

**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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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**

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 ↑

[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] 02	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

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 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	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	DECALCFY TISSU	23259061	6.03
08/19/2015	YCE	88313	TC	2	SPECIAL STAINS	23259061	82.12
08/19/2015	YCE	88342	TC	1	IMMUNOCYTOCHEMI	23259061	44.08
08/19/2015	YCE	88184		1	FLOWCYTOMETRY/	23259062	67.07
08/19/2015	YCE	88185		21	FLOWCYTOMETRY/T	23259062	862.26
08/14/2015	HA	88307	TC	1	SURG PATH LEVEL	23265441	156.03
08/27/2015	AS F	88305	TC	1	SURG PATH LEVEL	23315667	24.64
08/14/2015	WILLIAM BE	88305	TC	1	SURG PATH LEVEL	23321348	24.64
08/14/2015	WILLIAM BE	88342	TC	1	IMMUNOCYTOCHEMI	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	88305	TC	3	SURG PATH LEVEL	23260036	73.92
08/05/2015	RISTINE A	88307	TC	1	SURG PATH LEVEL	23263454	156.03
08/05/2015	RISTINE A	88311	TC	1	DECALCFY TISSU	23263454	6.03
08/26/2015	CIA A	88305	TC	1	SURG PATH LEVEL	23295798	24.64
08/11/2015	LABORATORY	88305	TC	1	SURG PATH LEVEL	23261345	24.64
**TOTAL CURRENT CHARGES						54	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.

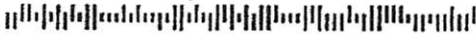


ASSOCIATED PATHOLOGISTS, LLC  
 PO Box 402978  
 Atlanta, GA 30384

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

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 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	DECALCIFY TISSU	23614232	6.03
09/08/2015	[REDACTED] MAN	88305	TC	1	SURG PATH LEVEL	23623342	24.64
09/18/2015	[REDACTED] Y 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] YE	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	DECALCIFY TISSU	23622244	6.03
09/15/2015	[REDACTED] NALD	88305	TC	1	SURG PATH LEVEL	23618470	24.64
09/22/2015	[REDACTED] NALD	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	JC	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	DECALCIFY 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
**TOTAL CHARGE							1,354.92
**PAYMENTS							15,726.94
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

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 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.Y.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] OL J	88305	TC	1	SURG PATH LEVEL	24005164	24.64
10/22/2015	[REDACTED] RIC	88305	TC	2	SURG PATH LEVEL	24018818	49.28
**TOTAL CURRENT CHARGES				38			1,413.41
**TOTAL CHARGES							16,039.56
**PAYMENTS							
**ADJUSTMENTS							
**TOTAL CREDITS							0.00
TOTAL BALANCE DUE:							16,039.56

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