

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
and HUTCHESON MEDICAL DIVISION,) CASE NO. 14-42863-pwb
INC.,)
)

Debtors.

**REQUEST FOR ALLOWANCE AND PAYMENT OF
ADMINISTRATIVE EXPENSE CLAIM PURSUANT TO 11 U.S.C. § 503**

COMES NOW the claimant identified below and hereby requests the allowance of an administrative expense claim pursuant to Section 503 of the Bankruptcy Code, arising from November 20, 2014 through November 20, 2015, showing the following:

CLAIMANT'S NAME AND ADDRESS: Associated Pathologist LLC

P O Box 402978

Atlanta, GA 30384

Amount of 11 U.S.C. § 503 Administrative Expense \$9,073.23

1. The undersigned holds an administrative expense claim pursuant to 11 U.S.C. § 503 in the amount identified above against the following Debtor identified in these bankruptcy cases:

- Hutcheson Medical Center, Inc.
- Hutcheson Medical Division, Inc.

2. The consideration for this debt (or ground for this liability owed by the Debtor is as follows:

Medical director charges for August, September, October and November 2015. Pathology technical charges for August, September and October 2015 for inpatient services.

3. The administrative expense is entitled to administrative priority under 11 U.S.C. § 503(b) and 11 U.S.C. § 507(a)(2) because:

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JAN 28 2016

BMC GROUP

Hutcheson Med POC



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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: *Vicki Cannon*

By (if appropriate): Vicki Cannon, Client 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 |
|--------------------------|------------|-------------|
| HUTCHESON MEDICAL CENTER | | 4200.00 |
| BILL DATE | MRN | AMOUNT PAID |
| 01/25/16 | [REDACTED] | |

YOU MAY RECEIVE SEPARATE BILLS FOR RELATED HOSPITAL/MEDICAL SERVICES

MAKE CHECK PAYABLE TO: ↓

| RESPONSIBLE PARTY NAME / ADDRESS | THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIANS WHO ARE MEMBERS OF: |
|--|--|
| HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 | ASSOCIATED PATHOLOGISTS, LLC c/o PATHGROUP PO BOX 530814 ATLANTA, GA 30353-0814 |

PLEASE REMOVE AND RETURN THIS PORTION WITH YOUR PAYMENT ↑

[REDACTED] 000



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

| DATE | PATIENT NAME | MRN | PAY THIS AMOUNT |
|----------|--------------------------|------------|-----------------|
| 01/12/16 | HUTCHESON MEDICAL CENTER | [REDACTED] | 4200.00 |



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.



ASSOCIATED PATHOLOGISTS, LLC
 PO Box 402978
 Atlanta, GA 30384

BILLING EMPLOYER NUMBER [REDACTED]
 CLIENT BILL INVOICE #: [REDACTED]
 RUN DATE: AUGUST, 2015

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



| SERVICE DATE | PATIENT NAME | CPT | MOD | UNITS | DESCRIPTION | INVOICE | BALANCE |
|------------------------------|--------------|-------|-----|-------|-----------------|----------|------------|
| **PREVIOUS STATEMENT BALANCE | | | | | | | 24,851.11 |
| 08/03/2015 | [REDACTED] | 88108 | TC | 1 | CYTOPATH INTERP | 23255187 | 42.71 |
| 08/03/2015 | [REDACTED] | 88305 | TC | 1 | SURG PATH LEVEL | 23255187 | 24.64 |
| 08/12/2015 | [REDACTED] | 88108 | TC | 1 | CYTOPATH INTERP | 23255188 | 42.71 |
| 08/12/2015 | [REDACTED] | 88305 | TC | 1 | SURG PATH LEVEL | 23255188 | 24.64 |
| 08/12/2015 | FRANCE L | 88305 | TC | 3 | SURG PATH LEVEL | 23321340 | 73.92 |
| 08/18/2015 | LYN | 88305 | TC | 1 | SURG PATH LEVEL | 23321356 | 24.64 |
| 07/31/2015 | [REDACTED] | 88305 | TC | 1 | SURG PATH LEVEL | 23261055 | 24.64 |
| 08/11/2015 | LA MAR | 88305 | TC | 1 | SURG PATH LEVEL | 23253157 | 24.64 |
| 08/11/2015 | NA MICHA | 88304 | TC | 1 | SURG PATH LEVEL | 23264559 | 24.37 |
| 08/04/2015 | Y W | 88304 | TC | 1 | SURG PATH LEVEL | 23263139 | 24.37 |
| 08/19/2015 | YCE | 88305 | TC | 1 | SURG PATH LEVEL | 23259061 | 24.64 |
| 08/19/2015 | YCE | 88311 | TC | 1 | DECALCIFY TISSU | 23259061 | 6.03 |
| 08/19/2015 | YCE | 88313 | TC | 2 | SPECIAL STAINS | 23259061 | 82.12 |
| 08/19/2015 | YCE | 88342 | TC | 1 | IMMUNOCYTOCHEM | 23259061 | 44.08 |
| 08/19/2015 | YCE | 88184 | TC | 1 | FLOWCYTOMETRY/ | 23259062 | 67.07 |
| 08/19/2015 | YCE | 88185 | TC | 2 | FLOWCYTOMETRY/T | 23259062 | 862.26 |
| 08/14/2015 | HA | 88307 | TC | 1 | SURG PATH LEVEL | 23265441 | 156.03 |
| 08/27/2015 | AS E | 88305 | TC | 1 | SURG PATH LEVEL | 23315667 | 24.64 |
| 08/14/2015 | WILLIAM BE | 88305 | TC | 1 | SURG PATH LEVEL | 23321348 | 24.64 |
| 08/13/2015 | WILLIAM BE | 88342 | TC | 1 | IMMUNOCYTOCHEM | 23321348 | 44.08 |
| 07/31/2015 | DMAS | 88305 | TC | 1 | SURG PATH LEVEL | 23260035 | 24.64 |
| 07/31/2015 | DMAS | 88108 | TC | 1 | CYTOPATH INTERP | 23260036 | 42.71 |
| 07/31/2015 | DMAS | 88108 | TC | 1 | CYTOPATH INTERP | 23260036 | 42.71 |
| 07/31/2015 | DMAS | 88108 | TC | 1 | CYTOPATH INTERP | 23260036 | 42.71 |
| 07/31/2015 | DMAS | 88305 | TC | 3 | SURG PATH LEVEL | 23260036 | 73.92 |
| 08/05/2015 | CRISTINE A | 88307 | TC | 1 | SURG PATH LEVEL | 23263454 | 156.03 |
| 08/05/2015 | CRISTINE A | 88311 | TC | 1 | DECALCIFY TISSU | 23263454 | 6.03 |
| 08/26/2015 | CICIA A | 88305 | TC | 1 | SURG PATH LEVEL | 23295798 | 24.64 |
| 08/11/2015 | RYORY | 88305 | TC | 1 | SURG PATH LEVEL | 23261345 | 24.64 |
| **TOTAL CURRENT CHARGES | | | | | | | 2,104.90 |
| **TOTAL CHARGES | | | | | | | 26,956.01 |
| **PAYMENTS | | | | | | | |
| CLIENT PAYMENT | | | | | | | -12,583.99 |
| **ADJUSTMENTS | | | | | | | |
| **TOTAL CREDITS | | | | | | | -12,583.99 |
| TOTAL BALANCE DUE: | | | | | | | 14,372.02 |

If you would like to Inquire about your bill you can contact PathGroup at 615-221-4463 or Toll Free 866-728-4435.



ASSOCIATED PATHOLOGISTS, LLC
 PO Box 402978
 Atlanta, GA 30384

BILLING EMPLOYER NUMBER [REDACTED]
 CLIENT BILL INVOICE # [REDACTED]
 RUN DATE: SEPTEMBER, 2015

*****SNGLP
 HUTCHESON MEDICAL CENTER T1 P1
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE, GA 30742-3643



| SERVICE DATE | PATIENT NAME | CPT | MOD | UNITS | DESCRIPTION | INVOICE | BALANCE | |
|------------------------------|---------------------|-------|-----|-------|-----------------|----------|-----------|-----------|
| **PREVIOUS STATEMENT BALANCE | | | | | | | 14,372.02 | |
| 09/14/2015 | [REDACTED] ADEAN | 88305 | TC | 2 | SURG PATH LEVEL | 23614232 | 49.28 | |
| 09/14/2015 | [REDACTED] ADEAN | 88311 | TC | 1 | DECALCIF TISSU | 23614232 | 6.03 | |
| 09/08/2015 | [REDACTED] MAN | 88305 | TC | 1 | SURG PATH LEVEL | 23623342 | 24.64 | |
| 09/18/2015 | [REDACTED] A | 88305 | TC | 2 | SURG PATH LEVEL | 23610678 | 49.28 | |
| 09/11/2015 | [REDACTED] YNN | 88175 | | 1 | THINPREP PAP SM | 23624265 | 33.13 | |
| 09/11/2015 | [REDACTED] YNN | 87624 | | 1 | PATHOLOGY SCREE | 23624266 | 44.74 | |
| 09/11/2015 | [REDACTED] BILJ | 88175 | | 1 | THINPREP PAP SM | 23618899 | 33.13 | |
| 09/03/2015 | [REDACTED] E | 88304 | TC | 1 | SURG PATH LEVEL | 23610453 | 24.37 | |
| 09/22/2015 | [REDACTED] SA | 88305 | TC | 2 | SURG PATH LEVEL | 23661080 | 49.28 | |
| 08/31/2015 | [REDACTED] HOSKIN | 88305 | TC | 1 | SURG PATH LEVEL | 23622244 | 24.64 | |
| 08/31/2015 | [REDACTED] HOSKIN | 88311 | TC | 1 | DECALCIF TISSU | 23622244 | 6.03 | |
| 09/15/2015 | [REDACTED] NALD | 88305 | TC | 1 | SURG PATH LEVEL | 23618470 | 24.64 | |
| 09/22/2015 | [REDACTED] WALD | 88309 | TC | 1 | SURG PATH LEVEL | 23658018 | 221.47 | |
| 08/31/2015 | [REDACTED] TACY | 88142 | | 1 | THINPREP PAP SM | 23616183 | 25.83 | |
| 08/31/2015 | [REDACTED] TACY | 87624 | | 1 | PATHOLOGY SCREE | 23616184 | 44.74 | |
| 08/31/2015 | [REDACTED] TACY | 87491 | | 1 | PATHOLOGY SCREE | 23616184 | 44.74 | |
| 08/31/2015 | [REDACTED] TACY | 87591 | | 1 | PATHOLOGY SCREE | 23616184 | 44.74 | |
| 09/22/2015 | [REDACTED] | 88305 | TC | 1 | SURG PATH LEVEL | 23626201 | 24.64 | |
| 09/22/2015 | [REDACTED] | 88333 | TC | 1 | INTRAOP.CYTO PA | 23626202 | 31.21 | |
| 09/22/2015 | [REDACTED] | 88342 | TC | 1 | IMMUNOCYTOCHEMI | 23626202 | 44.08 | |
| 09/22/2015 | [REDACTED] | 88341 | TC | 4 | IMMUNOCYTOCHEMI | 23626202 | 146.52 | |
| 09/14/2015 | [REDACTED] THOMAS | 88304 | TC | 1 | SURG PATH LEVEL | 23683875 | 24.37 | |
| 09/03/2015 | [REDACTED] RONNIE L | 88304 | TC | 1 | SURG PATH LEVEL | 23617305 | 24.37 | |
| 09/14/2015 | [REDACTED] DRA L | 88305 | TC | 1 | SURG PATH LEVEL | 23613077 | 24.64 | |
| 09/14/2015 | [REDACTED] DRA L | 88311 | TC | 1 | DECALCIF TISSU | 23613077 | 6.03 | |
| 09/25/2015 | [REDACTED] DNA | G0145 | | 1 | CYTOPATH C/V AU | 23681877 | 33.13 | |
| 09/09/2015 | [REDACTED] ECIA | G0145 | | 1 | CYTOPATH C/V AU | 23624119 | 33.13 | |
| 09/09/2015 | [REDACTED] ECIA | 87624 | | 1 | PATHOLOGY SCREE | 23624120 | 44.74 | |
| 09/09/2015 | [REDACTED] ECIA | 87491 | | 1 | PATHOLOGY SCREE | 23624120 | 44.74 | |
| 09/09/2015 | [REDACTED] ECIA | 87591 | | 1 | PATHOLOGY SCREE | 23624120 | 44.74 | |
| 09/08/2015 | [REDACTED] LLISSA | 88175 | | 1 | THINPREP PAP SM | 23623620 | 33.13 | |
| 09/08/2015 | [REDACTED] LLISSA | 87624 | | 1 | PATHOLOGY SCREE | 23623621 | 44.74 | |
| **TOTAL CURRENT | | | | | | | 38 | 1,354.92 |
| **TOTAL CHARGE | | | | | | | | 15,726.94 |
| **PAYMENTS | | | | | | | | |
| CLIENT PAYMENT | | | | | | | | -1,100.79 |
| **ADJUSTMENTS | | | | | | | | |
| **TOTAL CREDITS | | | | | | | | -1,100.79 |
| TOTAL BALANCE DUE: | | | | | | | | 14,626.15 |

If you would like to inquire about your bill you can contact PathGroup at 615-221-4463 or Toll Free 866-728-4435.



ASSOCIATED PATHOLOGISTS, LLC
 PO Box 402978
 Atlanta, GA 30384

BILLING EMPLOYER NUMBER [REDACTED]
 CLIENT BILL INVOICE #: [REDACTED]
 RUN DATE: OCTOBER, 2015

*****AUTO**MIXED AADC 350
 HUTCHESON MEDICAL CENTER T9 P1
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE, GA 30742-3643



| SERVICE DATE | PATIENT NAME | CPT | MOD | UNITS | DESCRIPTION | INVOICE | BALANCE |
|---|---------------------|-------|-----|-------|-----------------|----------|-----------|
| **PREVIOUS STATEMENT BALANCE | | | | | | | 14,626.15 |
| 10/15/2015 | [REDACTED] TRICIA L | 88305 | TC | 1 | SURG PATH LEVEL | 23999611 | 24.64 |
| 10/15/2015 | [REDACTED] TRICIA L | 88312 | TC | 2 | SPECIAL STAINS | 23999611 | 102.40 |
| 10/15/2015 | [REDACTED] TRICIA L | 88184 | | 1 | FLOWCYTOMETRY/ | 23999612 | 67.07 |
| 10/15/2015 | [REDACTED] TRICIA L | 88185 | | 14 | FLOWCYTOMETRY/T | 23999612 | 574.84 |
| 10/02/2015 | [REDACTED] | 88307 | TC | 1 | SURG PATH LEVEL | 24001599 | 156.03 |
| 10/02/2015 | [REDACTED] | 88311 | TC | 1 | DECALCIF TISSU | 24001599 | 6.03 |
| 10/28/2015 | [REDACTED] EY W | 88305 | TC | 3 | SURG PATH LEVEL | 24045504 | 73.92 |
| 10/28/2015 | [REDACTED] EY W | 88342 | TC | 1 | IMMUNOCYTOCHEM | 24045504 | 44.08 |
| 10/28/2015 | [REDACTED] EY W | 88342 | TC | 1 | IMMUNOCYTOCHEM | 24045504 | 44.08 |
| 10/15/2015 | [REDACTED] BARA | 88305 | TC | 2 | SURG PATH LEVEL | 24017169 | 49.28 |
| 10/20/2015 | [REDACTED] VIRGINIA | 88305 | TC | 5 | SURG PATH LEVEL | 24018131 | 123.20 |
| 10/28/2015 | [REDACTED] DA S | 88305 | TC | 3 | SURG PATH LEVEL | 24045704 | 73.92 |
| 10/15/2015 | [REDACTED] DL J | 88305 | TC | 1 | SURG PATH LEVEL | 24005164 | 24.64 |
| 10/22/2015 | [REDACTED] ANIC | 88305 | TC | 2 | SURG PATH LEVEL | 24018818 | 49.28 |
| **TOTAL CURRENT CHARGES | | | | | | | 1,413.41 |
| **TOTAL CHARGES | | | | | | | 16,039.56 |
| **PAYMENTS | | | | | | | |
| **ADJUSTMENTS | | | | | | | |
| **TOTAL CREDITS | | | | | | | 0.00 |
| TOTAL BALANCE DUE: | | | | | | | 16,039.56 |
| If you would like to Inquire about your bill you can contact PathGroup at 615-221-4463 or Toll Free 866-728-4435 | | | | | | | |