

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:** Southeastern Kidney Services, LLC  
3810 Brainerd Road  
Chattanooga, TN 37411

Amount of 11 U.S.C. § 503 Administrative Expense \$ 29,040.00

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:

Acute dialysis treatments, July - October, 2015

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:  
Post petition services in normal course of business, unpaid, invoices attached.

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BMC GROUP  
Hutcheson Med POC  
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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 31, 2016

Name of Claimant: Southeastern Kidney Services, LLC

Signed: \_\_\_\_\_

By (if appropriate): MANDEEP GREWAL, MD

As Its (if appropriate): Chief Manager

**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.

**SKS**  
**Southeastern Kidney Services, LLC**  
3810 Brainerd Road  
Chattanooga, Tennessee 37411  
423-486-9536

August 1, 2015

Hutcheson Medical Center  
ATTN: Accounts Payable  
100 Gross Crescent Circle  
Ft. Oglethorpe, Georgia 30742

RE: Itemized Billing for Acute Dialysis Treatments  
July 2015

**SUMMARY (see attached breakdown)**

3 Single Treatments @ \$440.00 = \$1,320.00

Please note that payment for this invoice is due within 30 days of the date of this invoice.  
**Payment is due no later than September 1, 2015.**

Our last payment was sent to the wrong address. Please correct the address on file to the one listed above.

---

**PAST DUE (post-bankruptcy), Immediate Payment is Required!**

2015-05 \$6,600.00  
2015-06 \$5,720.00

Best Regards,

Laurel Caylor  
Controller



**SKS**  
**Southeastern Kidney Services, LLC**  
3810 Brainerd Road  
Chattanooga, Tennessee 37411  
423-486-9586

September 1, 2015

Hutcheson Medical Center  
ATTN: Accounts Payable  
100 Gross Crescent Circle  
Ft. Oglethorpe, Georgia 30742

RE: Itemized Billing for Acute Dialysis Treatments  
August 2015

**SUMMARY (see attached breakdown)**

15 Single Treatments @ \$440.00 = \$6,600.00

Please note that payment for this invoice is due within 30 days of the date of this invoice.  
**Payment is due no later than October 1, 2015.**

Our last payment was sent to the wrong address. Please correct the address on file to the one listed above.

---

**PAST DUE (post-bankruptcy), Immediate Payment is Required!**

2015-05 \$6,600.00  
2015-06 \$5,720.00  
2015-07 \$1,320.00

Best Regards,

Laurel Caylor  
Controller

Hutcherson Acute Dialysis

Month/Year

May 2015

Billing Log Sheet

Pos	Date	Tx#	NAME	ID #	Rms	Diagnosis	Presc.	Anti.	TK Sp-SSA	Set-Up	Dialyzat	Surv	Tx Time	Map Status	Bld Given	Ln In/Out	Ins TX	Acc Decol.	TPA Hst.	1st HD	Post Tx	RIN Int	Notes
47	5/1	3	York James	852876 123524	223	Fluid overload					Rk	2	3	Neg									54
52	5/1	15	@Breath Mack	707429 118520	218	Rehab					Rk	3	3	Neg									54
143	5/1	4	Fountain Pamela	769768 123322	209	Dehydration					Rk	3	3	Neg									54
54	5/4	1	Rice Cheryl	512661 124647	4	Hypertension					Rk	2	4	Heal C									72
115	5/4	5	Fountain Pamela	769768 123322	209	HIV Pneumonia					Rk	3	3	Neg									54
51	5/5	1	Grey Judy	757456 124740	215	Hypertension					Rk	2	2	Neg									54
147	5/5	2	Rice Cheryl	512661 124647	4	Hypertension					Rk	2	3	Heal									54
116	5/4	3	Rice Cheryl	512661 124647	220	"					Rk	2	4	Heal									54
56	5/4	2	Grey Judy	757456 124740	215	Residual HF					Rk	2	4	Neg									54
540	5/8	3	Grey Judy	757456 124740	215	"					Rk	2	4	Neg									54
147	5/8	4	Rice Cheryl	512661 124647	220	Fluid overload					Rk	3	4	C									54
142	5/11	4	Grey Judy	757456 124740	215	Fluid overload/Hypertension					Rk	2	3	Neg									54
573	5/11	1	Marshall Winfred	429843 125776	201	TK					Rk	2	4	Neg									54
144	5/12	2	Marshall Winfred	429843 125776	201	TK					Rk	2	2	Neg									54
148	5/18	1	Potter Charles	932767 126761	11	TK					Rk	2	5	Neg									54
16																							
17																							
18																							
19																							
20																							

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Dialysis

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**SKS**  
**Southeastern Kidney Services, LLC**  
3810 Brainerd Road  
Chattanooga, Tennessee 37411  
423-869-9586

October 5, 2015

Hutcheson Medical Center  
ATTN: Accounts Payable  
100 Gross Crescent Circle  
Ft. Oglethorpe, Georgia 30742

RE: Itemized Billing for Acute Dialysis Treatments  
September 2015

**SUMMARY (see attached breakdown)**

40 Single Treatments @ \$440.00 = \$17,600.00

Please note that payment for this invoice is due within 30 days of the date of this invoice.  
**Payment is due no later than November 1, 2015.**

Our last payment was sent to the wrong address. Please correct the address on file to the one listed above.

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**PAST DUE (post-bankruptcy), Immediate Payment is Required!**

2015-06 \$5,720.00  
2015-07 \$1,320.00  
2015-08 \$6,600.00

Best Regards,

Laurel Caylor  
Controller

PSF	Date	TRF	NAME	ID#	Room	Diagnosis	Prun. TX op-868a	Adtl. Set-up	Infused	Barb	Time	Disp Status	Bld Given	In In/Out	Inoc TX	Acc Doctor	TPA Mat.	Stat HD	Perf TX	Pat Stat	Notes	
141	9/15	1	Hendrix Sheila	8586 146309	4	CRF			Rlc	2	2	?	✓									
142	9/16	2	Hendrix Sheila	8586 146309	4	Fluid overload			Rlc	3	35	?										
113	9/16	4	Parris Sandra	428091 147151	354	Fluid overload / TPC			Rlc	2	4	Neg										
143	9/17	3	Hendrix Sheila	8586 146309	4	Fluid overload			Rlc	4	3	?										
115	9/17	1	Lemons Sarah	601532 147151	215	No stroke			Rlc	2	35	Neg	✓									Like 8/15
116	9/18	7	Parris Sandra	428091 147151	354	Fluid			Rlc	3	4	Neg										
147	9/18	4	Hendrix Sheila	8586 146309	4	Fluid overload			Rlc	4	4	?										
148	9/19	5	Hendrix Sheila	8586 146309	4	"			Rlc	4	3	?	✓									
149	9/21	8	Parris Sandra	428091 147151	354	SAC			Rlc	4	3	Neg										
540	9/21	6	Hendrix Sheila	8586 146309	217	Pneumonia			Rlc	3	3	Neg	✓									
541	9/23	7	Hendrix Sheila	8586 146309	217	"			Rlc	3	3	Neg										
142	9/23	9	Parris Sandra	428091 147151	354	SAC			Rlc	2	4	Neg										
542	9/23	1	Lemons Sarah	601532 147151	215	Pneumonia			Rlc	3	3	Neg										
143	9/24	2	Lemons Sarah	601532 147151	215	"			Rlc	3	3	Neg										
148	9/25	10	Parris Sandra	428091 147151	354	SAC			Rlc	3	4	Neg										
543	9/25	8	Hendrix Sheila	8586 146309	217	"			Rlc	3	3	Neg										
147	9/26	3	Lemons Sarah	601532 147151	215	Pneumonia			Rlc	2	35	Neg										
544	9/28	9	Hendrix Sheila	8586 146309	217	"			Rlc	4	3	Neg										
147	9/28	11	Parris Sandra	428091 147151	354	SAC			Rlc	2	4	Neg										
1120	9/30	12	Parris Sandra	428091 147151	354	SAC/Heart			Rlc	2	4	Neg										
54	9/30	10	Hendrix	8586 146309	217	SAC			Rlc	3	4	Neg										



Pat	Date	Tot	NAME	ID#	Room	Diagnosis	Presc.	AdmL	Dialyzer	Bath	Tx	Step	Std	Ln	Inc	Acc	TPA	Test	Post	ROI	Notes
							TX 63-558a	Set-up				Stimms	Given	In/Out	TK	Doclet	Est.	ED	Tk	Init	
149	9/2	4	Wright Deborah	818867 143846	5	Sepsis			R/c	2	3	?									
112	9/2	7	Linda Louise Garner	478771 142658	348	Rehab			R/c	3/2	3/2	Neg									SC
143	9/4	5	Wright Deborah	818867 143846	5	Sepsis			R/c	3	3	Neg									SC
114	9/4	8	Linda Louise Garner	478771 142658	348	Rehab			R/c	3/2	3	Neg									SC
146	9/5	6	Wright Deborah	818867 143846	5	Sepsis			R/c		2	Neg									SC
146	9/5	1	Parris Sandra	628091 144974	458	Fluid overload			R/c	2	3	Neg	2u								SC
147	9/7	2	Parris Sandra	628091 144974	458	"			R/c	3	3	Neg									SC
56	9/7	9	Garner Linda	478771 142658	348	Rehab			R/c	3	3.5	Neg									SC
148	9/7	7	Wright Deborah	818867 143846	5	Sepsis			R/c	3	3	Neg									SC
140	9/9	3	Parris Sandra	628091 144974	458	Fluid overload			R/c	2	3	Neg	2u								SC
56	9/9	10	Garner Linda	478771 142658	348	Rehab			R/c	3	3	Neg									SC
142	9/9	8	Wright Deborah	818867 143846	5	ARF			R/c	3	3	Neg									SC
56	9/11	9	Wright Deborah	818867 143846	5	ARF			R/c	4	3	Neg									SC
56	9/11	11	Garner Linda	478771 142658	348	Rehab			R/c	3	3	Neg									SC
148	9/11	4	Parris Sandra	628091 144974	458	osteomyelitis			R/c	3.5	3.5	Neg									SC
148	9/11	1	Crouch Angela	861133 145897	211	Fluid pneumonia			R/c	2	3.5	Neg									SC
56	9/11	2	Crouch Angela	861133 145897	211	"			R/c	2	3.5	Neg									SC
148	9/14	5	Parris Sandra	628091 144974	458	Surgery			R/c	3	3.5	Neg									SC
148	9/14	10	Wright Deborah	818867 143846	5	ARF			R/c	4	3	Neg									SC
148	9/15	1	Hambrook Lora	718116 146497	5	Aspirin overdose			R/c	2	4	Neg									SC

**SKS**  
**Southeastern Kidney Services, LLC**  
3810 Brainerd Road  
Chattanooga, Tennessee 37411  
423-486-9586

October 21, 2015

Hutcheson Medical Center  
ATTN: Accounts Payable  
100 Gross Crescent Circle  
Ft. Oglethorpe, Georgia 30742

RE: Itemized Billing for Acute Dialysis Treatments  
October 2015

**SUMMARY (see attached breakdown)**

8 Single Treatments @ \$440.00 = \$3,520.00

Please note that payment for this invoice is due within 30 days of the date of this invoice.  
Payment is due no later than November 21, 2015.

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**Immediate Payment is Required for all Invoices!**  
**(post-bankruptcy),**

2015-07 -\$1,320.00  
2015-08 \$6,600.00  
2015-09 \$17,600.00  
2015-10 \$3,520.00  
Total \$29,040.00

Best Regards,

Laurel Caylor  
Controller

Hutchison Acute Dialysis

Month/Year October 2015

Billing Log Sheet

PR	Date	Tx#	NAME	ID#	Rm#	Diagnosis	Presm. TK 8p-659a	Adml. Set-up	Dialyzer	Bath	Tx Time	Hep Status	Bld Given	Lx In/Out	Inc TK	Acc Denial	TPA Inst.	fst HD	Part TK	Rtl Ink	Notes
51	10/2	11	Hendrix Sheila	9705-001 09161954	347	SESC/Debrah			R/c	3	3	Neq									32
2	10/3	1	Reece, James	000020860 0149104	100 9				R/c	3	2										101
3	10/4	1	Teems, Orroha	020878	805				R/c	4	25										101
4	10/4	2	Reece, James	000020860 0149104	9				R/c	3	2										101
5	10/5	3	Reece, James	20860 149104	917				R/c	3	3.5										101
6	10/5	12	Hendrix Sheila	8586 0148243	347				R/c	3	3	⊖									101
7	10/7	13	Hendrix Sheila	8586 0148243	347				R/c	3	3	⊖									101
8	10/7	14	Hendrix Sheila	8586 0148243	347				R/c	3	3	⊖									101
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					



SPEARS | MOORE  
REBMAN | WILLIAMS  
PROFESSIONAL CORPORATION

Attorney at Law | **Scott N. Brown, Jr.** | 423.757.0414

February 5, 2016

BMC Group  
Attn: Hutcheson Medical Center, Inc. Claims Processing  
P. O. Box 90100  
Los Angeles, California 90009

Re: Request for Claim Allowance of Southeastern Kidney Services, LLC,  
Unpaid Post Petition Services for Months of July, August, September,  
and October 2015  
Total \$29,040.00

Gentlemen:

Enclosed is a copy of the Request for Claim Allowance (Post Petition Claim), the original of which we are filing with the Bankruptcy Court in the case of Hutcheson Medical Center, Inc., etc., Case No. 14-42863-PWB in the Bankruptcy Court for the Northern District of Georgia, Rome Division. This copy is sent to you pursuant to the Court's Order of January 7, filed January 8, 2016. Please advise if anything further is needed to assert this claim. Thank you.

Very truly yours,

SPEARS MOORE, REBMAN & WILLIAMS, P.C.

Scott N. Brown, Jr.  
snb@smrw.com

SNB/rh

Enclosure

cc: Southeastern Kidney Services, LLC

509464.docx

LAW OFFICES	MAILING ADDRESS
801 Broad St., 6th Fl.   Chattanooga, TN 37402	P.O. Box 1749   Chattanooga, TN 37401-1749
PH 423.756.7000	FX 423.756.4801

WWW.SPEARSMOORE.COM