

**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 A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars
- 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
06509442001168
HCF BUREAU OF FINANCIAL SERVICES
ATTN: ACCOUNTS RECEIVABLE
PO BOX 143104
SALT LAKE CITY UT 84114 3104

Creditor Telephone Number ()

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
64248

Check here 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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 413.92 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 413.92 (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 Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

7 UNSECURED PRIORITY 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 \$ _____

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 \$ 413.92

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 if 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 27 2004
BMC
Women First Healthcare Inc

00127

DATE SIGNED 8/25/04
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)
Michael J. DeLo
Michael J. DeLo
Division Director

SUMMARY PHARMACY REBATE BALANCES FOR

WOMEN FIRST HEALTHCARE - LABELER CODE # 64248

<u>QUARTER</u>	<u>BAL AS OF</u> <u>1-Jun-04</u>	<u>PAYMENTS</u>	<u>WRITEOFFS</u>	<u>ACCUM</u> <u>BALANCE</u>
3rd Q 2001	\$ 111 69			\$ 111 69
3rd Q 2003	\$ 33 90			\$ 145 59
4th Q 2003	\$ 19 28			\$ 164 87
1st Q 2004	\$ 239 22			\$ 404 09
2nd Q 2004	\$ 29.50 / 3 = 9.83			\$ 413.42

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UTAH DEPARTMENT OF HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEMS
DRUG USAGE FREQUENCY REBATE
FOR STATE - UT FOR QUARTER - 3/2001

PAGE 1
RUN DATE 11/26/01

64248

JEANINE RAMOS
WOMEN FIRST HEALTHCARE
12220 EL CAMINO REAL, SUITE 400
SAN DIEGO, CA 92130

RETURN ADDRESS
HCF-BUREAU OF FINANCIAL SERVICES
ATTN ACCOUNTS RECEIVABLE
PO BOX 143104
SALT LAKE CITY,
UTAH 84114-3104

DRUG CODE	DRUG NAME	TOTAL NUMBER PRES	TOTAL UNITS DISPENSED	TOTAL REIMBURSE AMOUNT	REBATE PER UNIT	TOTAL REBATE AMOUNT
64248010101	ORTHO-EST	31	1,005 000	483 22	0 038100	38 29
64248010201	ORTHO-EST	11	330 000	193 24	0 049600	16 36
64248032001	ESCLIM	1	8 000	26 47	0 927500	7 42
64248033001	ESCLIM	12	96 000	327 97	0 516900	49 62

TOTAL

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111 69

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UTAH DEPARTMENT OF HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEMS
DRUG USAGE FREQUENCY REBATE
FOR STATE - UT FOR QUARTER - 3/2003

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RUN DATE 11/24/03

64248

JEANINE RAMOS
WOMEN FIRST HEALTHCARE
12220 EL CAMINO REAL, SUITE 400
SAN DIEGO, CA 92130

RETURN ADDRESS
HCF-BUREAU OF FINANCIAL SERVICES
ATTN ACCOUNTS RECEIVABLE
PO BOX 143104
SALT LAKE CITY,
UTAH 84114-3104

DRUG CODE	DRUG NAME	TOTAL NUMBER PRES	TOTAL UNITS DISPENSED	TOTAL REIMBURSE AMOUNT	REBATE PER UNIT	TOTAL REBATE AMOUNT
64248010101	ORTHO-EST	16	166 000	72 90	0 037900	6 29
64248010201	ORTHO-EST	9	345 000	140 32	0 052900	18 25
64248032001	ESCLIM	1	8 000	30 36	0 819100	6 55
64248033001	ESCLIM	1	8 000	30 87	0 000000	0 00
64248034001	ESCLIM	1	8 000	28 86	0 351900	2 81
64248041910	SYNALGOS-D	1	30 000	29 07	0 000000	0 00
64248041912	SYNALGOS-D	4	48 000	63 39	0 000000	0 00

TOTAL

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33 90

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UTAH DEPARTMENT OF HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEMS
DRUG USAGE FREQUENCY REBATE
FOR STATE - UT FOR QUARTER - 4/2003

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RUN DATE 02/24/04

64248

JEANINE RAMOS
WOMEN FIRST HEALTHCARE, INC
5355 MIRA SORRENTO PL SUITE 700
SAN DIEGO, CA 92121-3825

RETURN ADDRESS
HCF-BUREAU OF FINANCIAL SERVICES
ATTN ACCOUNTS RECEIVABLE
PO BOX 143104
SALT LAKE CITY,
UTAH 84114-3104

DRUG CODE	DRUG NAME	TOTAL NUMBER PRES	TOTAL UNITS DISPENSED	TOTAL REIMBURSE AMOUNT	REBATE PER UNIT	TOTAL REBATE AMOUNT
64248010101	ORTHO-EST	15	159 000	67 08	0 000000	0 00
64248010201	ORTHO-EST	8	270 000	113 92	0 000000	0 00
64248032001	ESCLIM	2	16 000	57 72	1 205300	19 28
64248033001	ESCLIM	4	32 000	117 48	0 000000	0 00
64248041910	SYNALGOS-D	1	30 000	29 07	0 000000	0 00
64248041912	SYNALGOS-D	1	12 000	13 96	0 000000	0 00

TOTAL

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19 28

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UTAH DEPARTMENT OF HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEMS
DRUG USAGE FREQUENCY REBATE
FOR STATE - UT FOR QUARTER - 1/2004

PAGE 1
RUN DATE 05/19/04

64248

JEANINE RAMOS
WOMEN FIRST HEALTHCARE, INC
5355 MIRA SORRENTO PL SUITE 700
SAN DIEGO, CA 92121-3825

RETURN ADDRESS
HCF-BUREAU OF FINANCIAL SERVICES
ATTN ACCOUNTS RECEIVABLE
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SALT LAKE CITY,
UTAH 84114-3104

DRUG CODE	DRUG NAME	TOTAL NUMBER PRES	TOTAL UNITS DISPENSED	TOTAL REIMBURSE AMOUNT	REBATE PER UNIT	TOTAL REBATE AMOUNT
64248000410	BACTRIM	1	14 000	4 95	0 000000	0 00
64248009110	EQUAGESIC	2	100 000	91 60	0 577700	57 77
64248010101	ORTHO-EST	17	173 000	70 92	0 024700	4 27
64248010201	ORTHO-EST	8	240 000	154 80	0 065500	15 72
64248011710	BACTRIM DS	1	20 000	6 29	0 933800	18 67
64248032001	ESCLIM	2	16 000	63 00	1 437900	23 00
64248033001	ESCLIM	5	40 000	158 80	1 331700	53 26
64248035001	ESCLIM	2	16 000	63 20	1 177300	18 83
64248041910	SYNALGOS-D	1	60 000	76 22	0 795000	47 70

TOTAL

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239 22

Menu Utilities Compilers Help

ISR BROBA HL F811P HL256R1 LETTERS

Line 00018922 C

Command ==>

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64248

NO ADDRESS FOUND

RETURN ADDRESS

HCF-BUREAU OF FINANCIAL SERVICES
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 UTAH 84114-3104

DRUG CODE	DRUG NAME	TOTAL NUMBER PRES	TOTAL UNITS DISPENSED	TOTAL REIMBURSE AMOUNT	TOTAL REBATE PER UNIT	TOTAL REBATE AMOUNT
64248009110	EQUAGESIC	2	100 000	91 60	0 000000	0 00 1.10
64248010101	ORTHO-EST	17	196 000	78 16	0 000000	0 00 1.71
64248010201	ORTHO-EST	5	150 000	86 40	0 000000	0 00 0.84
64248015030	VANIQA	2	60 000	76 33	0 000000	0 00
64248032001	ESCLIM	2	16 000	60 00	0 000000	0 00 8.78
64248033001	ESCLIM	6	48 000	192 36	0 000000	0 00 11.04
64248035001	ESCLIM	3	24 000	96 39	0 000000	0 00 3.53
64248041910	SYNALGOS-D	3	150 000	190 25	0 000000	0 00 2.39

$$29.50 \div 3 = 9.83$$

Total rebate amount for 2nd Quarter of 2004 is approximately \$9.83. This figure is based on $\frac{1}{3}$ of the total amount for the quarter ~~that~~ which is \$29.50.

Only the month of April is calculated because the bankruptcy was filed on April 29, 2004, ~~that~~ which only allows for claims prior to this date.