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

in re:			)	CHAPTER 11		
		EDICAL CENTER, INC N MEDICAL DIVISION		Jointly Administered Under CASE NO. 14-42863-pwb		
		Debtors.	,			
AD		REQUEST FOR ALLOY STRATIVE EXPENSE C		ND PAYMENT OF RSUANT TO 11 U.S.C. § 503		
administrativ	ve exp	OW the claimant identifies claim pursuant to Sol through November 20, 20	ection 503	nd hereby requests the allowance of of the Bankruptcy Code, arising from the following:	m	
CLAIMANT'S NAME AND ADDRESS:			Associated Pathologist LLC			
			P O Box 402978			
			Atlanta, G	A 30384		
Amount of	11 U.S.	.C. § 593 Administrative	Expense	\$ 9,073.23		
l. 503 in the a cases:				expense claim pursuant to 11 U.S.C. g Debtor identified in these bankrupte		
-	Ø	Hutcheson Medical Cer	nter, Inc.		s. § tcy	
		Hutcheson Medical Div	ision, Inc.		C. § otcy	
2. as follows:				for this liability owed by the Debtor		
Medical direc	tor char	ges for August, September, Oct and October 2015 for inpatient	tober and No	vember 2015. Pathology technical charges for	; —	
August, 3sp	tenunei c	and occupes 2010 for aspectors	oi vicco.		_	
3. 503(b) and 1		administrative expense is c C. § 507(a)(2) because:	entitled to s	dministrative priority under 11 U.S.C.	ş	
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'JAN 28 2016

BMC GROUP



## Case 14-42863-pwb Doc 522 Filed 01/08/16 Entered 01/08/16 06:48:36 Desc Main Document Page 6 of 7

- 4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.
- 5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.
- 6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated:	January 25, 2016	*
		Name of Claimant:Associated Pathologist, LLC
		Signed: Liki Canno
		By (if appropriate): Vicki Cannon, Cilent Bill Manager
		As Its (if appropriate):

## **INSTRUCTIONS:**

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.

PATIENT NAME AMOUNT DUE

HUTTCHESON MEDICAL CENTER 4200-00
BILL DATE MRN AMOUNT PAID

01/25/16

YOU MAY RECEIVE SEPARATE BILLS FOR RELATED HOSPITAL/MEDICAL SERVICES

MAKE CHECK PAYABLE TO:



RESPONSIBLE PARTY NAME / ADDRESS

HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 This is a statement of services rendered by physicians who are members of:

ASSOCIATED PATHOLOGISTS, LLC c/o PATHGROUP PO BOX 530814 ATLANTA, GA 30353-0814

PLEASE REMOVE AND RETURN THIS PORTION WITH YOUR PAYMENT



FORTION WIT	IN TOOK PATWENT				
DATE OF SERVICE	REFERRING PHYSICIAN	CPT / DESCRIPTION	UNITS	CHARGE	BALANCE
08/01/15 01/25/16 09/01/15 09/01/15 10/01/15 11/01/15	EMERSON, LORI EMERSON, LORI EMERSON, LORI EMERSON, LORI EMERSON, LORI	9999 DIRECTORS FEE CLIENT PYMT RECEIVED 9999 DIRECTORS FEE 9999 DIRECTORS FEE 9999 DIRECTORS FEE 9999 DIRECTORS FEE	11 11 1 8 1	150.00 150.00 112.50 150.00 37.50	1650.00 450.00CR 1650.00 112.50 1200.00 37.50
es e					

DATE 01/12/16 PATIENT NAME

HUTCHESON MEDICAL CENTER

MRN 2

PAY THIS AMOUNT

4200.00

VISA

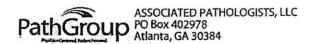
PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT

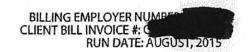
FOR BILLING INQUIRIES PLEASE CALL:

615-234-2591 1-877-456-6706 TOLL FREE

## IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Your insurance company has settled their portion of your account. The remaining balance is your responsibility.



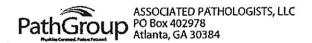


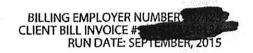
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HUTCHESON MEDICAL CENTER T1 P1 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742

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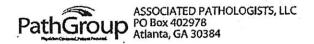


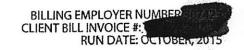


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