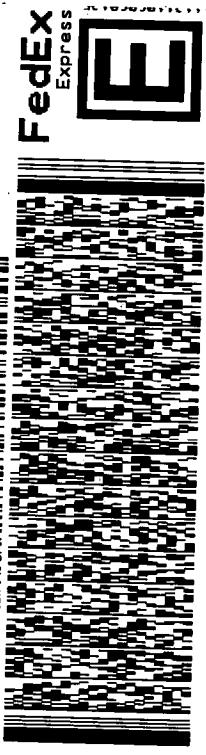
RECEIVED

MAR 27 2012

CHANHASSEN MN 55317

BMC GROUP

PO: MARY DICKENS GCCC  
REF: SH



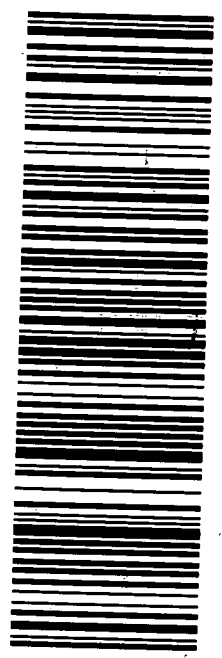
TUE - 27 MAR A1  
PRIORITY OVERNIGHT

TRK# 4531 1770 7463  
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XH FBLA

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MN-US MSP

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