

UNITED STATES BANKRUPTCY COURT, NORTHERN DISTRICT OF GEORGIA, ROME DIVISION		PROOF OF ADMINISTRATIVE CLAIM	
Name of Debtor Hutcheson Medical Center, Inc.		Case Number 14-42863	
NOTE: This form should only be used by claimants as specified in the Notice of the Administrative Expense Claims Bar Date. IT SHOULD NOT BE USED FOR CLAIMS EXCLUDED BY SAID NOTICE NOR SHOULD IT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND AND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) AND 507(a)(2)			
Name and address of Creditor (The person or other entity to whom the debtor owes money or property):  GE Healthcare Monitoring Solutions c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150  michaelb@dehaan-bach.com		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone No. of Creditor: 513-247-7407		THIS SPACE IS FOR COURT USE ONLY	
Creditor Tax ID #: 39-1046671	Account or other number by which Creditor identifies Debtor: ***2957	Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: <input type="checkbox"/> amends	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensations for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: 11/13/2015		3. If court judgment, date obtained:	
4. Total Amount of Claim: \$ 23,963.20 <input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Brief Description of Claim (attach any additional information): Equipment			
6. Offsets, Credits and Setoffs <input type="checkbox"/> All payments made on this claim by the Debtor have been credited and deducted from the amount claimed hereon <input type="checkbox"/> This claim is not subject to any setoff or counterclaim <input type="checkbox"/> This claim is subject to any setoff or counterclaim as follows:		7. Assignment: <input type="checkbox"/> If the claimant has obtained this claim by assignment, a copy is attached hereto.	
8. Supporting Documents: Attach copies of supporting documents. DO NOT SEND ORIGINAL DOCUMENTS.		THIS SPACE IS FOR COURT USE ONLY	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 2/8/2016	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Michael B. Bach, Authorized Agent		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



IC Code	IC Name	CustNo	Inv Input Date	CustName	INVO	P&L	SUB P&L	Equipment Ser Mfg	Outstanding	Origin Amt	Inv DT	Qtr DT
MMS033080	MMS US EQUIPMENT	**2957	11/13/2015	HUTCHESON MEDICAL CENTER	30143318	Monitoring Solutions	Monitoring Solutions	Equipment	\$ 23,963.20	\$ 23,963.20	11/12/2015	12/12/2015

\$23,963.20

# Northern District of Georgia Claims Register

[14-42863-pwb Hutcheson Medical Center, Inc.](#)

**Judge:** Paul W. Bonapfel      **Chapter:** 11  
**Office:** Rome      **Last Date to file claims:** 03/07/2016  
**Trustee:** Ronald L. x-Glass      **Last Date to file (Govt):**

<i>Creditor:</i> (19667329) GE Healthcare Monitoring Solutions <b>(ADMINISTRATIVE)</b> c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150	<b>Claim No: 190</b> <i>Original Filed</i> Date: 02/11/2016 <i>Original Entered</i> Date: 02/11/2016	<i>Status:</i> Filed by: CR Entered by: DeHaan & Bach, LPA Modified:
Admin claimed: \$23963.20		

*History:*

<a href="#">Details</a>	<a href="#">190-1</a>	02/11/2016	Claim #190 filed by GE Healthcare Monitoring Solutions, Admin claimed: \$23963.20 (DeHaan & Bach, LPA)
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*Description:* (190-1) equipment

*Remarks:*

## Claims Register Summary

**Case Name:** Hutcheson Medical Center, Inc.  
**Case Number:** 14-42863-pwb  
**Chapter:** 11  
**Date Filed:** 11/20/2014  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>	\$23963.20	