B10 (Official Form 10) (04/13)

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U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF GA
ROME DIVISION

2014 DEC 16 PM 12:10

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UNITED STATES BANKRUPTCY COURT Northern District of Georgia

Name of Debtor:	Case Number:
Hutcheson Medical Center, Inc. 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	14-42863-pwb

NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Medical Imaging Solutions USA, LLC

COURT USE ONLY

Name and address where notices should be sent:
Jim Bates, Director of Legal
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188

Telephone number: (770) 592-9191 email: jbates@medicalimaginggroup.com

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone number: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

RECEIVED
DEC 22 2014
BMC GROUP

1. Amount of Claim as of Date Case Filed: $ 57,976.76

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Labor and Materials for Services performed
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

$_____

*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

Hutcheson Med POC
00040

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "redacted".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☑ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Jim Bates
Title: Director of Legal
Company: Medical Imaging Solutions USA, LLC
Address and telephone number (if different from notice address above):
~~220 Arnold Mill Road, Suite 100~~
~~Woodstock, GA 30188~~
Telephone number (770) 592-9191 email: jbates@medicalimaginggroup.com

Jim Bates 12-12-14
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is 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 delivering 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 an interested party objects to the 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:
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.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) 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 redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing 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. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. 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. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. 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 to whom debtor owes a debt that was incurred 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 for a debt owed by the debtor 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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. 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.

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) 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.

Medical Imaging Solutions USA, LLC
Customer Open Balance
All Transactions

Type	Date	Num	Memo	Due Date	Open Balance
Hutcheson Medical Center					
0098 Siemens Symbia NucMed					
3-Time & Material					
Invoice	05/27/2014	23286	Replacing Encoder	06/26/2014	5,147.85
Invoice	09/29/2014	24613	Handswitch inoperable	10/29/2014	2,601.91
Total 3-Time & Material					7,749.76
Total 0098 Siemens Symbia NucMed					7,749.76
1117 Siemens Siregraph TOP 40 R/F Room					
3-Time & Material					
Invoice	07/02/2014	23903	Flouro room images are intermittently black whether in live flouro or exposure mode	08/01/2014	5,135.00
Invoice	09/29/2014	24612	Images are black Images are black	10/29/2014	487.50
Total 3-Time & Material					5,622.50
Total 1117 Siemens Siregraph TOP 40 R/F Room					5,622.50
3132 Siemens Emotion 6 CT					
3-Time & Material					
Invoice	07/07/2014	23644	Multiple error codes	08/06/2014	18,421.00
Total 3-Time & Material					18,421.00
Total 3132 Siemens Emotion 6 CT					18,421.00
9172 Siemens Impact MRI					
3-Time & Material					
Invoice	07/07/2014	23643	Replace Coldhead Compressor	08/06/2014	9,794.75
Invoice	07/07/2014	23652	Coldhead Replacement (includes Labor and part)	08/06/2014	9,500.00
Invoice	08/11/2014	24143	System Down-Replace Power Supply	09/10/2014	2,395.00
Invoice	08/19/2014	24217	Cryogen Fill	09/18/2014	2,293.75
Invoice	09/11/2014	24485	RFTA issue: RF is out of calibration or RF tube is bad	10/11/2014	2,200.00
Total 3-Time & Material					26,183.50
Total 9172 Siemens Impact MRI					26,183.50
Total Hutcheson Medical Center					57,976.76
TOTAL					**57,976.76**

Case 14-42863-pwb Claim 40-1 Filed 12/16/14 Desc Main Document Page 4 of 34

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	5/27/2014	23286

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
05520	Siemens Symbia Nuc Med	TY	023647	Net 30

Description	Qty	Rate	Amount
Siemens Symbia Nuclear Medicine SN 400-200098 *Call:* Fast motion rotate fault Corrective Action: Swapped Motion Amplifier, problem did not transfer. After ordering and replacing rotate encoder, fast and automatic motion executed without error.			
4/3/14 FSE Service	2	225.00	450.00
Call Management Fee	1	700.00	700.00
Symbia Rotate Encoder	1	3,875.00	3,875.00
Shipping and Handling	1	122.85	122.85

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$5,147.85
Sales Tax (7.0%)	$0.00
Total	**$5,147.85**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 023647 05520

Customer Details:

Account:	Hutcheson Medical Center	**Contract ID:**	
Address:	100 Gross Crescent Circle	**Time Zone:**	Eastern Standard Time
City:	Ft. Oglethorpe **State:** GA	**Zip Code:**	30742
Tech Name:	Linda Case	**Work Phone:**	(706) 858-2166
Tech E-Mail:	lcase@hutcheson.org		

System Details:

System Name:	Siemens Symbia Nuclear Medicine	**Func.Location #:**	
Serial Number:	400-200098		

Ticket Details: **Customer PO** 05520

Received Date:	2/17/2014	**Received By:**	anthony, david	**Area:**	Field Service
Assigned Date:	2/17/2014	**Assigned To:**	anthony, david	**Category:**	System Restricted
		Completed By:	Stickney, Bill	**Issue:**	
Invoice#:	23286			**Status:**	Completed
				Closed:	N

Subject: Fast Motion Rotate Fault

Problem Description:

Activity Details: On-Site Ticket No. 023647

Activity recorded by: Bill Stickney 4/10/2014 9:22:23AM

FSE Name: VENDOR **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	4/3/14 9:00 am	4/3/14 12:00 pm	3.00
Service Hours:	4/3/14 12:00 pm	4/3/14 2:00 pm	2.00
Return From Site:	4/3/14 2:00 pm	4/3/14 2:00 pm	0.00
Waiting Time:			

Travel Method: Drive

Fault: Nuc Med **Cause:** System Failure

Corrective Action:

Swapped Motion Amplifier, problem did not transfer. After ordering and replacing rotate encoder, fast and automatic motion executed without error. Returned system to service.

Parts Used:

10421291	Rotate Encoder

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	9/29/2014	24613

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
08400	Siemens Symbia Nuc Med	TY	026691	Net 30

Description	Qty	Rate	Amount
Siemens Symbia Nuclear Medicine SN 400-200098			
Call: *Handswitch inoperable* Corrective Action: Completed touch-pad test, checked e-stops, swapped hand controller input Reset GCON board, checked voltage on PCON. No 250VDC. Jumping TP38 to ground restored 250VDC. This indicates firmware is holding down voltage. SNAC log browser shows HCON comm error. Repaired HCON (hand control), returned to site.			
8/14/14 FSE Service RT	2	225.00	450.00
8/14/14 FSE Service OT	2	337.50	675.00
Call Management Fee	1	700.00	700.00
Hand Control repair	1	1,950.00	1,950.00
Shipping and Handling	1	89.41	89.41
Customer Courtesy Discount of 50% Labor and call management fee		-1,262.50	-1,262.50

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$2,601.91
Sales Tax (7.0%)	$0.00
Total	**$2,601.91**

Service Report

MEDICAL IMAGING SOLUTIONS

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Ticket No.: 026691 08400

Customer Details:

Account: Hutcheson Medical Center
Address: 100 Gross Crescent Circle
City: Ft. Oglethorpe **State:** GA
Tech Name: Linda Case
Tech E-Mail: lcase@hutcheson.org

Contract ID:
Time Zone: Eastern Standard Time
Zip Code: 30742
Work Phone: (706) 858-2166

System Details:

System Name: Siemens Symbia Nuclear Medicine **Func.Location #:**
Serial Number: 400-200098

Ticket Details: **Customer PO** 08400

Received Date:	8/28/2014	**Received By:**	anthony, david	**Area:**	Field Service
Assigned Date:	8/28/2014	**Assigned To:**	anthony, david	**Category:**	System Hard Down
		Completed By:	anthony, david	**Issue:**	
Invoice#:	24613			**Status:**	Closed
				Closed:	Y

Subject: handswitch inoperable
Problem Description:

Activity Details: On-Site Ticket No. 026691
Activity recorded by: danthony 9/9/2014 10:56:26AM
FSE Name: VENDOR **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	8/14/14 12:30 pm	8/14/14 2:00 pm	1.50
Service Hours:	8/14/14 2:00 pm	8/14/14 7:00 pm	5.00
Return From Site:	8/14/14 7:00 pm	8/14/14 8:30 pm	1.50
Waiting Time:			

Travel Method: Drive
Fault: **Cause:** System Failure

Corrective Action:
Completed touch-pad test, checked e-stops, swapped hand controller input
Reset GCON board, cehcked voltage on PCON. No 250VDC. Jumping TP38 to ground retored 250VDC. This indicates firmware is holding down voltage. SNAC log browser shows HCON comm error.

Repaired HCON (hand control), returned to site. System fully operational

Parts Repaired:

10522042	400-200098	HAND CONTROL, SIEMENS SYMBIA

Customer Repair Part Details

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

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Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	7/2/2014	23903

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
07484	Siemens Siregraph TOP 40	TY	025644	Net 30

Description	Qty	Rate	Amount
Siemens Siregraph TOP 40 SN# 01117 Call: Flouro room images are intermittently black whether in live flouro or exposure mode Corrective Action: Troubleshot issue and found camera Iris to be at fault. Conventional repair not possible because of alterations in existing unit. Solution was to replace the camera Iris motor and recalibrate. 6/17/14 Service Labor & Travel IRIS Motor	 13 1	 195.00 2,600.00	 2,535.00 2,600.00

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$5,135.00
Sales Tax (7.0%)	$0.00
Total	**$5,135.00**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 025644 07484

Customer Details:

Account:	Hutcheson Medical Center	**Contract ID:**	
Address:	100 Gross Crescent Circle	**Time Zone:**	Eastern Standard Time
City:	Ft. Oglethorpe **State:** GA	**Zip Code:**	30742
Tech Name:	Linda Case	**Work Phone:**	(706) 858-2166
Tech E-Mail:	lcase@hutcheson.org		

System Details:

System Name:	R/F Fixed Siemens Siregraph TOP 40	**Func.Location #:**	
Serial Number:	01117		

Ticket Details: **Customer PO** 07484

Received Date:	6/16/2014	**Received By:**	Radatz, Marguerite	**Area:**	Field Service
Assigned Date:	6/16/2014	**Assigned To:**	Stickney, Bill	**Category:**	System Hard Down
		Completed By:	Stickney, Bill	**Issue:**	
Invoice#:	23903			**Status:**	Closed
				Closed:	Y

Subject: R/F Fixed Siemens Siregraph TOP 40 will not fluoro.

Problem Description: Marguerite Radatz - 6/16/2014 9:01:46 AM (Eastern Standard Time)
Linda reports R/F Fixed Siemens Siregraph TOP 40 will not fluoro.
She said if it does make images, they are solid black.
Please contact Linda at 706-858-2200

Activity Details: On-Site **Ticket No.** 025644

Activity recorded by: Bill Stickney 6/26/2014 5:10:11PM

FSE Name: VENDOR **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	6/17/14 8:00 am	6/17/14 4:00 pm	8.00
Return From Site:	6/17/14 4:00 pm	6/17/14 4:00 pm	0.00
Waiting Time:			

Travel Method: Already At Site

Fault: R & F **Cause:** System Failure

Corrective Action:
Troubleshot issue and found camera Iris to be at fault. Coventional repair not possible because of alterations in existing unit. Solution was to replace the camera iris motor and recalibrate.

Parts Used:

IRIS MOTOR	IRIS MOTOR

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Activity Details: On-Site **Ticket No.** 025644
Activity recorded by: Bill Stickney 6/26/2014 5:06:07PM
FSE Name: VENDOR **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	6/16/14 5:00 pm	6/16/14 10:00 pm	5.00
Service Hours:	6/16/14 10:00 pm	6/16/14 10:00 pm	0.00
Return From Site:	6/16/14 10:00 pm	6/16/14 10:00 pm	0.00
Waiting Time:			

Travel Method: Drive
Fault: **Cause:** System Failure

Corrective Action:
Travel to customer

Parts Used:
Job Completed: N

Activity Details: Phone **Ticket No.** 025644
Activity recorded by: Bill Stickney 6/16/2014 10:38:48AM
FSE Name: Bill Stickney **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	6/16/14 9:30 am	6/16/14 10:00 am	0.50
Return From Site:	6/16/14 10:00 am		0.00
Waiting Time:			

Travel Method:
Fault: R & F **Cause:** System Failure

Corrective Action:
Contacted customer and made arrangements for service. ETA 2:00pm

Parts Used:
Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	9/29/2014	24612

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
06776	Siemens Siregraph TOP 40	TY	025037	Net 30

Description	Qty	Rate	Amount
Siemens Siregraph TOP 40 SN# 01117			
Call: Images are black Corrective Action: checked all HT connector, found fan over D220 FILAMENT BOARD not working replaced the fan from hospital old part			
5/8/14 FSE Service RT	5	195.00	975.00
Call Management Fee	1	700.00	700.00
Customer Courtesy Discount of 50% labor and call management fee		-1,187.50	-1,187.50

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$487.50
Sales Tax (7.0%)	$0.00
Total	$487.50

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 025037 06776

Customer Details:

Account:	Hutcheson Medical Center	**Contract ID:**	
Address:	100 Gross Crescent Circle	**Time Zone:**	Eastern Standard Time
City:	Ft. Oglethorpe **State:** GA	**Zip Code:**	30742
Tech Name:	Daniel Morton	**Work Phone:**	(706) 858-2276
Tech E-Mail:			

System Details:

System Name:	R/F Fixed Siemens Siregraph TOP 40	**Func.Location #:**	
Serial Number:	01117		

Ticket Details: **Customer PO** 06776

Received Date:	5/2/2014	**Received By:**	Wester, Tori	**Area:**	Field Service
Assigned Date:	5/2/2014	**Assigned To:**	Ibrahim, Benjamin	**Category:**	System Restricted
		Completed By:	anthony, david	**Issue:**	
Invoice#:	24612			**Status:**	Closed
				Closed:	Y

Subject: Daniel reports fluoro room images are black whether in live fluoro or exposure mode.

Problem Description: Tori Wester - 5/2/2014 11:14:13 AM (Eastern Standard Time)
Daniel reports fluoro room images are black whether in live fluoro or exposure mode. Ph. 706-858-2276

Activity Details: Phone Ticket No. 025037

Activity recorded by: Benjamin Ibrahim 5/16/2014 5:23:39PM

FSE Name: Benjamin Ibrahim **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	5/12/14 12:00 pm	5/12/14 12:15 pm	0.25
Return From Site:	5/12/14 12:15 pm		0.00
Waiting Time:			

Travel Method:

Fault: **Cause:** System Failure

Corrective Action:
Called customer for followup, the intermittent black image is back after unit working for 2 days without problem.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Activity Details: On-Site **Ticket No.** 025037

Activity recorded by: Benjamin Ibrahim 5/12/2014 9:39:00AM

FSE Name: Benjamin Ibrahim **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	5/8/14 9:00 am	5/8/14 9:29 am	0.48
Service Hours:	5/8/14 9:29 am	5/8/14 2:29 pm	5.00
Return From Site:	5/8/14 6:00 pm	5/8/14 9:30 pm	3.50
Waiting Time:			

Travel Method: Drive

Fault: **Cause:** System Failure

Corrective Action:

Checked all HT Connectors.
Found fan over D220 FILAMENT BOARD not working
Replaced the fan from hospital stock.
2 patient were done without problem.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Printed On 12/8/2014 At 3:14:09PM

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	7/7/2014	23644

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
07487	Siemens Emotion 6 CT	TY	025645	Net 30

Description	Qty	Rate	Amount
Siemens Emotion 6 CT SN 43132 Call: Multiple error codes Corrective Action: troubleshoot down to a bad MARplus board (D551). I was changed board and system came up ready. I also changed power, and 8 data brushes. Control brush block still needs to be changed. Ran checkup and test scans. troubleshoot down to a bad MARplus board (D551). I was changed board and system came up ready. I also changed power, and 8 data brushes. Control brush block still needs to be changed.			
6/16/14 FSE Service RT	2	375.00	750.00
6/16/14 FSE Service OT	1.5	562.50	843.75
6/1/8/14 FSE Service RT	1	375.00	375.00
Call Management Fee	1	700.00	700.00
Carbon Brush set Data	2	3,343.50	6,687.00
Carbon Brush set Power	1	1,788.75	1,788.75
MARplus D551 w/MCB Board	1	7,081.50	7,081.50
Shipping and Handling	1	195.00	195.00

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$18,421.00
Sales Tax (7.0%)	$0.00
Total	**$18,421.00**

Service Report

MEDICAL IMAGING SOLUTIONS

v3;8023

Ticket No.: 025645 07487

Customer Details:

Account: Hutcheson Medical Center
Address: 100 Gross Crescent Circle
City: Ft. Oglethorpe **State:** GA
Tech Name: Linda Case
Tech E-Mail:

Contract ID:
Time Zone: Eastern Standard Time
Zip Code: 30742
Work Phone: (706) 858-2000

System Details:

System Name: CT Fixed Siemens Emotion 6
Serial Number: 43132

Func.Location #:

Ticket Details:

Customer PO 07487

Received Date:	6/16/2014	**Received By:**	Wester, Tori	**Area:**	Field Service
Assigned Date:	6/16/2014	**Assigned To:**	Poole, Torre	**Category:**	System Hard Down
		Completed By:	Poole, Torre	**Issue:**	
Invoice#:	23644			**Status:**	Completed
				Closed:	N

Subject: Linda reports multiple error codes. Contact Jerry Jeffers at 706-858-2200
Problem Description: Tori Wester - 6/16/2014 9:15:43 AM (Eastern Standard Time)
Linda reports multiple error codes. Contact Jerry Jeffers at 706-858-2200

Activity Details: On-Site Ticket No. 025645
Activity recorded by: Torre Poole 6/19/2014 8:56:19AM
FSE Name: Torre Poole **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	6/18/14 10:00 am	6/18/14 12:00 pm	2.00
Service Hours:	6/18/14 12:00 pm	6/18/14 1:00 pm	1.00
Return From Site:	6/18/14 1:00 pm	6/18/14 3:00 pm	2.00
Waiting Time:			

Travel Method: Drive
Fault: **Cause:** System Failure

Corrective Action:
Replaced brush block and ran system check up. Scanner is fully funtional and is 100%.

Parts Used:

3804692&&&3804700	Carbon Brush Set Data_S_F
3818254	CARBON BRUSH SET, POWER_F QTY 19
8367042&&&7711323	MARplus D551 w/with MCB board

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Printed On 12/8/2014 At 3:14:52PM

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

3804692&&&3804700 Carbon Brush Set Data_S_F

Job Completed: Y

Activity Details: Phone **Ticket No.** 025645

Activity recorded by: Torre Poole 6/17/2014 11:12:07AM

FSE Name: Torre Poole **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	6/17/14 11:11 am	6/17/14 11:11 am	0.00
Return From Site:	6/17/14 11:11 am		0.00
Waiting Time:			

Travel Method: Already At Site

Fault: **Cause:**

Corrective Action:

Called and talked to tech on site. System is still scanning fine and passed daily QA.

Parts Used:

Job Completed: Y

Activity Details: On-Site **Ticket No.** 025645

Activity recorded by: Torre Poole 6/16/2014 6:15:06PM

FSE Name: Torre Poole **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	6/16/14 11:00 am	6/16/14 3:00 pm	4.00
Service Hours:	6/16/14 3:00 pm	6/16/14 6:30 pm	3.50
Return From Site:	6/16/14 6:30 pm	6/16/14 6:30 pm	0.00
Waiting Time:			

Travel Method: Drive

Fault: **Cause:** System Failure

Corrective Action:

Arrived at site to find scanner down. I troubleshoot down to a bad MARplus board (D551). I was changed board and system came up ready. I also changed power, and 8 data brushes. Control brush block still needs to be changed.

Ran checkup and test scans. System 100% and within all OEM specs.

Parts Used:

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

y3.8023

Activity Details: Phone **Ticket No.** 025645

Activity recorded by: Torre Poole 6/16/2014 10:49:46AM

FSE Name: Torre Poole **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	6/16/14 9:50 am	6/16/14 10:00 am	0.17
Return From Site:	6/16/14 10:00 am		0.00
Waiting Time:			

Travel Method: Already At Site

Fault: **Cause:**

Corrective Action:
Talked to Jerry, and ordered parts.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	7/7/2014	23643

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
01798	Siemens Impact MRI	TY	025374	Net 30

Description	Qty	Rate	Amount
Replace Coldhead Compressor			
5/29/14 FSE Service RT	4	375.00	1,500.00
Call Management Fee	1	700.00	700.00
Compressor Lybold 6000	1	7,350.00	7,350.00
Shipping and Handling	1	244.75	244.75

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$9,794.75
Sales Tax (7.0%)	$0.00
Total	**$9,794.75**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 025374 01798

Customer Details:

Account: Hutcheson Medical Center
Address: 100 Gross Crescent Circle
City: Ft. Oglethorpe **State:** GA
Tech Name: Linda Case
Tech E-Mail: lcase@hutcheson.org

Contract ID:
Time Zone: Eastern Standard Time
Zip Code: 30742
Work Phone: (706) 858-2166

System Details:

System Name: MRI Fixed Siemens Impact
Serial Number: 9172

Func.Location #:

Ticket Details:

Customer PO 01798

Received Date:	5/29/2014	**Received By:**	Albakri, Eyad	**Area:**	Field Service
Assigned Date:	5/29/2014	**Assigned To:**	Albakri, Eyad	**Category:**	System Restricted
		Completed By:	downs, john	**Issue:**	
Invoice#:	23643			**Status:**	Completed
				Closed:	N

Subject: Coldhead Copressor will not start. Compressor needs to be repalced.
Problem Description:

Activity Details: On-Site Ticket No. 025374
Activity recorded by: john downs 7/2/2014 10:59:34AM
FSE Name: VENDOR **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	5/29/14 10:01 am	5/29/14 11:00 am	0.98
Service Hours:	5/29/14 11:00 am	5/29/14 5:00 pm	6.00
Return From Site:	5/29/14 5:00 pm	5/29/14 6:00 pm	1.00
Waiting Time:			

Travel Method: Drive
Fault: **Cause:** System Failure

Corrective Action:
Removed two cold head compressors from differrent mobiles. Replaced the main contactor and LED trouble lights at the warehouse before we loaded the compressor and hauled it to the hospital for replacement.
Once at the hospital, we removed teh old compressor from cabinet and removed the adsorber from the original cold head compressor. Installed the reptacement cold head compressor unit. Re-installed compressor in the cabinet, reconnected the chilled water piping and helium piping and electrical connections. Started compressor and tested operations. Loaded the old compressor and returned it to the warehouse. System functioning properly.

Parts Used:

3228009	HE-COMPRESSOR RW6000-OMT

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

System Levels:

Helium Level: 63.30 **Cold Head Running:** Y

Shield Temp: **MagnetPressure:**

Activity Details: On-Site **Ticket No.** 025374

Activity recorded by: George Wachira 5/29/2014 10:46:34PM

FSE Name: George Wachira **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	5/29/14 1:30 pm	5/29/14 3:30 pm	2.00
Service Hours:	5/29/14 3:30 pm	5/29/14 6:00 pm	2.50
Return From Site:	5/29/14 6:00 pm	5/29/14 8:15 pm	2.25
Waiting Time:			

Travel Method:

Fault: **Cause:** System Failure

Corrective Action:

Replaced the cold head compressor and the absorber. Monitored the unit running for a hour and it was all good.

Parts Used:

Job Completed: Y

Parts Used:

Job Completed: N

Activity Details: Phone **Ticket No.** 025374

Activity recorded by: Ankur Patel 5/29/2014 5:54:18PM

FSE Name: Ankur Patel **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	5/29/14 10:30 am	5/29/14 11:00 am	0.50
Return From Site:	5/29/14 11:00 am		0.00
Waiting Time:			

Travel Method:

Fault: **Cause:** Customer Request

Corrective Action:

Ordering parts for compressor. Need to have new adsorber for the compressor. Compressor will ship from the office with new adsorber.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	7/7/2014	23652

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
06843	Siemens Impact MRI	TY	025106	Net 30

Description	Qty	Rate	Amount
5/22/14 Coldhead Replacement (includes Labor and part)	1	9,500.00	9,500.00

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full *list price.*

Subtotal	$9,500.00
Sales Tax (7.0%)	$0.00
Total	**$9,500.00**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 025106 06843

Customer Details:

Account: Hutcheson Medical Center
Contract ID:
Address: 100 Gross Crescent Circle
Time Zone: Eastern Standard Time
City: Ft. Oglethorpe **State:** GA
Zip Code: 30742
Tech Name: Jerry Jeffers
Work Phone: (706) 858-2208
Tech E-Mail: jjeffers@hutcheson.org

System Details:

System Name: MRI Fixed Siemens Impact
Func.Location #:
Serial Number: 9172

Ticket Details:

Customer PO 06843

Received Date:	5/7/2014	**Received By:**	Radatz, Marguerite	**Area:**	Routine Service
Assigned Date:	5/12/2014	**Assigned To:**	Wachira, George	**Category:**	Cryogen Recovery S
		Completed By:	downs, john	**Issue:**	Coldhead service
Invoice#:	23652			**Status:**	Closed
				Closed:	Y

Subject: COLD HEAD REPLACEMENT
Problem Description:

Activity Details: On-Site **Ticket No.** 025106
Activity recorded by: john downs 8/18/2014 2:40:09PM
FSE Name: Oxford **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	5/22/14 1:00 pm	5/22/14 4:00 pm	3.00
Service Hours:	5/22/14 4:00 pm	5/22/14 11:00 pm	7.00
Return From Site:	5/22/14 11:00 pm	5/23/14 12:30 am	1.50
Waiting Time:			

Travel Method: Drive
Fault: **Cause:** System Failure

Corrective Action:
? No evidence of oil contamination was found.
? Replaced the adsorber in accordance with SMT service procedures.
? Replaced the cold head in accordance with SMT service procedures.
? No He-gas leaks found after service utilizing Snoop.
? Monitored shield temps after service, finding that the shield temperatures were decreasing.

Parts Used:

621.2280-RO	COLD HEAD
319.5931-RA	ADSORBER RW6000-OMT

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

System Levels:

Helium Level:	61.00	**Cold Head Running:**	Y
Shield Temp:		**MagnetPressure:**	

Activity Details: On-Site — **Ticket No.** 025106

Activity recorded by: George Wachira 5/23/2014 3:51:22PM

FSE Name: George Wachira — **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	5/22/14 1:00 pm	5/22/14 3:30 pm	2.50
Service Hours:	5/22/14 3:30 pm	5/22/14 11:30 pm	8.00
Return From Site:	5/22/14 11:30 pm	5/23/14 1:15 am	1.75
Waiting Time:			

Travel Method: Drive

Fault: — **Cause:** System Failure

Corrective Action:
Assisted Oxford team with coldhead replacement and the absorber replacement.

Parts Used:

Job Completed: Y

Activity Details: Phone — **Ticket No.** 025108

Activity recorded by: Ankur Patel 5/8/2014 10:10:03AM

FSE Name: Ankur Patel — **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	5/8/14 10:09 am	5/8/14 10:16 am	.0.10
Return From Site:	5/8/14 10:16 am		0.00
Waiting Time:			

Travel Method:

Fault: — **Cause:** Customer Request

Corrective Action:
Scheduling cold head replacement with oxford.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES — MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	8/11/2014	24143

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
07993	Siemens Impact MRI	TY	026131	Net 30

Description	Qty	Rate	Amount
Siemens Impact MRI SN 9172			
Call: System Down Corrective Action: Found that the RFPA breaker was tripped. Reset the breaker and was able to perform download all. Performed a RF characteristic and it passed. Performed a scan using the body coil and it passed. Replaced the power supply. Rebooted the system twice and all powered okay with no issues. Performed a rf characteristic and scan test.			
7/21/14 FSE Service RT	3	375.00	1,125.00
7/22/14 FSE Service RT	1	375.00	375.00
Call Management Fee	1	700.00	700.00
Power Supply	1	8,200.00	8,200.00
Warranty Part Credit Service Report #025287		-8,200.00	-8,200.00
Shipping and Handling	1	195.00	195.00

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$2,395.00
Sales Tax (7.0%)	$0.00
Total	**$2,395.00**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 026131 07993

Customer Details:

Account:	Hutcheson Medical Center	**Contract ID:**	
Address:	100 Gross Crescent Circle	**Time Zone:**	Eastern Standard Time
City:	Ft. Oglethorpe **State:** GA	**Zip Code:**	30742
Tech Name:	Jerry Jeffers	**Work Phone:**	(706) 858-2208
Tech E-Mail:	jjeffers@hutcheson.org		

System Details:

System Name:	MRI Fixed Siemens Impact	**Func.Location #:**	
Serial Number:	9172		

Ticket Details: **Customer PO** 07993

Received Date:	7/21/2014	**Received By:**	Radatz, Marguerite	**Area:**	Field Service
Assigned Date:	7/21/2014	**Assigned To:**	Wachira, George	**Category:**	System Hard Down
		Completed By:	Wachira, George	**Issue:**	
Invoice#:	24143			**Status:**	Closed
				Closed:	Y

Subject: system down. Error: downloading failed, unable to switch units on/off.

Problem Description: Marguerite Radatz - 7/21/2014 11:48:27 AM (Eastern Standard Time)
Jerry reports system down. Error: downloading failed, unable to switch units on/off.
He said the name for this error in the error log was: MLC_POWSWIERR
Please contact Jerry @ 706-858-2200, when you get voice mail, hit 0

Activity Details: Phone Ticket No. 026131

Activity recorded by: George Wachira 7/23/2014 1:25:05PM

FSE Name: George Wachira **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	7/23/14 1:24 pm	7/23/14 1:25 pm	0.02
Return From Site:	7/23/14 1:25 pm		0.00
Waiting Time:			

Travel Method:

Fault: **Cause:** System Failure

Corrective Action:
Did a follow up and the system come up okay with no issue.

Parts Used:

4664892	POWER SUPPLY

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

System Levels:

Helium Level:	92.10	**Cold Head Running:**	Y
Shield Temp:		**MagnetPressure:**	

Activity Details: On-Site — Ticket No. 026131

Activity recorded by: George Wachira 7/22/2014 10:49:46PM

FSE Name: George Wachira — **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	7/22/14 1:30 pm	7/22/14 3:31 pm	2.02
Service Hours:	7/22/14 3:31 pm	7/22/14 4:30 pm	0.98
Return From Site:	7/22/14 4:30 pm	7/22/14 7:00 pm	2.50
Waiting Time:			

Travel Method: Drive

Fault: — **Cause:** System Failure

Corrective Action:

Replaced the power supply. Rebooted the system twice and all powered okay with no issues. Performed a rf characteristic and scan test. All tested okay.

Parts Used:

Job Completed: Y

Activity Details: Phone — Ticket No. 026131

Activity recorded by: George Wachira 7/22/2014 9:44:59AM

FSE Name: George Wachira — **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:			0.00
Service Hours:	7/22/14 8:40 am	7/22/14 8:45 am	0.08
Return From Site:	7/22/14 8:45 am		0.00
Waiting Time:			

Travel Method:

Fault: — **Cause:**

Corrective Action:

Jerry updated that the breaker was tripped this morning too. Since I had left the system off last night, either the power supply or the Amplifier is causing the breaker to trip.

Asked Jerry to reset the breaker, and all come up okay.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES — MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

System Levels:

Helium Level:	92.20	**Cold Head Running:**	Y
Shield Temp:		**MagnetPressure:**	

Activity Details: On-Site Ticket No. 026131

Activity recorded by: George Wachira 7/22/2014 9:42:17AM

FSE Name: George Wachira **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	7/21/14 1:45 pm	7/21/14 3:45 pm	2.00
Service Hours:	7/21/14 3:46 pm	7/21/14 5:30 pm	1.75
Return From Site:	7/21/14 5:30 pm	7/21/14 7:30 pm	2.00
Waiting Time:			

Travel Method:

Fault: **Cause:** System Failure

Corrective Action:

Found that the RFPA breaker was tripped. Reset the breaker and was able to perform download all. Performed a RF characterisitc and it paased. Performed a scan using the body coil and it passed. Not sure why the breaker could have been tripped.

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	8/19/2014	24217

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
06843	Siemens Impact MRI	TY	025396	Net 30

Description	Qty	Rate	Amount
Cryogen Fill			
5/30/14 FSE Service RT	4.25	375.00	1,593.75
Call Management Fee	1	700.00	700.00

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$2,293.75
Sales Tax (7.0%)	$0.00
Total	**$2,293.75**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Ticket No.: 025396 06843

Customer Details:

Account:	Hutcheson Medical Center	**Contract ID:**	
Address:	100 Gross Crescent Circle	**Time Zone:**	Eastern Standard Time
City:	Ft. Oglethorpe **State:** GA	**Zip Code:**	30742
Tech Name:	Linda Case	**Work Phone:**	(706) 858-2166
Tech E-Mail:	lcase@hutcheson.org		

System Details:

System Name:	MRI Fixed Siemens Impact	**Func.Location #:**	
Serial Number:	9172		

Ticket Details: **Customer PO** 06843

Received Date:	5/30/2014	**Received By**	Everyone	**Area:**	Routine Service
Assigned Date:	5/30/2014	**Assigned To:**	Vargas, Edgar	**Category:**	Cryogen Fill
		Completed By:	Vargas, Edgar	**Issue:**	
Invoice#:	24217			**Status:**	Completed
				Closed:	N

Subject: Performing cryogen fill on 5/30/2014

Problem Description:

Parts Used:

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8023

Activity Details: On-Site **Ticket No.** 025398

Activity recorded by: Edgar Vargas 6/2/2014 9:17:43AM

FSE Name: Edgar Vargas **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	5/30/14 7:40 am	5/30/14 9:45 am	2.08
Service Hours:	5/30/14 9:45 am	5/30/14 2:00 pm	4.25
Return From Site:	5/30/14 2:00 pm	5/30/14 4:00 pm	2.00
Waiting Time:			

Travel Method: Drive

Fault: MRI - Magnet/Coldhead **Cause:** System Required Cryogen Fill

Corrective Action:

Arrived onsite, helium level at 61.1%.

Ran into problems with connecting helium gas bottle to helium Dewar, helium Dewar did not have the correct adapter to connect the helium gas line. AirGas went to the site and supplied the correct fittings.

Once we were able to resolve the fitting problem, we proceeded with the helium fill.

On one of the helium Dewar we were able to use the heater, and the other Dewar we used the gas cylinder.

Final helium value was 102.1%.

Performed a head QA scan, system is fully functional

Parts Used:

Job Completed: Y

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

MEDICAL IMAGING SOLUTIONS
229 Arnold Mill Road, Suite 100
Woodstock, GA 30188
770-592-9191

Invoice

Account	Date	Invoice #
	9/11/2014	24485

Bill To	Ship To
Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742	Hutcheson Medical Center 100 Gross Crescent Circle Ft. Oglethorpe, GA 30742

P.O. No.	Equipment	Rep	Service Report #	Terms
08170	Siemens Impact MRI	TY	026249	Net 30

Description	Qty	Rate	Amount
Siemens Impact MRI SN 9172 Call: RFTA issue: RF is out of calibration or RF tube is bad Corrective Action: Peformed the rf characterisitc which passes. Tested the body snr on the body coil and it passes too. Tested the C-spine coil it passes. Pefromed a test scan using the spine coil, this is the coil that Jerry had issue on, Jerry later come over and did set up a patient using the same scan parameters he was using and all tested okay.			
7/31/14 FSE Service RT	4	375.00	1,500.00
Call Management Fee	1	700.00	700.00

All parts are on an exchange basis unless otherwise specified. Exchange sales are invoiced at lower, more favorable rates and require the return of like, repairable parts to MIS. Failure to return a like or repairable part will result in additional billing resulting in the full list price.

Subtotal	$2,200.00
Sales Tax (7.0%)	$0.00
Total	**$2,200.00**

Service Report

MEDICAL IMAGING SOLUTIONS

v3.8823

Ticket No.: 026249 08170

Customer Details:

Account:	Hutcheson Medical Center	**Contract ID:**	
Address:	100 Gross Crescent Circle	**Time Zone:**	Eastern Standard Time
City:	Ft. Oglethorpe **State:** GA	**Zip Code:**	30742
Tech Name:	Jerry Jeffers	**Work Phone:**	(706) 858-2208
Tech E-Mail:	jjeffers@hutcheson.org		

System Details:

System Name:	MRI Fixed Siemens Impact	**Func.Location #:**	
Serial Number:	9172		

Ticket Details: **Customer PO** 08170

Received Date:	7/30/2014	**Received By:**	Radatz, Marguerite	**Area:**	Field Service
Assigned Date:	7/31/2014	**Assigned To:**	Wachira, George	**Category:**	System Restricted
		Completed By:	Wachira, George	**Issue:**	
Invoice#:	24485			**Status:**	Closed
				Closed:	Y

Subject: RFTA issue: RF is out of calibration or RF tube is bad

Problem Description: Marguerite Radatz - 7/30/2014 11:43:04 AM (Eastern Standard Time)
Jerry Jeffers reports RFTA issue: RF is out of calibration or RF tube is bad. He has already tried troubleshooting on the phone with George.
Jerry Jeffers @ 706-858-2200 press 0

System Levels:

Helium Level:	90.50	**Cold Head Running:**	Y
Shield Temp:		**MagnetPressure:**	

Activity Details: On-Site Ticket No. 026249

Activity recorded by: George Wachira 7/31/2014 3:56:15PM

FSE Name: George Wachira **Assisting Name:**

Service/Travel Hours:	Start Date/Time:	End Date/Time:	Total Hours:
Travel To Site:	7/31/14 12:15 pm	7/31/14 2:15 pm	2.00
Service Hours:	7/31/14 2:15 pm	7/31/14 5:15 pm	3.00
Return From Site:	7/31/14 5:15 pm	7/31/14 7:15 pm	2.00
Waiting Time:			

Travel Method:

Fault: **Cause:** System Failure

Corrective Action:
Peformed the RF characterisitic which passes. Tested the body SNRr on the body coil and it passes too. Tested the C-spine coil it passes. Pefromed a test scan using the spine coil, this is the coil that Jerry had issue on, Jerry later come over and did set up a patient using the same scan parameters he was using and all tested okay. Will monitor the site for a day

Parts Used:

Job Completed: N

MINIMUM LABOR: 4 HOURS PLUS TRAVEL & EXPENSES MINIMUM TRAVEL HOURS: 2 HOURS

Customer Signature: _____ FSE Signature: _____ Date: _____

Northern District of Georgia
Claims Register

14-42863-pwb Hutcheson Medical Center, Inc.

Judge: Paul W. Bonapfel **Chapter:** 11
Office: Rome **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (18633678) History MEDICAL IMAGING SOLUTIONS USA LLC Jim Bates, Director of Legal 229 ARNOLD MILL ROAD, Suite 100 WOODSTOCK, GA 30188	**Claim No: 40** *Original Filed Date:* 12/16/2014 *Original Entered Date:* 12/16/2014	*Status:* *Filed by:* CR *Entered by:* mrr *Modified:*
Amount claimed: $57976.76		

History:

Details	40-1	12/16/2014 Claim #40 filed by MEDICAL IMAGING SOLUTIONS USA LLC, Amount claimed: $57976.76 (mrr)

Description:
Remarks:

Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.
Case Number: 14-42863-pwb
Chapter: 11
Date Filed: 11/20/2014
Total Number Of Claims: 1

Total Amount Claimed*	$57976.76
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		