IN THE UNITED STATES BANKRUPTCY COURT **ROME DIVISION**

IN RE:

in RE;) CHAPTER 11
HUTCHESON MEDICAL CENTER, INC. and HUTCHESON MEDICAL DIVISION, INC.,) Jointly Administered Under CASE NO. 14-42863-pwb)
Debtors.)
REQUEST FOR ALLOWA ADMINISTRATIVE EXPENSE CLA	NCE AND PAYMENT OF IM PURSUANT TO 11 U.S.C. 8 503
COMES NOW the claimant identified be administrative expense claim pursuant to Section November 20, 2014 through November 20, 2015,	elow and hereby requests the allowance of an on 503 of the Bankruptcy Code, arising from showing the following:
Su	nites, Inc., clo Edward Crothall, Esc 09 West Chester Pike 1te. 210
. <u>Ne</u>	wtown Square, PA 19073
Amount of 11 U.S.C. § 503 Administrative Exp	ense \$ 31, 197, 44
 The undersigned holds an adminis 503 in the amount identified above against the forcases: 	strative expense claim pursuant to 11 U.S.C. § collowing Debtor identified in these bankruptcy
Hutcheson Medical Center,	
☐ Hutcheson Medical Division	ı, Inc.
2. The consideration for this debt (or as follows:	ground for this liability owed by the Debtor is
(2) Post-petition textile and related to Textile Services Agreement (2) post-petition lines loss	ed laware
3. The administrative expense is entitle 503(b) and 11 U.S.C. § 507(a)(2) because: This obligation is for services in Possession and is an actual and actual actua	ed to administrative priority under 11 U.S.C. §
expense of preserving the es	tate

RECEIVED

MAR 0 4 2016

BMC GROUP

Hutcheson Med POC

- 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: Warde 1, 2016

Name of Claimant

Signed:

By (if appropriate):

As Its (if appropriate):

Carporate Cour

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.



3869 West Chester Pike - Suite 210 - Newtown Square, PA 19073

February 3, 2015

Date:

INVOICE NO:

6579

To;	Hutcheson Medical Cer	nter	
		····	
For:	Laundry Processing for	the week of	11/09/14 - 01/31/15
	Hutcheson		\$27,736.51
	Parkside		(\$5,930.76)
	Childcare		5940.96
•	LaFayette PT		\$74.24
	Urgent		(\$264.83)
•	Parkway		\$385.33
	Fuller		(\$1,369.42)
	Chemo		\$2,748.00
	Infusion Center	•	\$0.00
	Trenton PT		\$0.00
TOTAL	INVOICE AMOU	INT	\$24,320.03
Due Date:	5-Mar-15		
	Manager's Signature:		Shawn Jeffrey
	House Code:	1330	



3809 West Chaster Pike - Suite 210 - Newtown Square, PA 19073

INVOICE NO:

7775

Date:	October 20, 2015	
To:	Hutcheson Medical Center	
		
For:	Laundry Processing for the period of	07/19/15 - 10/10/15
	Hutcheson	\$9,669.66
	Parkside	(\$373.33)
	Childcare	\$756.74
	LaFayette Family	\$123.85
•	LaFayette PT	(\$95,51)
	Parkway	(\$3,793.56)
	Puller	(\$790.95)
	Chemo	\$432.00
	Infusion Center	\$0.00
	Chickamauga	(\$75.51)
TOTAL	INVOICE AMOUNT	\$5,853.37
Due Date:	19-Nov-15	
	Manager's Signature:	Shawa Jeffrey
	House Code: 1330	

invoice #: 6582



Trenton Family Practice 12978 N Main Street Trenton, GA 30752

11/09/15 to 01/31/15

Date: 2/3/2015

Date Linen replacement cost	Price per Pound		Pounds		Total
	\$	4.00		51 \$	204.00
				\$	
				\$	•
				\$	•
-				\$	•
				\$	4
				\$	-
				\$	•
		Sa	les Tax	\$	14.28

TOTAL

218.28

Checks should be deposited in the following account:

Beneficiary:

Xanitos, inc.

Bank:

TD Bank

200 N. Radnor-Chester Rd

Radnor, PA 19087

Phone:

(610) 995-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

3/6/2015

invoice #: 6581



LaFayette Physicians Family Care 615 E. Villanow Street LaFayette, GA 30728

11/09/15 to 01/31/15

Date: 2/3/2015

<u>Date</u>	Price :	er pound	<u>Pounds</u>		Total	
Linen replacement cost	\$	4.00	135.4	425 \$	541.77	
				\$	*	
				\$		
				\$	-	
				\$	-	
				\$	-	
				\$	•	
				\$	-	
		S	les Tax	\$	37.92	

TOTAL

579.69

Checks should be deposited in the following account:

Beneficiary:

Xanitos, inc.

Bank:

TD Bank

200 N. Radnor-Chester Rd

Radnor, PA 19087

Phone:

(610) 995-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

3/5/2016



124.82



Chickamauga Family Practice 200 LaFayette Road Chickamauga, GA 30707

11/09/15 to 01/31/15

Date: 2/3/2015

<u>Date</u>	Price :	oer Pound	<u>Pounds</u>	Total	
Linen replacement cost	\$	4.00	29.1625	\$	116.65
·				\$	•
		·		\$	•
			•	\$	-
				\$	
				\$	
				\$	
				\$	•
		Şa	ilos Tax	\$	8.17

Checks should be deposited in the following account:

Beneficiary:

Xanitos, inc.

Bank:

TD Bank

TD Bai

200 N. Radnor-Chester Rd

TOTAL

Radnor, PA 19087

Phone:

(610) 995-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

3/5/2015

Invoice #: 7730



Chickamauga Family Practice 200 LaFayette Road Chickamauga, GA 30707

09/20/15 to 09/26/15

Date: 9/29/2015

Date	<u>Invoice Number</u>	<u>Pounds</u>	Total
09/19/15	50	. 20	\$ 10.23
			\$
			\$
			\$
			\$ -
			\$
			\$ •
			\$ -
		Sales Tax	\$ 0.72

TOTAL 10.95

Checks should be deposited in the following account:

Beneficiary:

Xanitos, inc.

Bank:

TD Bank

200 N. Radnor-Chester Rd

Radner, PA 19087

Phone:

(610) 995-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

10/14/2015



invoice #: 7641

33.39

Chickamauga Family Practice 200 LaFayette Road Chickamauga, GA 30707

09/13/15 to 09/19/15

Date: 9/22/2015

<u>Date</u>	Invoice Number	<u>Pounds</u>		Total
09/14/15	1018	61	\$	31.20
			\$	-
			\$	•
			\$.	•
			\$	-
			\$	
			\$	
			\$	-
	8	Bales Tax	\$	2.18

Checks should be deposited in the following account:

Beneficiary:

Xanitos, Inc.

Bank:

TD Bank

200 N. Radnor-Chester Rd

TOTAL

Radnor, PA 19087

Phone:

(610) 995-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

10/7/2015





Trenton PT

06/14/15 to 08/20/15

Date: 6/23/2015

<u>Date</u>	Invoice Number	<u>Pounds</u>	Fotal
06/19/15	3085	39	\$ 19.95
			\$ •
		•	\$ •
			\$ •
			\$ -
			\$ •
			\$ -
			\$ -
		Sales Tax	\$ 1.40

TOTAL 21.34

Checks should be deposited in the following account:

Beneficiary:

Xanitos, Inc.

Bank:

TD Bank

200 N. Radnor-Chester Rd

Radnor, PA 19087

Phone:

(610) 996-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

7/8/2015

Invoice #: 7482



LaFayette Physicians Family Care 615 E. Villanow Street LaFayette, GA 30728

08/09/15 to 08/15/15

Date: 8/18/2015

<u>Date</u>			Pounds		Total	
08/12/15	1467		65	\$	33.25	
				\$	-	
•				\$	+	
				\$	-	
				\$	-	
				\$	-	
				\$	-	
				\$	-	
	,	Sales Tax		\$	2.33	

TOTAL 35.67

Checks should be deposited in the following account:

Beneficiary:

Xanitos, inc.

Bank:

TD Bank

200 N. Radnor-Chester Rd

Radner, PA 19087

Phone:

(610) 995-0871

Acct No.:

369233424

ABA No:

011103093

Questions may be addressed to Libby Camp at (423) 778-2026.

Payment Due by:

9/2/2015



VIA FEDERAL EXPRESS

Eric L. Scherling
Direct Phone 215.665.2042
Direct Fax 215.701.2081
escherling@cozen.com

Clerk United States Bankruptcy Court Northern District of Georgia Room 339 600 East First Street Rome, Georgia 30161

Re: In re Hutcheson Medical Center, Inc., Case No. 14-42863-pwb

Request for Allowance and Payment of Administrative Expense Claim Pursuant to

11 U.S.C. § 503, filed by Xanitos, Inc.

Dear Sir or Madam:

Enclosed are an original and one copy of a Request for Allowance and Payment of Administrative Claim Pursuant to 11 U.S.C. § 503 which I am filing on behalf of creditor Xanitos, Inc. I would appreciate your docketing the original and returning a time-stamped copy in the self-addressed, stamped envelope provided.

Thank you for your assistance in this matter.

Sincerely yours,

COZEN O'CONNOR

Enil Deverling

By: Eric L. Scherling

Enclosures

cc (with enclosures): BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing,

300 Continental Blvd., #570, El Segundo, CA 90245