

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: The Print Shop  
110 Herron Street  
Fort Oglethorpe GA 30142

Amount of 11 U.S.C. § 503 Administrative Expense \$ \_\_\_\_\_

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:

Hmc ordered these supplies and either partially  
paid the bill or never paid at all.

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 22 2016

BMC GROUP

Hutcheson Med POC



00411

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.

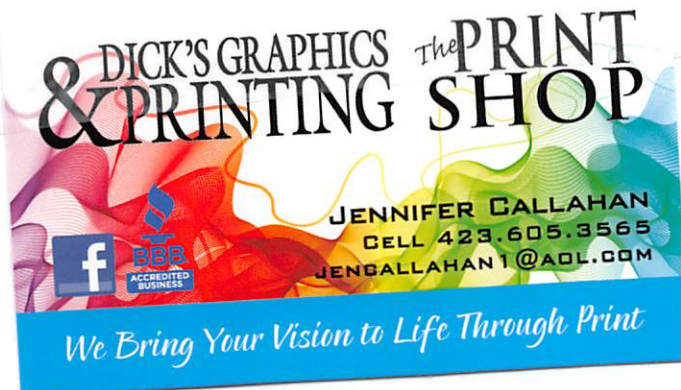
6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

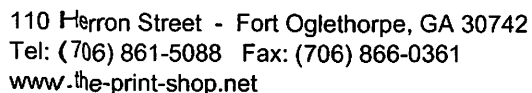
**WHEREFORE**, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: 2/16/16 Imagine Printing Graphics DBA  
Name of Claimant: The Print Shop  
Signed: Jennifer Callahan  
By (if appropriate): Jennifer Callahan  
As Its (if appropriate): co owner/sec/treas

#### 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.





<b>Invoice #</b>	<b>Invoice Date</b>
<b>23789</b>	<b>07/10/2015</b>
<b>Sales Rep: House Account</b> <b>Customer#: 1697</b> <b>Page : 1 of 1</b>	

**Hutcheson Medical Center  
Accounts Payable Dept.  
100 Gross Crescent Circle  
Fort Oglethorpe, GA 30742**

**Hutcheson Medical Center  
Accounts Payable Dept.  
100 Gross Crescent Circle  
Fort Oglethorpe, GA 30742**

500 Presc. Pads - PFC (20 pads of 50 sets per pad)

Y

107.00

Did not pay sales tax -

## Thank You

# The PRINT SHOP

Work Order # **23789** Item # 1 of 1

Presc. Pads-PFC (20 pads of 50 sets per pad)

Page: 1 *4/22/15*  
Date: ~~04/19/2015~~

BILL TO: CUST#: 1697

Last Status: S22793

Location:

Original Order#: 22793

SHIP TO:

Original Invoice#: 22793

Contact: Tina Ransom E-Mail: transom@hutcheson.org

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel: (706) 858-2396

Fax: (706) 858-2394

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel:

Customer P0	Salesperson	CSR Name	Company Contact	Shipping Method	Ship Day/Date/Time
12082	House Account	Jackie	Tina Ransom	Our Van	Mon 06/29/2015

Security Guard Plus - 2 Part

-> Item # SGP-2

Run Size: 8.5 x 11 # of Overs: 5 Lift Size: 500  
Finished Size: 4.25 x 5.5 Total # Sheets: 255

Copier 1/S: High Speed B/W 11"

Thu 06/25/2015 4p

Quantity: 500 Finishing: UnCollated # of Originals: 1  
Finished Outs: 4 # Sides: 1 Side To 1 Side Total # Copies: 255  
# of Sheets: 255 Copy Time: 0:03

09/08/2014 11:23AM JR: File Folder: HMC- PFC

Department Name	Job Schedule	Department Function	Quantity	Time
-----------------	--------------	---------------------	----------	------

Electronic File Name Tue 06/23/2015 4p

PSHD/ HMC/ PFC Lafayette/ PFC Lafayette Rx Pad Phys.  
Asst.

/typesetting/Graphics

Hourly Rate-Typesetting 0 0:00

Update lot #. In house proof.

indery Dept.

Fri 06/26/2015 4p

Carbonless Glueing 2-Part 1,000 0:00

Numbering, Single 500 0:20

0001 - 0500

Pad in 50's 10 0:07

ackaging Dept.

Pack Carton @ 1M 1 0:05

\_CUTTING

No Add'l Trim 3 0:09

\_MISC

Miscellaneous Item 0 0:00

per Jen.

Rush Charges 0 0:00

Department Subtotal: 0:41

*REO 8/10/15  
JOB # 23908*

Approval: \_\_\_\_\_

Invoiced: 7/10/15

Typesetter/Amount: \_\_\_\_\_

Terms: Net 30 Days

**Aloysius Mangan, MD**  
DEA# BM9079434  
**Cindy Simmons, PAC**  
DEA# MS0710067  
**Stephanie Johnson, FNP-C**  
DEA# MJ3537391

**Physicians Family Care**  
615 E. Villanow St.  
Lafayette, GA 30728  
(706) 638-6016

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**R<sub>x</sub>**

N.R. 1 2 3 4 5

Generic Substitute Permitted

By: \_\_\_\_\_



Lot# TD012815K

# The PRINT SHOP

110 Herron Street - Fort Oglethorpe, GA 30742  
 Tel: (706) 861-5088 Fax: (706) 866-0361  
 www.the-print-shop.net

## INVOICE

Invoice #	Invoice Date
23908	08/20/2015
Sales Rep: House Account	
Customer#: 1697	
Page : 1 of 1	

### BILL TO:

Hutcheson Medical Center  
 Accounts Payable Dept.  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

### SHIP TO:

Hutcheson Medical Center  
 Accounts Payable Dept.  
 100 Gross Crescent Circle  
 Fort Oglethorpe, GA 30742

Customer's Terms	Customer's Phone	Customer's Fax	Customer Contact	Purchase Order #	Customer Service Rep.
Net 30 Days	(706) 858-2396	(706) 858-2394	Tina Ransom	12415	Jackie

Quantity	Description	Tax	Sub-Total
1,000	Presc. Pads - PFC (20 pads of 50 sets per pad) with changes	N	193.21
500	Forms - PFC-Release/Wk/School (Form #600120) with changes	N	88.30

*CREDIT OVERPAYMENT - 28,51*  
*CK # 6385 - 3750*  
*BAL 244.01*

Ship Via	Sub-Total	Tax Rate %	Tax	Freight	Deposit	Amount Due
Our Van	281.51	0.000		0.00	0.00 \$	281.51

**Thank You**

# The PRINT SHOP

Work Order # 23908 Item # 1 of 2

Presc. Pads-PFC (20 pads of 50 sets per pad) with changes

Page: 1

Date: 08/10/2015

BILL TO:

CUST#: 1697

Last Status: S23789

Location:

SHIP TO:

Original Order#: 23789

Original Invoice#:

Contact: Tina Ransom E-Mail: transom@hutcheson.org

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel: (706) 858-2396

Fax: (706) 858-2394

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel:

8/17/15

Customer PO	Salesperson	CSR Name	Company Contact	Shipping Method	Ship Day/Date/Time
12415	House Account	Jackie	Tina Ransom	Our Van	<del>Tue 07/14/2015</del>

## Security Guard Plus - 2 Part

-> Item # SGP-2

Run Size: 8.5 x 11 # of Overs: 10 Lift Size: 500  
 Finished Size: 4.25 x 5.5 Total # Sheets: 510

Copier 1/S: High Speed B/W 11"

Fri 07/10/2015 4p

Quantity: 1,000 Finishing: UnCollated # of Originals: 1  
 Finished Outs: 4 # Sides: 1 Side To 1 Side Total # Copies: 510  
 # of Sheets: 510 Copy Time: 0:06

525

(For Crawford)

09/08/2014 11:23AM JR: File Folder: HMC- PFC

Department Name	Job Schedule	Department Function	Quantity	Time
Electronic File Name	Wed 07/08/2015 4p	PSHD/ HMC/ PFC Lafayette/ PFC Lafayette Rx Pad Phys. Asst.		
Typesetting/Graphics		Hourly Rate-Typesetting	0	0:00
		See attached for change - add Stephanie Johnson, FNP-C and update lot #.		
		Email proof.		
Bindery Dept.	Mon 07/13/2015 4p	Carbonless Glueing 2-Part	2,000	0:00
		Numbering, Single	1,000	0:30
		0001 - 1000		
		Pad in 50's	20	0:10
Packaging Dept.		Pack Carton @ 1M	1	0:05
PL_CUTTING		No Add'l Trim	3	0:09
PL_MISC		Miscellaneous Item	0	0:00
		per Jen.		
		Rush Charges	0	0:00

Approval: Cheryl 8/13

Invoiced: 8-20-15

Typesetter/Amount: RB

Terms: Net 30 Days

Add  
Stephanie Johnson FNP-C

DEA# MJ3537391

Aloysius Mangan, MD  
DEA# BM9079434  
Cindy Simmons, PAC  
DEA# J058210067

Physicians Family Care  
2615 Villanow St  
Lawrence, GA 30728  
(706) 638-6016

Address \_\_\_\_\_ Date \_\_\_\_\_

**VOID R/VOID**

**VOID R/VOID**

**VOID R/VOID**

**VOID R/VOID**

**VOID R/VOID**

**VOID R/VOID**

No. 0401

Generic Substitute Permitted

**VOID R/VOID**

LOIP TD41614K

BILL TO:

CUST#: 1697

Last Status: S19409

Location:

SHIP TO:

Original Order#: 23789

Original Invoice#:

Contact: Tina Ransom E-Mail: [transom@hutcheson.org](mailto:transom@hutcheson.org)

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel: (706) 858-2396

Fax: (706) 858-2394

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel:

8-17-15

Customer PO	Salesperson	CSR Name	Company Contact	Shipping Method	Ship Day/Date/Time
12415	House Account	Jackie	Tina Ransom	Our Van	<del>Tue 07/14/2015</del>

### Carbonless 2 Part

-> 060508

Parent Size: 8.5000 x 11.0000

Parent Outs: 1

Press Size: 8.5000 x 11.0000

Press Outs: 1

Finished Size: 8.5000 x 5.5000

Finished Outs: 2

### Ryobi 2800 1-color

Paper / Sheetwise

Quantity: 500

Plates: Silver

# of Jobs: 1

# Sides: 1 Side

# Sheets: 560

# Impressions: 500

Side 1	
Press Speed: 4,500	Waste: 60
Make Ready: 12	
# Passes: 1	# Ink Colors: 1

Color Ink: Black Ink

Ink Memo:

02/20/2009 02:50PM JR: File Folder: HMC-PFC

Department Name	Job Schedule	Department Function	Quantity	Time
-----------------	--------------	---------------------	----------	------

Electronic File Name Wed 07/08/2015 4p

*Hutcheson/ PFC-Lafayette/ PFC-Release from Schl.work*

Typesetting/Graphics

Hourly Rate-Typesetting 0 0:00

*See attached for changes and email proof. Take off OBear & replace with Stephanie Johnson FNP-C*

Bindery Dept.

Mon 07/13/2015 4p

Pad in 50's 10 0:07

Packaging Dept.

Pack Carton @ 1M 1 0:05

PL\_CUTTING

No Add'l Trim 1 0:06

PL\_MISC

Miscellaneous Item 0 0:00

*per Jen + flat rate.*

Department Subtotal: 0:18

Approval:

*Cheryl 8/13*

Invoiced:

*IK 8-20-15*

Typesetter/Amount:

*JB*

Terms: Net 30 Days

# PHYSICIANS FAMILY CARE

615 E. Villanow Street

LaFayette, GA 30728

(P) 706-638-6016

(F) 706-638-5990

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MAY RETURN TO WORK/SCHOOL: \_\_\_\_\_

LIMITATIONS: \_\_\_\_\_

SEE PROVIDER \_\_\_\_\_ IN \_\_\_\_\_ DAYS

ALOYSIUS MANGAN MD

CINDY SIMMONS PA-C

STEPHANIE JOHNSON FNP-C

600120

---

# The PRINT SHOP

110 Herron Street - Fort Oglethorpe, GA 30742  
Tel: (706) 861-5088 Fax: (706) 866-0361  
www.the-print-shop.net

## INVOICE

Invoice #	Invoice Date
24184	08/28/2015
Sales Rep: House Account	
Customer#: 1697	
Page : 1 of 1	

### BILL TO:

Hutcheson Medical Center  
Accounts Payable Dept.  
100 Gross Crescent Circle  
Fort Oglethorpe, GA 30742

### SHIP TO:

Hutcheson Medical Center  
Accounts Payable Dept.  
100 Gross Crescent C  
Fort Oglethorpe, GA 30742

Customer's Terms	Customer's Phone	Customer's Fax	Customer Contact	Purchase Order #	Customer Service Rep.
Net 30 Days	(706) 858-2396	(706) 858-2394	Tina Ransom	12742	Emily
Quantity	Description	Tax		Sub-Total	
50	Books - Holter Monitor Diary #600076	N		98.73	

9/2/15 ck \$ 8183 - 9873  
BAL \$ 2573

Ship Via	Sub-Total	Tax Rate %	Tax	Freight	Deposit	Amount Due
Our Van	98.73	0.000		0.00	0.00 \$	98.73

Thank You

BILL TO:

CUST#: 1697

Last Status: S23251

Location:

Original Order#: 23251

SHIP TO:

Original Invoice#: 23251

Contact: Tina Ransom E-Mail: transom@hutcheson.org

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent Circle

Fort Oglethorpe, GA 30742

Tel: (706) 858-2396

Fax: (706) 858-2394

Hutcheson Medical Center

Accounts Payable Dept.

100 Gross Crescent C

Fort Oglethorpe, GA 30742

Tel:

Customer PO	Salesperson	CSR Name	Company Contact	Shipping Method	Ship Day/Date/Time
12742	House Account	Emily	Tina Ransom	Our Van	Fri 08/14/2015

Text 60# Whitehall-RUN 1 REAM Yields 500 fin.

-> 060508

Parent Size: 8.5000 x 14.0000

Parent Outs: 1

Press Size: 8.5000 x 14.0000

Press Outs: 1

Finished Size: 7.0000 x 7.0000

Finished Outs: 1

Ryobi 2800 color

Quantity: 50

# of Jobs: 1

# Sheets: 108

Plates: Silver

# Sides: 2 Sides

# Impressions: 100

Paper / Sheetwise

DO NOT PRINT

	Side 1	Side 2
Press Speed:	5,000 Waste: 29	5,000 Waste: 28
Make Ready:	12	10
# Passes:	1 # Ink Colors: 1	1 # Ink Colors: 1
Color Ink: Black Ink	Black Ink	Black Ink
Ink Memo:		

File Folder: HMC-7a

OLD PRICING FOR REFERENCE, Check pricing ea. time, per TK. If we go up change it underneath.

50-\$86.20

Department Name	Job Schedule	Department Function	Quantity	Time
-----------------	--------------	---------------------	----------	------

Electronic File Name Mon 08/10/2015 4p

Hutcheson/ Misc/ Form/ Holter Monitor Diary

PrePress/Negs/Plates

Direct Plate, Small Press

Was metal plate, but plate got trashed by mistake. RB scanned in so paper plates now.

Bindery Dept.

Thu 08/13/2015 4p

Collate/M (Manual)

100

0:06

Fold - One Pass - Std

100

0:06

Booklet Making Dept.

Booklet 8 or 12 Pgs

50

0:07

Saddle stitch.

Packaging Dept.

Pack Carton @ 500

1

0:00

PL\_CUTTING

No Add'l Trim

1

0:05

PL\_MISC

Miscellaneous Item

0

0:00

There are 300 on the shelf after this order. Please pull these. (For future orders--Sam will run extras, put count here.) PER JEN.

Approval:

Rev 8/26/15

Invoiced:

8/28/15

check is ready

Typesetter/Amount:

Terms: Net 30 Days

# HUTCHESON MEDICAL CENTER

## Holter Monitor Diary

☐ 12 Hour

☐ 24 Hour

Patient's Name: \_\_\_\_\_

Symptom/Diagnosis: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

OP ONLY Phone #: \_\_\_\_\_

MR #: \_\_\_\_\_ RM #: \_\_\_\_\_

Cardiac/BP Medications: \_\_\_\_\_

Doctor(s): \_\_\_\_\_

Date or Recording: \_\_\_\_\_

Time Started: \_\_\_\_\_ AM/PM

Serial Numbers:

Recorder: \_\_\_\_\_

Battery Clip #: \_\_\_\_\_

Connected By: \_\_\_\_\_

Charged: ☐

Removed By: \_\_\_\_\_

600076



**IT IS ORDERED** as set forth below:

**Date: January 7, 2016**

A handwritten signature in black ink, reading "Paul W. Bonapfel".

**Paul W. Bonapfel**  
U.S. Bankruptcy Court Judge

---

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

<b>IN RE:</b>	)	<b>CHAPTER 11</b>
	)	
<b>HUTCHESON MEDICAL CENTER, INC.</b>	)	<b>Jointly Administered Under</b>
<b>and HUTCHESON MEDICAL DIVISION,</b>	)	<b>CASE NO. 14-42863-pwb</b>
<b>INC.,</b>	)	
	)	
<b>Debtors.</b>	)	

**ORDER AND NOTICE OF LAST DATE TO FILE APPLICATIONS  
FOR PAYMENT OF ADMINISTRATIVE EXPENSE CLAIMS  
ARISING ON OR BEFORE NOVEMBER 30, 2015**

The Trustee in these cases has filed a Motion to Set Administrative Claims Bar Date (the "Motion") [Doc. 433]. The Court having determined that is appropriate to set a bar date, it is,

**ORDERED AND NOTICE IS HEREBY GIVEN, as follows:**

1. All individuals and entities who provided goods, services, or other consideration to the Debtors on or after **November 20, 2014** (the "**Petition Date**") and who assert that they have not been paid in full ("**Post-Petition Claimants**"), except those listed in paragraph 5 below, **must** file a request for allowance of their claims substantially in the form attached to this order (a "**Request**

**for Claim Allowance”) for all claims that arose between the Petition Date and November 30, 2015;**

2. All Post-Petition Claimants, except those listed in paragraph 5 below, must file their Requests for Claim Allowance **no later than March 7, 2016** (the “Administrative Bar Date”). The Request for Claim Allowance **must** be filed with the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First St., Rome, Georgia 30161-3187 or filed electronically through the CM/ECF system no later than the Administrative Bar Date. Post-Petition Claimants must also serve a copy of any Request for Claim Allowance upon the Claims Agent at the following address:

**If by overnight or hand delivery:**

BMC Group  
Attn: Hutcheson Medical Center, Inc. Claims Processing  
300 Continental Blvd., #570  
El Segundo, CA 90245

**If by First Class Mail:**

BMC Group  
Attn: Hutcheson Medical Center, Inc. Claims Processing  
PO Box 90100  
Los Angeles, CA 90009

3. Any Post-Petition Claimant, except those listed in paragraph 5 below, who does not file a Request for Claim Allowance by the Administrative Bar date **may be forever barred from any recovery for any such claim.**

4. This Order does **not** apply to the following claimants, who are **not** required to submit a Request for Claim Allowance by the Administrative Bar Date:

(a) current or former **employees** of the Debtors with respect to claims arising out of their employment;

(b) current or former **patients** of the Debtors with respect to claims arising out of medical treatment received from the Debtors,

(c) claimants asserting claims under 11 U.S.C. § 503(b)(9) for the value of goods provided to the Debtors within 20 days before the Petition Date;

(d) claimants requesting compensation and reimbursement of expenses under 11 U.S.C. §§ 330(a) and 503(b)(2);

(e) creditors who have filed a proof of claim asserting a claim against the Debtors that arose before the Petition Date and who do not contend that they have a claim arising after the Petition Date;

(f) any claimant listed as undisputed on the List of Post-Petition Claims filed by the Trustee pursuant to paragraph 5; and

(g) claimants asserting any claims arising on or after December 1, 2015.

5. The Trustee shall within seven days from the date hereof file a list of Post-Petition Claims that the Debtors' books and records show are unpaid as of November 30, 2015. This list will be available through BMC Group, the Trustee's claim agent (the "**Claims Agent**") on its website [www.bmcgroup.com](http://www.bmcgroup.com) and accessible to all parties that receive notice of this Order and Notice. The Trustee shall identify the claims on said list that are not disputed. Any Post-Petition Claimant included on the Trustee's list, but who disputes the claim amount must file a Request for Claim Allowance. Any claims listed as undisputed shall be allowed as administrative expenses subject to later objection by the Trustee or any other party in interest.

Counsel for the Trustee shall promptly serve a copy of this Order and Notice on (a) the Office of the United States Trustee, (b) all other interested parties requesting notice, (c) all parties listed on the creditors matrix maintained in this case, and (d) any other party who has transacted

business with the Debtors' estates post-petition with respect to which (i) the Debtors' records do not reflect payment in full or (ii) the party, by written communication to the Debtors, has disputed that it has been paid in full. Counsel for the Trustee shall file a certificate of such service.

**[END OF DOCUMENT]**

Prepared and presented by:

SCROGGINS & WILLIAMSON, P.C.

/s/ J. Robert Williamson

J. ROBERT WILLIAMSON

Georgia Bar No. 765214

J. HAYDEN KEPNER, JR.

Georgia Bar No. 416616

One Riverside

4401 Northside Parkway

Suite 450

Atlanta, Georgia 30327

(404) 893-3880

*Special Counsel for the Trustee*

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

<b>IN RE:</b>	)	<b>CHAPTER 11</b>
	)	
<b>HUTCHESON MEDICAL CENTER, INC. and HUTCHESON MEDICAL DIVISION, INC.,</b>	)	<b>Jointly Administered Under CASE NO. 14-42863-pwb</b>
	)	
	)	

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of 11 U.S.C. § 503 Administrative Expense** \$ \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_.

Name of Claimant: \_\_\_\_\_

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

By (if appropriate): \_\_\_\_\_

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.

**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