20373

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

IN RE:	)	**CHAPTER 11**
	)	
HUTCHESON MEDICAL CENTER, INC. and HUTCHESON MEDICAL DIVISION, INC.,	)	**Jointly Administered Under CASE NO. 14-42863-pwb**
	)	
	)	
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: FREEDOM MEDICAL INC
219 WELSH POOL RD
EXTON, PA 19341

Amount of 11 U.S.C. § 503 Administrative Expense $ 3,996.00

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: Rental Medical Bed and Mattress Invoices dated between 2/19/15 and 5/2/15 Per Attached Invoices - Signed Return RGA attached FOR the rented Invoiced equipment.

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:

RECEIVED
FEB 09 2016
BMC GROUP

Hutcheson Med POC
00401

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: 2/4/16.

Name of Claimant: HOLLY HEICHEL

Signed: [signature]

By (if appropriate): Director of Billing and Collections

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.

FREEDOM MEDICAL

Freedom Medical

STATEMENT

Date:	1/25/2016
Account:	20373

HUTCHENSON MEDICAL CENTER

100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA 30742

Document No.	Date	Code	Description	Amount	BalanceForwarded
54.393391.3.7	4/30/2015	SLS	54.393391.3.7	$49.00	$49.00
54.393392.3.6	4/30/2015	SLS	54.393392.3.6	$171.00	$220.00
54.398596.2.5	4/30/2015	SLS	54.398596.2.5	$399.00	$619.00
54.398610.2.4	4/30/2015	SLS	54.398610.2.4	$287.00	$906.00
54.393391.4.10	5/19/2015	SLS	54.393391.4.10	$3,008.00	$3,914.00
54.398972.2.6	5/31/2015	SLS	54.398972.2.6	$82.00	$3,996.00

Amount Due:	$3,996.00

Current	0-30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	120 + Days	-
$0.00	$0.00	$0.00	$0.00	$0.00	$3,996.00	$0.00

Codes:
SLS = Sales / Invoices
SCH = Scheduled Payments
DR = Debit Memos
FIN = Finance Charges
SVC = Service / Repairs
WRN = Warranties
CR = Credit Memos
RTN = Returns
PMT = Payments

FREEDOM MEDICAL
CONSIDER IT DONE!™

Freedom Medical (54)
219 Welsh Pool Road
Exton, PA 19341
800-784-8849
Fax: 610-903-0180
www.freedommedical.com

INVOICE

INVOICE# 393391.3.7

INVOICE DATE: 4/30/2015

DUE DATE: 5/30/2015

ACCOUNT# 20373

Bill To:

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

Ship To:

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

P.O. Number: NOT NEEDED
Salesperson: Greg Duncan
Terms: Net 30

Ship date: 2/18/2015
Ship Via: Driver Delivery
Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD BEGINNING	RENTAL BILLING PERIOD ENDING	Daily Rate	Monthly Rate	Days Billed	Amount
1	067267	Rotec Versatech 1100 Bariatric Low Bed	4/1/2015	4/22/2015 RGA:253510	30.00	30.00	30	30.00
1	1239	Rotec Scale - Bariatric Low Bed	4/1/2015	4/22/2015 RGA:253510	0.00	0.00	30	0.00
1	4001421	Kap Medical K4MS/K4D3X Blower Pt: T.Bridges Rm: 212	4/1/2015 Form: 253951	4/22/2015 RGA:253510	0.00	0.00	22	0.00
1	4480130	Kap Medical K4MS/K4D3X-48" Mattress 4480130 Pt: T.Bridges Rm: 212	4/1/2015 Form: 253951	4/22/2015 RGA:253510	19.00	19.00	22	19.00

Comments:

This invoice created due to the items only pricing for one day each month due too the settings of the pricing . This is to capture the true revenue for the bed rental .

SUBTOTAL	49.00
TOTAL ORDER	49.00
TOTAL DUE	**49.00**

REMIT TO:

Freedom Medical, Inc.
PO Box 822704
Philadelphia, PA 19182-2704
Phone: 800-784-8849
Fax: 610-903-0180

FREEDOM MEDICAL
CONSIDER IT DONE.™

Freedom Medical (54)
219 Welsh Pool Road
Exton, PA 19341
800-784-8849
Fax: 610-903-0180
www.freedommedical.com

INVOICE

INVOICE # 393392.3.6 manual

INVOICE DATE: 4/30/2015

DUE DATE: 5/30/2015

ACCOUNT # 20373

Bill To:	Ship To:
HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE,GA 30742	HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE,GA 30742

P.O. Number: 10792
Salesperson: Greg Duncan
Terms: Net 30

Ship Date: 2/18/2015
Ship Via: Driver Delivery
Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD BEGINNING	RENTAL BILLING PERIOD ENDING	Daily Rate	Monthly Rate	Count	Amount
1	4000655B	**Kap Medical K4MA/K4D3XB 36"Matt** Pt: G Christopher	**4/1/2015** RE4833	**4/9/2015** RGA 252010	19.00	0.00	9.00	171.00
1	K-4001355	**Kap Medical K4MS/K4D3X Blower** Pt: G Christopher	**4/1/2015** RE4833	**4/9/2015** RGA 252010	0.00	0.00	9.00	0.00

Subtotal	$ 171.00
Total Order	171.00
TOTAL DUE	**171.00**

REMIT TO:

Freedom Medical, Inc.
PO Box 822704
Philadelphia, PA 19182-2704
Phone: 800-784-8849
Fax: 610-903-0180

FREEDOM MEDICAL
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Freedom Medical (54)
219 Welsh Pool Road
Exton, PA 19341
800-784-8849
Fax: 610-903-0180
www.freedommedical.com

INVOICE

INVOICE# 398596.2.5

INVOICE DATE: 4/30/2015

DUE DATE: 5/30/2015

ACCOUNT# 20373

Bill To:	Ship To:
HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742	HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742

P.O. Number: 11204
Salesperson: Greg Duncan
Terms: Net 30

Ship date: 3/27/2015
Ship Via: Driver Delivery
Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD BEGINNING	RENTAL BILLING PERIOD ENDING	Daily Rate	Monthly Rate	Days Billed	Amount
1	4000811	Kap Medical K4MS/K4D3X-36" Mattress Pt: M.Russell Rm: 346	4/1/2015 Form: 258650	4/21/2015 RGA:253242	19.00	570.00	21	399.00
1	4001058	Kap Medical Versblow Blower 4001058 Pt: M.Russell Rm: 346	4/1/2015 Form: 258650	4/21/2015 RGA:253242	0.00	0.00	21	0.00

Comments:

SUBTOTAL	399.00
TOTAL ORDER	399.00
TOTAL DUE	**399.00**

REMIT TO:

Freedom Medical, Inc.
PO Box 822704
Philadelphia, PA 19182-2704
Phone: 800-784-8849
Fax: 610-903-0180

FREEDOM MEDICAL
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Freedom Medical (54)
219 Welsh Pool Road
Exton, PA 19341
800-784-8849
Fax: 610-903-0180
www.freedommedical.com

INVOICE

INVOICE# 398610.2.4

INVOICE DATE: 4/30/2015

DUE DATE: 5/30/2015

ACCOUNT# 20373

Bill To:	Ship To:
HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742	HUTCHESON MEDICAL CENTER 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742

P.O. Number: 11214
Salesperson: Greg Duncan
Terms: Net 30

Ship date: 3/27/2015
Ship Via: Driver Delivery
Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD BEGINNING	RENTAL BILLING PERIOD ENDING	Daily Rate	Monthly Rate	Days Billed	Amount
1	1198	Rotec Scale - Bariatric Low Bed Pt: K.Thomas Rm: 345	4/1/2015 Form: 258468	4/7/2015 RGA:252004	0.00	0.00	7	0.00
1	K-4001491	Kap Medical K4ms/k4d3x Blower Pt: K.Thomas Rm: 345	4/1/2015 Form: 258468	4/7/2015 RGA:252004	0.00	0.00	7	0.00
1	4000650	Kap Medical K4MS/K4D3X-36" Mattress 4000650 Pt: K.Thomas Rm: 345	4/1/2015 Form: 258468	4/7/2015 RGA:252004	19.00	570.00	7	133.00
1	065906	Rotec V600-SE Low bed Pt: K.Thomas Rm: 345	4/1/2015 Form: 258468	4/7/2015 RGA:252004	22.00	660.00	7	154.00

Comments:

Copy of rental contract sent to;
rsisk@hutcheson.org

SUBTOTAL	287.00
TOTAL ORDER	287.00
TOTAL DUE	**287.00**

REMIT TO:

Freedom Medical, Inc.
PO Box 822704
Philadelphia, PA 19182-2704
Phone: 800-784-8849
Fax: 610-903-0180

FREEDOM MEDICAL
CONSIDER IT DONE.

Freedom Medical (54)
219 Welsh Pool Road
Exton, PA 19341
800-784-8849
Fax: 610-903-0180
www.freedommedical.com

INVOICE

INVOICE #	**393391.4.10 manual**
INVOICE DATE:	5/19/2015
DUE DATE:	6/18/2015
ACCOUNT #	**20373**

Bill To:	Ship To:
HUTCHESON MEDICAL CENTER **100 GROSS CRESCENT CIRCLE** **FORT OGLETHORPE,GA 30742**	**HUTCHESON MEDICAL CENTER** **100 GROSS CRESCENT CIRCLE** **FORT OGLETHORPE,GA 30742**

P.O. Number:	Not Needed	**Ship Date:**	2/18/2015
Salesperson:	Greg Duncan	**Ship Via:**	Driver Delivery
Terms:	Net 30	**Tracking #:**	

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD BEGINNING	RENTAL BILLING PERIOD ENDING	Daily Rate	Monthly Rate	Days Billed	Amount
1	72829	**Rotec 1100 SE Bariatric Low Bed** Pt:T. Bridges Rm. 212	**2/19/2015** RC253951	**03/14/2015** RE 4852	30.00		23.00	690.00
1	67267	**Rotec Versatech1100 SE Bariatric Lo** Pt:T. Bridges Rm. 212	**03/14/2015** RE 4852	**04/22/2015** RGA 253510	30.00		38.00	1,140.00
1	1316	**Rotec Scale** Pt:T. Bridges Rm. 212	**2/19/2015** RC253951	**03/14/2015** RE 4852	0.00		0.00	0.00
1	1239	**Rotec Scale** Pt:T. Bridges Rm. 212	**03/14/2015** RE 4852	**04/22/2015** RGA 253510	0.00		0.00	0.00
1	4000655B	**Kap Medical K4MA/K4D3XB 48"Matt** Pt:T. Bridges Rm. 212	**2/18/2015** RC253951	**04/22/2015** RGA 253510	19.00	0.00	62.00	1,178.00
1	K-4001355	**Kap Medical K4MS/K4D3X Blower** Pt:T. Bridges Rm. 212	**2/18/2015** RC253951	**04/22/2015** RGA 253510	0.00	0.00	62.00	0.00

Subtotal	$ 3,008.00
Total Order	3,008.00

TOTAL DUE	**3,008.00**

REMIT TO:

Freedom Medical, Inc.
PO Box 822704
Philadelphia, PA 19182-2704
Phone: 800-784-8849
Fax: 610-903-0180

FREEDOM MEDICAL
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Freedom Medical (54)
219 Welsh Pool Road
Exton, PA 19341
800-784-8849
Fax: 610-903-0180
www.freedommedical.com

INVOICE

INVOICE# 398972.2.6

INVOICE DATE: 5/31/2015

DUE DATE: 6/30/2015

ACCOUNT# 20373

Bill To:

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

Ship To:

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

P.O. Number: 11265
Salesperson: Greg Duncan
Terms: Net 30

Ship date: 4/1/2015
Ship Via: Driver Delivery
Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD BEGINNING	RENTAL BILLING PERIOD ENDING	Daily Rate	Monthly Rate	Days Billed	Amount
1	1199	Rotec Scale - Bariatric Low Bed Pt: Gilread Rm: 348	5/1/2015 Form: 258815	5/2/2015 RGA:254778	0.00	0.00	2	0.00
1	065309	Rotec Versatech 1100 Bariatric Low Bed Pt: Gilread Rm: 348	5/1/2015 Form: 258815	5/2/2015 RGA:254778	22.00	660.00	2	44.00
1	4001183	Kap Medical K4MS/K4D3X Blower 4001183 Pt: Gilread Rm: 348	5/1/2015 Form: 258815	5/2/2015 RGA:254778	0.00	0.00	2	0.00
1	4000657B	Kap Medical K4MS/K4D3XB 36"Matt W/bolst 4000657B	5/1/2015	5/2/2015 RGA:254778	19.00	570.00	31	38.00

Comments:

SUBTOTAL	82.00
TOTAL ORDER	82.00
TOTAL DUE	**82.00**

REMIT TO:

Freedom Medical, Inc.
PO Box 822704
Philadelphia, PA 19182-2704
Phone: 800-784-8849
Fax: 610-903-0180

2-18 to 4-22

Show Menu | Pick-Up Ticket | Email Receipt

New Form | New WorkQueue

Atlanta

RGA (Stops) **RGA-253510**

Contract #
NO PO
CustomerPO DOCUMENT
Reason Rental Return - Functional

Current Status: Entered

Changed by: kbray@freedommedical.com
4/24/2015 1:23:48 PM
Created by: drucker@freedommedical.com
4/22/2015 5:11:33 PM

Customer (20373)
20373
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

|| || Med Assets

Contact
Rhonda
706-858-5763
rsisk@hutcheson.org

Track Num

ShipCharge 0.00 **FuelCharge** 0.00

Stop Date Wednesday, April 22, 2015
Pickup Date Wednesday, April 22, 2015

SerialNum	Description	Qty	Rc'dDate	AI	CN	EnfTTnIvHdRntId	EnfT ClIvId	Stopped	CtActvDt	BillThruDt	RntActvDt	PatName	RoomNum
4001421	Kap Medical K4MS/K4D3X Blower	1.00	4/23/2015 2:59:01 PM		102318	393391||1016392	961	Returned	2/18/2015 12:00:00 AM	4/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM	T.Bridges	212
4480130	Kap Medical K4MS/K4D3X-48" Mattress	1.00	4/23/2015 2:59:01 PM	0109-4242-01-0130	94486	393391||1016393	990	Returned	2/18/2015 12:00:00 AM	4/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM	T.Bridges	212
067267	Rotec Versatech 1100 Bariatric Low Bed	1.00	4/23/2015 2:59:01 PM		110697	393391||1026219	941	Returned	2/18/2015 12:00:00 AM	4/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM		
1239	Rotec Scale - Bariatric Low Bed	1.00	4/23/2015 2:59:01 PM		110698	393391||1026220	922	Returned	2/18/2015 12:00:00 AM	4/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM		

Comments: **Patient Name:T.Bridges** **Room Number:212**

Internal Notes:

Billing Notes:

Enfinity Import Notes:
Returned ENTERED: Form 253510 Contract: 393391||1026220

Freedom Medical, Inc. (54)
1600 Wilson Way SE Unit 10
Smyrna, GA 30082
Phone: (678) 305-9998
Fax: (678) 305-9994

Pick-Up Ticket

Ticket Number RGA-253510
PickUp Date 4/22/2015 **Stop Date** 4/22/2015
PO Number NO PO DOCUMENT

Customer 20373
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Contact Rhonda
706-858-5763

Reason for Pickup Rental Return - Functional

Qty	Description	SerialNum	Control#
1.00	Kap Medical K4MS/K4D3X Blower	4001421	102318
1.00	Kap Medical K4MS/K4D3X-48" Mattress	4480130	94486
1.00	Rotec Versatech 1100 Bariatric Low Bed	067267	110697
1.00	Rotec Scale - Bariatric Low Bed	1239	110698

Comments **Patient Name:T.Bridges** **Room Number:212**

Customer (Signature)

(Printed)

Freedom Rep (Signature)

Date 4/23/15 : AM/PM

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to this delivery of equipment. The number of rented devices does not exceed 10% of the customer's current CarePoint inventory. The delivered device(s) software is the property requested software compliant with the customer's current Carefusion inventory.

Atlanta

Rental Exchange (Substitution)

RE-004833

Contract #
NO PO
CustomerPO DOCUMENT
Reason Rental Exchange

Current Status: Reviewed
Changed by: kbray@freedommedical.com
3/25/2015 5:48:21 PM
Created by: drucker@freedommedical.com
3/7/2015 9:34:28 AM

Customer (20373)
20373
Hutchenson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

|| || Med Assets

Contact
Jessica
706-858-5763

Track Num

ShipCharge 0.00 **FuelCharge** 0.00

StopRentDate Friday, March 06, 2015
PickUpDate Friday, March 06, 2015

Total Lines: 2 Total Qty: 2

SerialNum	Description	Qty	Rc'dDate	AI	CN	EnftIvItId	EnfTTnIvHdRntId	EnfT ClIvId	Stopped	CtActvDt	BillThruDt	RntActvDt
4000811	Kap Medical K4MS/K4D3X-36" Mattress	1.00	3/7/2015 9:35:21 AM	0	36803	965||**1000000106||!||**1000064584	393392||1016394	965	Returned	2/18/2015 12:00:00 AM	3/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM
4000655B	Kap Medical K4MS/K4D3XB 36"Matt W/bolst	1.00		NO PO DOCUMENT	94619	979||**1000000120||!||**1000001942	393392||1022964	979	Substitute			

Total Lines: 2 Total Qty: 2

Comments:
Mattress malfunction

Internal Notes:

Billing Notes:

Enfinity Import Notes:

Atlanta

RGA (Stops) RGA-253242

Contract # NO PO
CustomerPO DOCUMENT
Reason Rental Return - Functional

Current Status: Entered
Changed by: kbray@freedommedical.com
4/24/2015 1:22:31 PM
Created by: drucker@freedommedical.com (M)
4/21/2015 9:18:07 AM

Customer (20373)
20373
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

|| || Med Assets

Contact
Rhonda
706-858-5763
rsisk@hutcheson.org

Track Num

ShipMethod Driver Pickup

ShipCharge 0.00 **FuelCharge** 0.00

Stop Date Tuesday, April 21, 2015
Pickup Date Tuesday, April 21, 2015

Total Lines: 2 Total Qty: 2

SerialNum	Description	Qty	Rc'dDate	AI	CN	EnfTTnIvHdRntId	EnfT ClIvId	Stopped	CtActvDt	BillThruDt	RntActvDt	PatName	RoomNum
4001058	Kap Medical Versblow Blower	1.00	4/21/2015 11:39:15 AM	NO PO DOCUMENT	135496	398596||1037472	986	Returned	3/27/2015 12:00:00 AM	4/1/2015 12:00:00 AM	3/27/2015 12:00:00 AM	M.Russell	346
4000811	Kap Medical K4MS/K4D3X-36" Mattress	1.00	4/21/2015 11:39:15 AM	NO PO DOCUMENT	36803	398596||1037471	965	Returned	3/27/2015 12:00:00 AM	4/1/2015 12:00:00 AM	3/27/2015 12:00:00 AM	M.Russell	346

Total Lines: 2 Total Qty: 2

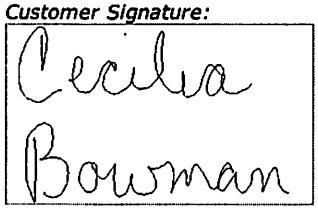
Comments: **Patient Name:M.Russell** **Room Number:346**

Internal Notes:

Billing Notes:

Enfinity Import Notes:
Returned ENTERED: Form 253242 Contract: 398596||1037471

Customer Signature:



Full Name: Cecilia Bowman
Date Signed: 4/21/2015 9:18:57 AM

Pickup By: Dale Rucker
Pickup Date: 4/21/2015

Ticket Receipt Emailed: 2 times

Atlanta

RGA (Stops)

RGA-252004

Contract # NO PO
CustomerPO DOCUMENT
Reason Rental Return - Functional

Current Status: Entered
Changed by: kbray@freedommedical.com
4/16/2015 2:39:20 PM
Created by: drucker@freedommedical.com (M)
4/9/2015 4:55:18 PM

Customer (20373)
20373
Hutchenson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

|| || Med Assets

Contact
Rhonda
706-858-5763
rslsk@hutcheson.org

Track Num

ShipMethod Driver Pickup

ShipCharge 0.00 **FuelCharge** 0.00

Stop Date Tuesday, April 07, 2015
Pickup Date Tuesday, April 07, 2015

Total Lines: 4 Total Qty: 4

SerialNum	Description	Qty	Rc'dDate	AI	CN	EnfTTnIvHdRntId	EnfT ClIvId	Stopped	CtActvDt	BillThruDt	RntActvDt	PatName	RoomNum
K-4001491	Kap Medical K4ms/k4d3x Blower	1.00	4/10/2015 9:42:20 AM	NO PO DOCUMENT	135497	398610||1037503	1265	Returned	3/27/2015 12:00:00 AM	4/1/2015 12:00:00 AM	3/27/2015 12:00:00 AM	K.Thomas	345
1198	Rotec Scale - Bariatric Low Bed	1.00	4/10/2015 9:42:20 AM	NO PO DOCUMENT	110351	398610||1037502	922	Returned	3/27/2015 12:00:00 AM	4/1/2015 12:00:00 AM	3/27/2015 12:00:00 AM	K.Thomas	345
065906	Rotec V600-SE Low bed	1.00	4/10/2015 9:42:20 AM	NO PO DOCUMENT	110346	398610||1037505	13010	Returned	3/27/2015 12:00:00 AM	4/1/2015 12:00:00 AM	3/27/2015 12:00:00 AM	K.Thomas	345
4000650	Kap Medical K4MS/K4D3X-36" Mattress	1.00	4/10/2015 9:42:20 AM	NO PO DOCUMENT	94627	398610||1037504	965	Returned	3/27/2015 12:00:00 AM	4/1/2015 12:00:00 AM	3/27/2015 12:00:00 AM	K.Thomas	345

Total Lines: 4 Total Qty: 4

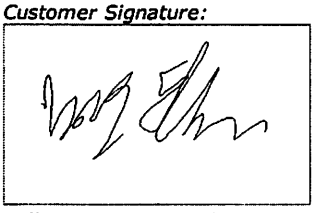
Comments: **Patient Name:K. Thomas** **Room Number:331**

Internal Notes:

Billing Notes:

Enfinity Import Notes:
Returned ENTERED: Form 252004 Contract: 398610||1037504

Customer Signature:



Full Name: Jenny Ehlers
Date Signed: 4/9/2015 4:55:41 PM

Pickup By: Dale Rucker
Pickup Date: 4/7/2015

Ticket Receipt Emailed: 1 time

Show Menu | Pick Ticket | Packing Slip | Delivery/Pickup | Email Receipt

New Form | New WorkQueue

Atlanta

Rental Exchange (Substitution)

RE-004852

Contract #
CustomerPO T. Bridges
Reason Rental Exchange

Current Status: Reviewed

Changed by: kbray@freedommedical.com
3/25/2015 5:48:25 PM
Created by: drucker@freedommedical.com
3/15/2015 12:25:06 PM

Customer (20373)
20373
Hutchenson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

|| || Med Assets

Contact
Jessica
706-858-5763

Track Num

ShipCharge 0.00 **FuelCharge** 0.00

StopRentDate Sunday, March 15, 2015
PickUpDate Sunday, March 15, 2015

SerialNum	Description	Qty	Rc'dDate	AI	CN	EnftIvItId	EnfTTnIvHdRntId	EnfT ClIvId	Stopped	CtActvDt	BillThruDt	RntActvDt
072829	Rotec 1100 SE Bariatric Low Bed	1.00	3/17/2015 3:28:42 PM	0	135463	15342||**1000013981||!||**1000092244	393391||1016390	15342	Returned	2/18/2015 12:00:00 AM	3/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM
067267	Rotec Versatech 1100 Bariatric Low Bed	1.00	3/17/2015 3:28:42 PM	NO PO DOCUMENT	110697	941||**1000000082||!||**1000084597	393391||1026219	941	Substitute			
1316	Rotec Scale - Bariatric Low Bed	1.00	3/17/2015 3:28:42 PM	0	135464	922||**1000000063||!||**1000092245	393391||1016391	922	Returned	2/18/2015 12:00:00 AM	3/1/2015 12:00:00 AM	2/18/2015 12:00:00 AM
1239	Rotec Scale - Bariatric Low Bed	1.00	3/17/2015 3:28:42 PM	NO PO DOCUMENT	110698	922||**1000000063||!||**1000084598	393391||1026220	922	Substitute			

Comments:

Internal Notes:

Billing Notes:

Enfinity Import Notes:

Atlanta

RGA (Stops) RGA-254778

Contract # NO PO
CustomerPO DOCUMENT
Reason Rental Return – Functional

Current Status: Entered
Changed by: kbray@freedommedical.com
5/8/2015 11:18:13 PM
Created by: drucker@freedommedical.com (M)
5/3/2015 12:29:31 PM

Customer (20373)
20373
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

|| || Med Assets

Contact
Rhonda
706-858-5763
rsisk@hutcheson.org

Track Num

ShipMethod Driver Pickup

ShipCharge 0.00 **FuelCharge** 0.00

Stop Date Saturday, May 02, 2015
Pickup Date Saturday, May 02, 2015

Total Lines: 4 Total Qty: 4

SerialNum	Description	Qty	Rc'dDate	AI	CN	EnfTTnIvHdRntId	EnfT ClIvId	Stopped	CtActvDt	BillThruDt	RntActvDt	PatName	RoomNum
4001183	Kap Medical K4MS/K4D3X Blower	1.00	5/4/2015 10:09:32 AM	NO PO DOCUMENT	135456	398972||1039069	961	Returned	4/1/2015 12:00:00 AM	5/1/2015 12:00:00 AM	4/1/2015 12:00:00 AM	Gilread	348
1199	Rotec Scale - Bariatric Low Bed	1.00	5/4/2015 10:09:32 AM	NO PO DOCUMENT	105124	398972||1039067	922	Returned	4/1/2015 12:00:00 AM	5/1/2015 12:00:00 AM	4/1/2015 12:00:00 AM	Gilread	348
065309	Rotec Versatech 1100 Bariatric Low Bed	1.00	5/4/2015 10:09:31 AM	NO PO DOCUMENT	105123	398972||1039068	941	Returned	4/1/2015 12:00:00 AM	5/1/2015 12:00:00 AM	4/1/2015 12:00:00 AM	Gilread	348
4000657B	Kap Medical K4MS/K4D3XB 36"Matt W/bolst	1.00	5/4/2015 10:09:32 AM		94635	398972||1052819	979	Returned	4/1/2015 12:00:00 AM	5/1/2015 12:00:00 AM	4/1/2015 12:00:00 AM		

Total Lines: 4 Total Qty: 4

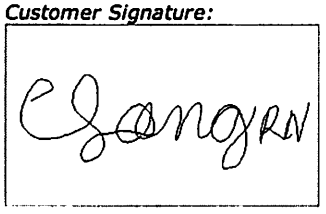
Comments: **Patient Name:M. Gilreath** **Room Number:348**

Internal Notes:

Billing Notes:

Enfinity Import Notes:
Returned ENTERED: Form 254778 Contract: 398972||1052819

Customer Signature:



Full Name: Casey Long
Date Signed: 5/3/2015 12:30:22 PM

Pickup By: Dale Rucker
Pickup Date: 5/2/2015

Ticket Receipt Emailed: 1 time