Case 14-42863-pwb Doc 522 Filed 01/08/16 Entered 01/08/16 06:48:36 Desc Main Document Page 5 of 7

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

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IN RE:

CHAPTER 11

BMC GROUP

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:

Pharmacy Data Manage	ment Inc
1170 E. Western Reserve	Road
Poland, OH 44514	

Amount of 11 U.S.C. § 503 Administrative Expense

\$ 8.070.62

Hutcheson Med POC

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:

Invoices for preser	iption drugs	s adjudicated	05 V	vell as	the
administrative fee:	s to proces	ss the claims	<u> 5,</u>		

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:

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:	2/5/2016	•

Name of Claimant: PHARMACY DATA MANAGEMENT, INC.
Signed: P-G. P-
By (if appropriate):
As Its (if appropriate): <u>CONTROLLER</u>

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. · ·

DISTRIBUTION LIST

Martin P. Ochs Office of the United States Trustee 362 Richard Russell Building 75 Ted Turner Drive, SW Atlanta, GA 30303

J. Robert Williamson J. Hayden Kepner, Jr. Scroggins & Williamson, P.C. One Riverside 4401 Northside Parkway Suite 450 Atlanta, GA 30327

David B. Kurzweil Greenberg Traurig, LLP 3333 Piedmont Road, NE, Suite 2500 Atlanta, GA 30303

David E. Lemke Waller Landsden Dortch & Davis, LLP 511 Union Street, Suite 2700 Nashville, TN 37219 Pharmacy Data Management, Inc. 1170 E. Western Reserve Rd Poland, OH 44514

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Invoice

RID:

Invoice Number: 494524 Invoice Date: 1/5/2014 Terms: Payable Upon Receipt

HUTCHESON MEDICAL CENTER 1995 NORTH PARK PLACE ATLANTA, GA 30339

Make Payments to: Pharmacy Data Management Inc., P.O. Box 5300, Poland, Ohio 44514

Group Number	Group Name	Client Group Number	Claims	Admin Fee	Claims Paid	Total
350	HUTCHESON HOSPITAL	······································	523	\$240.58	\$7,871.78	\$8,112.36
90069	HUTCHESON MEDICAL CENTER		523	\$240.58	\$7,871.78	\$8,112.36
90069-004	HUTCHESON DOCTORS OFFICES	HUT501259	8	\$3.68	\$186.90	\$190.58
90069-012	HUTCHESON DEPARTMENT	6001	241	\$110.86	\$1,772.18	\$1,883.04
90069-013	HUTCHESON DEPARTMENT	7001	104	\$47.84	\$5,335.49	\$5,383.33
90069-014	HUTCHESON DEPARTMENT	8001	158	\$72.68	\$451.02	\$523.70
90069-015	HUTCHESON DEPARTMENT	9001	1	\$0.46	\$0.00	\$0.46
90069-016	HUTCHESON MEDICAL DIVISION	6020	11	\$5.06	\$126.19	\$0.46 \$131.25
		Invoice Totals:	523	\$240.58	\$7,871,78	\$8,112.36

Page: 1 of 1

Pharmacy Data Management, Inc. 1170 E. Western Reserve Rd Poland, OH 44514

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Invoice Number: 504836 Invoice Date: 1/19/2014 Terms: Payable Upon Receipt

HUTCHESON MEDICAL CENTER 1995 NORTH PARK PLACE ATLANTA, GA 30339

Make Payments to: Pharmacy Data Management Inc., P.O. Box 5300, Poland, Ohio 44514

Creation Manual						
Group Number	Group Name	Client Group Number	Claims	Admin Fee	Claims Paid	Total
350	HUTCHESON HOSPITAL		5	\$2.30		
90069	HUTCHESON MEDICAL CENTER		J	ΦΖ.3 0	(\$44.04)	(\$41.74)
90069-012			5	\$2.30	(\$44.04)	(\$41.74)
90009-012	HUTCHESON DEPARTMENT	6001	2	\$0.92	\$5.56	• •
90069-013	HUTCHESON DEPARTMENT	7001		φ 0. 52	40.00	\$6.48
00060.040		7001	2	\$0.92	(\$47.33)	(\$46.41)
90069-016	HUTCHESON MEDICAL DIVISION	6020	1	\$0.46	(\$2.27)	(\$1.81)
		Invoice Totals:	5	\$2.30	(\$44.04)	(\$41.74)

RID: