RECEIVED

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

MAR 08 2016

		ROME D	IVISION	Ī	-
IN RE:			}	CHAPTER 11	BMC GROUP
		DICAL CENTER, INC. MEDICAL DIVISION,	) } }	Jointly Administ CASE NO. 14-42	
		Debtors.	•		
AD		REQUEST FOR ALLOWA TRATIVE EXPENSE CLA			
administrativ	e expe	W the claimant identified lone claim pursuant to Section through November 20, 2015	ion 503 (	of the Bankruptcy	he allowance of an Code, arising from
CLAIMANT	"S NA	Sui	0 Sawgra le 200	dical Group of Tenne ss Corporate Parkw da 33323	
Amount of 1	1 U.S.(	C. § 503 Administrative Ex	pense	\$ <u>1</u>	12,500.00
1. 503 in the an		undersigned holds an admin dentified above against the			
cases.	1	Hutcheson Medical Center	r, Inc.		
		Hutcheson Medical Division	on, Inc.		
2. as follows:	The c	consideration for this debt (o	r ground	for this liability ow	ed by the Debtor is
Services prov	ided by	Pediatrix to the Debtor pursu	ant to a p	ost-petition Neonato	logy Agreement.
3. 503(b) and 11 The post-petit	U.S.C	dministrative expense is ent . § 507(a)(2) because: natology services provided by		•	•
		ntial in preserving the bankrup			

- 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:	March	7. 20	16		

Signed:

By (if appropriate): Pediatrix Medical Group of Tennessee, P.C.

As its (if appropriate): <u>Secretary</u>

### **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

Case 14-42863-pwb Doc 551 Filed 03/07/16 Entered 03/07/16 14:06:57 Desc Main Document Page 4 of 5

IN RE:

HUTCHESON MEDICAL CENTER, INC. and HUTCHESON MEDICAL DIVISION, INC.

Chapter 11

Jointly Administered Under Case No. 14-42863-pwb

Debtors.

CREDITOR: PEDIATRIX MEDICAL GROUP OF TENNESSEE, P. C.

## **SUMMARY**

The post-petition Neonatology Agreement, dated December 12, 2014, contains a confidentiality provision. Thus, the agreement is not attached to this request. Pediatrix will, however, provide a copy to the Debtor or Trustee if they do not already have a copy.

#### **STATEMENT**

Pediatrix Medical Group of TN, P.C. P. O. Box 281034 Atlanta, GA 30384-1034

Statement Date: 1/22/2016

Voice: Fax: 800-243-3839 ext. 5388

954-839-2584

BID To:

Hutcheson Medical Center Atin: Farrell Hayes 100 Gross Crescent Circle Ft Oglethorpe, GA 30742 EML: Fhayes@hutcheson.org

Account # 700000141	Units Date of Sep-	12 Collecti	Description on Guarantee		141 and 7-1908 Unit Price	Extension
	Aug- Sep-	12 Collecti			Unit Price	Extension
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Į.	Aug-		clogy Services-On Call & In House	Š	37,500.00	-
1				ľ		

Grand Total \$

### PLEASE DETACH AND RETURN WITH PAYMENT

Customer ID# 70000141 and 7-1908

**ADDRESS** 

**Hulcheson Medical Center** 

Amount Due:

Attn: Farrell Hayes 100 Gross Crescent Circle Ft Oglethorpe, GA 30742

REMIT TO:

Attention: Micholo Salorno

Pediatrix Medical Group of TN, P.C.

P. O. Box 281034 Atlanta, GA 30384-1034

Please Include Customer Account Number On Payment



Liberty Tower
605 Chestnut Street, Suite 1700
Chattanooga, TN 37450
(423) 756-3000
chamblisslaw.com

CHAMBLISS, BAHNER & STOPHEL, P.C.

JEFFREY W. MADDUX
DIRECT DIAL (423) 757-0296
DIRECT FAX (423) 508-1296
jmaddux@chamblisslaw.com
ALSO LICENSED IN GEORGIA

March 7, 2016

### **VIA FEDERAL EXPRESS**

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

Re: <u>Proofs of Claim for Filing in Hutcheson Medical Center, Inc., Case No. 14-42863</u> Pending in the United States Bankruptcy Court, Northern District, Georgia

To Whom It May Concern:

Enclosed are three Requests for Allowance and Payments of Administrative Expense Claim Pursuant to 11 U.S.C. §503 for the following entities:

## **Entity Filing Claim**

# Amount of 11 U.S.C.§503 Administrative Expense

1. Assist Healthcare Services, Inc.

\$62,577.50

2. Pediatrix Medical Group of TN, P.C.

\$112,500.00

3. Specialty Networks, LLC

\$51,781.22

These claims were filed with the U.S. Bankruptcy Court today in the above-referenced matter. If you have any questions please do not hesitate to contact me.

Sincerely.

Jeffrey W. Maddux

JWM/tlt Enclosures Court docketed claim follows this page.

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

IN RE:			)	CHAPTER 11
		DICAL CENTER, INC MEDICAL DIVISION		Jointly Administered Under CASE NO. 14-42863-pwb
		Debtors.	,	
ADN		EQUEST FOR ALLOV		D PAYMENT OF SUANT TO 11 U.S.C. § 503
administrative	exper		ection 503 o	hereby requests the allowance of an f the Bankruptey Code, arising from the following:
CLAIMANT	'S NAI			ical Group of Tennessee, P.C.
			1300 Sawgras Suite 200 Sunrise, Florid	da 33323
Amount of 1	ı U.S.C	C. § 503 Administrative	Expense	\$ <u>112,500.00</u>
				kpense claim pursuant to 11 U.S.C. § Debtor identified in these bankruptcy
cases:	<b></b>	Hutcheson Medical Cer	nter, Inc.	
		Hutcheson Medical Div	vision, Inc.	
2. as follows:	The c	onsideration for this deb	t (or ground f	for this liability owed by the Debtor is
	ded by	Pediatrix to the Debtor pu	irsuant to a po	ost-petition Neonatology Agreement.
The post-petiti	U.S.C ion neoi	. § 507(a)(2) because: natology services provide	d by Pediatrix	ministrative priority under 11 U.S.C. §
costs that were	e essen	tial in preserving the bank	krupt estate.	

- 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.
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Dated: _	March	7. 2	016		
Dated: _	March	7. 2	016	 	

Name of Claimant: <u>Dominic Andreano</u>

Signed:

By (if appropriate): Pediatrix Medical Group of Tennessee, P.C.

As lts (if appropriato): Secretary

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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

IN RE:

HUTCHESON MEDICAL CENTER, INC. and HUTCHESON MEDICAL DIVISION, INC.

Chapter 11

Jointly Administered Under Case No. 14-42863-pwb

Debtors.

CREDITOR: PEDIATRIX MEDICAL GROUP OF TENNESSEE, P. C.

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Pediatrix Medical Group of TN, P.C. P. O. Box 281034 Atlanta, GA 30384-1034

Statement Date: 1/22/2016

Voice: Fax

800-243-3839 ext. 5368

954-839-2564

Bill To:

**Hutcheson Medical Center** Attn: Farrell Hayes 100 Gross Crescent Circle Ft Oglethorpe, GA 30742 EML: Fhayes@hutcheson.org

Customer PO		Payme	nt Terms Due Date		Customer Acct #				
					70000141 and 7-1908				
Account #	Units	Date of Service		Description		Unit Price	E	xtension	
700000141		Aug-12	Collection Guarai	ntee	\$		\$		
		Sep-12	Collection Guarai	ntee	\$		\$		
		Oct-12	Collection Guarai	ntee	\$		\$		
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		Dec-13	Collection Guaran	ntee	<u> </u>		\$		
700001908		Jun-15	Neonatology Sen	vices-On Call & In House	s	37,500.00	s	37,500.	
		Jul-15		vices-On Call & In House	Š	37,500.00	\$	37,500.	
		Aug-15		vices-On Call & In House	s	37,500.00	Š	37,500.	
					ľ			• • • • •	

**Grand Total** 

## PLEASE DETACH AND RETURN WITH PAYMENT

Customer ID# 70000141 and 7-1908

**ADDRESS** 

**Hutcheson Medical Center** Attn: Farrell Hayes

**Amount Due:** 

100 Gross Crescent Circle Ft Oglethorpe, GA 30742

REMIT TO:

Attention: Michele Salerno

Pediatrix Medical Group of TN, P.C.

P. O. Box 281034 Atlanta, GA 30384-1034

Please Include Customer Account Number On Payment