

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ROME DIVISION

IN RE:	)	CHAPTER 11
	)	
HUTCHESON MEDICAL CENTER, INC.,	)	Jointly Administered Under
et al.,	)	CASE NO. 14-42863-pwb
	)	
Debtors.	)	

503(b)(9) REQUEST FORM

Name of Creditor	Access Closure, Inc., dba Cardinal Health 245
Address	5452 Betsy Ross Drive
City, State, Zip	Santa Clara, CA 95054
Country	USA
Account Number	HUT002
Contact: Name	
Phone	
Email	

1. This Company sold goods (such as inventory or supplies) to one or more of the following Debtors: Hutcheson Medical Center, Inc. and Hutcheson Medical Division, Inc. on orders placed before November 20, 2014 and shipped on or before November 20, 2014.

2. To the best of this Company's knowledge, information and belief, the goods were received by the following Debtor within twenty (20) days before November 20, 2014:

☒ Hutcheson Medical Center, Inc.  
☐ Hutcheson Medical Division, Inc.

3. For each shipment included in this Company's claim for these shipments, state:

**FILED**

**MAR 20 2015**

**BMC GROUP**

Hutcheson Med POC



00225

	Date Each Shipment Left This Company's Loading Dock, Factory, Warehouse, Pier, Etc.	Date Each Shipment Delivered to Debtor's Warehouse or Store	Amount of Claim for Each Shipment	All Available Documents Relating to Each Shipment Are Attached to This Request Form (Yes/No)
1	9/22/14	9/23/14	2623.95	yes
2	9/22/14	9/23/14	2623.95	yes
3	10/13/14	10/15/14	2525.25	yes
4	11/18/14	11/20/14	2525.25	yes
5				
6				
7				
	Total Claim:		10,298.40	

(Continue on another sheet if you shipped more than 7 shipments during the time period for which you assert a 503(b)(9) Claim.)

**THIS FORM, PROPERLY COMPLETED, AND ALL ATTACHMENTS, MUST BE FILED WITH THE DEBTORS' CLAIMS AGENT AS FOLLOWS:**

**If by overnight or hand delivery:**

**BMC Group**  
**Attn: Hutcheson Medical Center, Inc. Claims Processing**  
**300 N. Continental Blvd., #570**  
**El Segundo, CA 90245**

**If by First Class Mail:**

**BMC Group**  
**Attn: Hutcheson Medical Center, Inc. Claims Processing**  
**PO Box 90100**  
**Los Angeles, CA 90009**

**YOU ARE ENCOURAGED TO CONSULT YOUR ATTORNEY REGARDING THE LAW, YOUR LEGAL RIGHTS, THE MEANING OF TERMS USED IN THE BANKRUPTCY CODE, THIS REQUEST FORM AND THE ACCOMPANYING 503(b)(9) NOTICE.**

3/11/2015  
DATE

Alvin  
SIGNATURE

Dir., Accounting  
TITLE

PENALTY FOR FRAUDULENT CLAIM IS FINE UP TO \$500,000.00 OR IMPRISONMENT UP TO 5 YEARS OR BOTH. TITLE 18 U.S.C. § 152

access|closure

PO Box 347446  
Pittsburgh, PA 15251-4446  
(877) 700-6969

# INVOICE

Invoice: 113645

Date: 09/22/14

Revision: 1

Purchase Order: 07899

Page: 1 of 1

<b>BILL TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA	<b>SOLD TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA
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Sales Order: SO119322

Order Date: 09/22/14

Ship Date: 09/22/14

Sales person: 00060202 00060094

Ship To: HUT002.1

Ship Via: FedexFstOvernight

Credit Terms: N30

Net 30 days

Bill of Lading:

FOB Point: Destination

Remarks: Training certificate on file

Item Number	Invoiced UM	Qty B/O	Tax	Price	Amount
MX5021 MynxGrip (5F) Vascular Closure Device	10.0 EA	0.0	No	\$239.00	\$2,390.00

Currency: USD	Line Total:	\$2,390.00
0.00%	Discount:	\$0.00
Service Support NT :		\$0.00
Freight NT :		\$213.95
Handling NT :		\$20.00
Total Tax:		\$0.00
Total:		\$2,623.95

Please make Check Payable to: Access Closure Inc, PO Box 347446 Pittsburgh, PA 15251-4446

Prices reflected on this invoice may include discounts within the meaning of 42 C.F.R. § 1001.952(h) (the federal Anti-Kickback Statute discount safe harbor regulations). Buyer is obligated to fully and accurately reflect any discounts in applicable cost reports to federal healthcare programs and, upon request, provide to federal or state authorities information that AccessClosure, Inc. provided to Buyer concerning the discounts.

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# INVOICE

PO Box 347446  
Pittsburgh, PA 15251-4446  
(877) 700-6969

Invoice: 113663  
Date: 09/22/14  
Revision: 1  
Purchase Order: 07694  
Page: 1 of 1

<b>BILL TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA	<b>SOLD TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA
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<b>Sales Order:</b> SO119341	<b>Order Date:</b> 09/22/14	<b>Ship Date:</b> 09/22/14
<b>Sales person:</b> 00060202 00060094		<b>Ship To:</b> HUT002.1
		<b>Ship Via:</b> FedexFstOvernight
<b>Credit Terms:</b> N30 Net 30 days		<b>Bill of Lading:</b>
<b>Remarks:</b> Training certificate on file		<b>FOB Point:</b> Destination

Item Number	Invoiced UM	Qty B/O	Tax	Price	Amount
MX6721 MynxGrip (6F/7F) Vascular Closure Device	10.0 EA	0.0	No	\$239.00	\$2,390.00

<b>Currency:</b> USD	<b>Line Total:</b>	\$2,390.00
0.00%	<b>Discount:</b>	\$0.00
Service Support NT :		\$0.00
Freight NT :		\$213.95
Handling NT :		\$20.00
<b>Total Tax:</b>		\$0.00
<b>Total:</b>		\$2,623.95

Please make Check Payable to: Access Closure Inc, PO Box 347446 Pittsburgh, PA 15251-4446

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PO Box 347446  
Pittsburgh, PA 15251-4446  
(877) 700-6969

# INVOICE

Invoice: 114958

Date: 10/13/14

Revision: 1

Purchase Order: 09186

Page: 1 of 1

<b>BILL TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA	<b>SOLD TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA
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<b>Sales Order:</b> SO120682	<b>Order Date:</b> 10/10/14	<b>Ship Date:</b> 10/13/14
<b>Sales person:</b> 00060202 00060094		<b>Ship To:</b> HUT002.1
		<b>Ship Via:</b> FedEx2Day
<b>Credit Terms:</b> N30		<b>Bill of Lading:</b>
Net 30 days		<b>FOB Point:</b> Shipping Point
<b>Remarks:</b> Training certificate on file		

Item Number	Invoiced UM	Qty B/O	Tax	Price	Amount
Phone Order: Rhonda 706-858-2390					
MX5021	10.0 EA	0.0	No	\$239.00	\$2,390.00
MynxGrip (5F) Vascular Closure Device					

<b>Currency:</b> USD	<b>Line Total:</b>	\$2,390.00
0.00%	<b>Discount:</b>	\$0.00
Service Support NT :		\$0.00
Freight NT :		\$115.25
Handling NT :		\$20.00
<b>Total Tax:</b>		\$0.00
<b>Total:</b>		\$2,525.25

Please make Check Payable to: Access Closure Inc, PO Box 347446 Pittsburgh, PA 15251-4446

Prices reflected on this invoice may include discounts within the meaning of 42 C.F.R. § 1001.952(h) (the federal Anti-Kickback Statute discount safe harbor regulations). Buyer is obligated to fully and accurately reflect any discounts in applicable cost reports to federal healthcare programs and, upon request, provide to federal or state authorities information that AccessClosure, Inc. provided to Buyer concerning the discounts.

**INVOICE**

**PO Box 347446**  
**Pittsburgh, PA 15251-4446**  
**(877) 700-6969**

**Invoice:** 117344  
**Date:** 11/18/14  
**Revision:** 2  
**Purchase Order:** 09664  
**Page:** 1 of 1

<b>BILL TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA	<b>SOLD TO</b>	HUT002 Hutcheson Medical Center 100 Gross Crescent Circle Attn: Accounts Payable Fort Oglethorpe, GA 30742 USA
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**Sales Order:** SO123245  
**Sales person:** 00060202 00060094

**Order Date:** 11/17/14

**Ship Date:** 11/18/14

**Ship To:** HUT002.1

**Ship Via:** FedEx2Day

**Credit Terms:** N30

Net 30 days

**Bill of Lading:**

**FOB Point:** Shipping Point

**Remarks:** Training certificate on file

Item Number	Invoiced UM	Qty B/O	Tax	Price	Amount
Phone Order: Rhonda 706-858-2390					
MX5021	10.0 EA	0.0	No	\$239.00	\$2,390.00
MynxGrip (5F) Vascular Closure Device					

<b>Currency:</b> USD	<b>Line Total:</b>	\$2,390.00
0.00%	<b>Discount:</b>	\$0.00
Service Support NT :		\$0.00
Freight NT :		\$115.25
Handling NT :		\$20.00
<b>Total Tax:</b>		\$0.00
<b>Total:</b>		\$2,525.25

**Please make Check Payable to: Access Closure Inc, PO Box 347446 Pittsburgh, PA 15251-4446**

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**CERTIFIED MAIL™**

A.W.O.D.  
access | closure

5452 Betsy Ross Santa Clara California 95054



7014 0150 0000 6160 8852



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$ 000.69<sup>0</sup>  
0003979394 MAR 12 2015  
MAILED FROM ZIP CODE 95054

BMC Group  
Attn: Hutcheson Medical Center, Inc.  
Claims Processing  
P.O. Box 90100  
Los Angeles, CA 90009

RECEIVED  
MAR 20 2015  
BMC GROUP

MAR 10

9000930100

