

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: R. G. Pavelick

By (if appropriate): RICHARD PAVELICK

As Its (if appropriate): CONTROLLER

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

David E. Lemke
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219

MEDADMIN SOLUTIONS

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

Invoice

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	\$131.25
		Invoice Totals:	523	\$240.58	\$7,871.78	\$8,112.36

RD:

MEDADMIN SOLUTIONS

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

Invoice

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

Group Number	Group Name	Client Group Number	Claims	Admin Fee	Claims Paid	Total
350 HUTCHESON HOSPITAL			5	\$2.30	(\$44.04)	(\$41.74)
90069	HUTCHESON MEDICAL CENTER		5	\$2.30	(\$44.04)	(\$41.74)
90069-012	HUTCHESON DEPARTMENT	6001	2	\$0.92	\$5.56	\$6.48
90069-013	HUTCHESON DEPARTMENT	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)	(\$41.74)

RID: