

64248

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

In re Women First HealthCare, Inc, Debtor

Case Number 04-11278 (MFW)

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case...

Check box if you are aware that anyone else has filed a proof of claim relating to your claim... Check box if you have never received any notices from the bankruptcy court in this case... Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address STATE OF NEW JERSEY DMAHS PMR (MED) NJ DRUG PGM FLEET BANK PO BOX 34390 NEWARK NJ 07189 0004 4390

Creditor Telephone Number (609) 588-8526

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR New Jersey STATE MEDICAID Rebates

Check here if this claim replaces or amends a previously filed claim dated

1 BASIS FOR CLAIM Goods sold, Services performed, Money loaned, Personal injury/wrongful death, Taxes, Other (describe briefly) DRUG Rebates

Retiree benefits as defined in 11 U.S.C. § 1114(a), Wages salaries and compensation (Fill out below), Last four digits of SS #, Unpaid compensation for services performed from (date) to (date)

2 DATE DEBT WAS INCURRED 11/04 - 3/31/04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 194.11 (unsecured) \$ (secured) \$ (unsecured priority) \$ 194.11 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim.

5 SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: Real Estate, Motor Vehicle, Other. Value of Collateral \$, Amount of arrearage and other charges at time case filed included in secured claim if any \$.

7 UNSECURED PRIORITY CLAIM Check this box if you have an unsecured priority claim. Amount entitled to priority \$, Specify the priority of the claim: Wages salaries or commissions (up to \$4 925) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U.S.C. § 507(a)(3), Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4), Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(6), Alimony maintenance or support owed to a spouse former spouse or child 11 U.S.C. § 507(a)(7), Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8), Other Specify applicable paragraph of 11 U.S.C. § 507(a) (). Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6 UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 pm, Eastern Time on August 31, 2004

BY MAIL TO Women First HealthCare Inc c/o BMC Group f/k/a Bankruptcy Management Corp PO Box 983 El Segundo CA 90245 0983

BY HAND OR OVERNIGHT DELIVERY TO Women First HealthCare Inc c/o BMC Group f/k/a Bankruptcy Management Corp 1330 East Franklin Ave El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY FILED AUG 19 2004 BMC

DATE SIGNED 8/13/04

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) Robert M. Lwacz

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

Women First Healthcare Inc 00104

ROBERT M LWACZ, ADMINISTRATOR

DATE PREPARED 07/16/04

PROGRAM DB0002 COB

STATE OF NEW JERSEY
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
DRUG REBATE PROGRAM
LISTING OF MEDICAID CHECKS RECEIVED FROM DRUG COMPANIES

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<u>INVOICE NUM</u>	<u>MANUF NAME</u>	<u>INVOICE AMOUNT</u>	<u>RECEIVE AMOUNT</u>
MCF20064248	WOMEN FIRST HEALTHCARE, INC	0 00	1 81
MCF30064248		6 58	16 17
MCF40064248		9 69	4 90
			24 66
MCF10164248		28 60	28 62
MCF20164248		57 80	33 14
MCF30164248		48 20	48 20
MCF40164248		60 86	60 86
MCF10264248		33 31	26 68
MCF20264248		41 02	41 02
MCF30264248		49 22	126 52
			188 01
MCF40264248		470 68	219 36
			1 62
MCF10364248		206 61	232 05
MCF20364248		141 64	467 31
MCF30364248		485 36	729 88
MCF40364248		489 00	0 00
MCF10464248		316 35	0 00
		<u>2,444 92</u>	<u>2,250 81</u>

TOTAL BALANCE DUE =

194 11

**State of New Jersey Division of Medical Assistance & Health Services
 Medicaid Pharmaceutical Manufacturer's Drug Rebate Program
 Summary of Charges to Women's First HealthCare Inc**

NDC	Period	SumOfURA	Units	SumOfRebate	Scripts	Reimb
64248000410	20022	0 184000	60	\$11 04	1	\$52 05
64248000410	20023	0 198000	90	\$17 82	2	\$80 13
64248000410	20024	0 153500	92	\$14 12	3	\$85 66
64248000410	20031	0 044200	152	\$6 71	4	\$144 98
64248000410	20032	0 033000	240	\$7 92	2	\$221 50
64248000410	20033	0 038900	368	\$14 31	4	\$330 19
64248000410	20034	0 016100	241	\$3 88	3	\$216 24
64248000410	20041	-	36	\$0 00	2	\$43 37
Total			1279	\$75 80	21	\$1,174 12
64248009110	20032	0 459700	158	\$72 63	2	\$175 55
64248009110	20033	0 281400	120	\$33 76	1	\$127 72
Total			278	\$106 39	3	\$303 27
64248010101	20004	0 036000	425	\$15 30	15	\$236 51
64248010101	20011	0 036500	355	\$12 95	10	\$160 69
64248010101	20012	0 036600	360	\$13 17	10	\$163 37
64248010101	20013	0 038100	430	\$16 38	10	\$187 72
64248010101	20014	0 039400	280	\$11 03	10	\$135 73
64248010101	20021	0 037500	272	\$10 20	10	\$132 65
64248010101	20022	0 035200	150	\$5 28	5	\$61 50
64248010101	20023	0 036100	90	\$3 24	3	\$36 99
64248010101	20024	0 033800	90	\$3 04	3	\$36 99
64248010101	20031	0 044600	90	\$4 01	3	\$36 99
64248010101	20032	0 041600	154	\$6 40	5	\$91 45
64248010101	20033	0 037900	151	\$5 72	5	\$71 44
64248010101	20034	-	152	\$0 00	5	\$91 79
64248010101	20041	0 024700	214	\$5 28	7	\$116 14
Total			3213	\$112 00	101	\$1,559 96
64248010201	20004	0 049300	190	\$9 36	4	\$91 69
64248010201	20011	0 050500	310	\$15 65	8	\$160 83
64248010201	20012	0 051500	150	\$7 72	5	\$96 05
64248010201	20013	0 049600	120	\$5 95	4	\$90 46
64248010201	20014	0 053000	120	\$6 36	4	\$96 85
64248010201	20021	0 049700	60	\$2 98	2	\$56 98
64248010201	20022	0 046800	150	\$7 02	3	\$85 50
64248010201	20024	0 044700	210	\$9 38	3	\$197 02
64248010201	20031	0 062100	90	\$5 58	1	\$85 02
64248010201	20032	0 062300	60	\$3 73	2	\$62 22

**State of New Jersey Division of Medical Assistance & Health Services
Medicaid Pharmaceutical Manufacturer's Drug Rebate Program
Summary of Charges to Women's First HealthCare Inc**

NDC	Period	SumOfURA	Units	SumOfRebate	Scripts	Reimb.
64248000410	20022	0 184000	60	\$11 04	1	\$52 05
64248000410	20023	0 198000	90	\$17 82	2	\$80 13
64248010201	20033	0 052900	30	\$1 58	1	\$30 36
Total			1490	\$75 31	37	\$1,052 98
64248011710	20023	0 609900	435	\$265 30	28	\$603 00
64248011710	20024	0 508800	287	\$146 02	14	\$397 53
64248011710	20031	0 492300	351	\$172 79	16	\$578 92
64248011710	20032	0 789300	380	\$299 93	11	\$669 33
64248011710	20033	0 584100	666	\$389 01	20	\$1,064 15
64248011710	20034	0 856900	126	\$107 96	4	\$117 29
64248011710	20041	0 933800	28	\$26 14	2	\$4 46
Total			2273	\$1,407 15	95	\$3,434 68
64248031001	20003	0 300341	16	\$4 80	2	\$51 79
64248031001	20012	0 836400	8	\$6 69	1	\$26 87
64248031001	20021	0 854500	8	\$6 83	1	\$28 95
64248031001	20022	0 861200	8	\$6 88	1	\$29 03
Total			40	\$25 20	5	\$136 64
64248032001	20002	0 226246	8	\$1 80	1	\$26 01
Total			8	\$1 80	1	\$26 01
64248033001	20003	0 597722	8	\$4 78	1	\$25 97
64248033001	20004	0 612200	8	\$4 89	1	\$25 97
64248033001	20012	0 695800	8	\$5 56	1	\$29 00
64248033001	20013	0 516900	32	\$16 54	4	\$115 99
64248033001	20023	0 196300	32	\$6 28	2	\$111 78
64248033001	20024	0 389500	40	\$15 58	3	\$141 80
64248033001	20031	0 612100	56	\$34 27	5	\$219 96
64248033001	20032	1 121000	44	\$49 32	6	\$180 63
64248033001	20033	0 511300	108	\$55 22	15	\$433 63
64248033001	20034	0 969500	84	\$81 43	11	\$333 77
64248033001	20041	1 331700	88	\$117 18	11	\$375 07
Total			508	\$391 05	60	\$1,993 57
64248035001	20013	0 583200	16	\$9 33	2	\$60 60
64248035001	20014	0 603800	72	\$43 47	5	\$260 33
64248035001	20021	0 554400	24	\$13 30	3	\$91 98
64248035001	20022	0 337600	32	\$10 80	4	\$123 17
64248035001	20023	0 273500	80	\$21 88	5	\$288 89
64248035001	20024	0 358200	72	\$25 79	6	\$265 48

**State of New Jersey Division of Medical Assistance & Health Services
 Medicaid Pharmaceutical Manufacturer's Drug Rebate Program
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NDC#	Period	SumOfURA	Units	SumOfRebate	Scripts	Reimb
64248000410	20022	0 184000	60	\$11 04	1	\$52 05
64248000410	20023	0 198000	90	\$17 82	2	\$80 13
64248035001	20031	0 360600	24	\$8 65	3	\$94 70
64248035001	20032	0 956400	24	\$22 95	2	\$94 89
64248035001	20033	0 368600	8	\$2 94	1	\$32 81
64248035001	20034	0 811600	8	\$6 49	1	\$32 34
64248035001	20041	1 177300	24	\$28 25	3	\$105 51
Total			384	\$193 85	35	\$1,450 70
64248041910	20024	0 351900	20	\$7 03	1	\$25 46
Total			20	\$7 03	1	\$25 46
64248041912	20032	0 137100	12	\$1 64	1	\$17 93
64248041912	20041	0 795000	60	\$47 70	2	\$76 88
Total			72	\$49 34	3	\$94 81
Grand Total			9565	\$2,444 92	362	\$11,252 20