

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE PROOF OF CLAIM

Name of Debtor: **Women First HealthCare, Inc** 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.

Name of Creditor (The person or other entity to whom the debtor owes money or property): **Department of Health Services Accounting Section - Drug Rebate**

Name and address where notices should be sent: **Department of Health Services Office of Legal Services MS 0010 PO Box 997413 Sacramento, CA 95899-7413 Telephone number (916) 440-7725**

Check box if you are aware that any one 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 the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: **64248**

Check here replaces if this claim a previously filed claim dated _____

amends

1 Basis for Claim

Goods sold

Services performed

Money loaned

Personal injury/wrongful death

Taxes

Other: overpayment under Medical Drug Rebate Program

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: **6/2000 thru 3/2004**

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed \$ 1,933.90 (unsecured) (secured) (priority) **\$1,933.90** (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

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 \$ _____

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 if c) none or only part of your claim is entitled to priority.

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.

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

DEC 23 2004

BMC

Women First Healthcare, Inc.

Date: **12-17-04**

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): **Steven A. Oldham, Staff Attorney, Dept. of Health Services**

Penalty for preparing fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 1592

Barcode and number: 00201

1 UNITED STATES BANKRUPTCY COURT
2 FOR THE DISTRICT OF DELAWARE

3
4
5
6
7 In re) Chapter 11
8)
9 WOMEN FIRST HEALTHCARE, INC) CASE NO 14-11278 (MWF)
10 Debtor) **DECLARATION OF**
11) **RHONDA KITCHEN**
12) **IN SUPPORT OF THE**
13) **CALIFORNIA DEPARTMENT**
14) **OF HEALTH SERVICES'**
15) **PROOF OF CLAIM**
16)

17 I, Rhonda Kitchen, declare

18 1 I am currently a Drug Rebate Analyst of the Drug Rebate Analysis
19 Unit of the Drug Rebate and Vision Section of the Medi-Cal Policy Division of the
20 California Department of Health Services I have been continuously employed in that
21 capacity, since December 16, 2002 "Medi-Cal" is the name for California's version of
22 the joint federal-state Medicaid program paying for medical services and goods to
23 those unable to afford them I have personal knowledge of the matters stated herein,
24 and if called as a witness, I could competently testify to them

25 2 My responsibilities include serving as custodian of the Drug Rebate
26 Analysis Unit's records of rebates for located at 1501 Capitol Avenue, Sacramento, CA
27 95899

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3 I am authorized to, and hereby do, certify the genuineness of the documents attached as exhibits to this declaration For the liability under the Medicaid Drug Rebate Program pursuant to the between the Secretary United States Secretary of Health and Human Services, the amount of \$1,933 90 I certify that the documents attached hereto collectively as Exhibit A is a true and correct copy of statements issued by the Department for periods up to and including the first quarter of 2004 (through March 31, 2004) reflecting monies owed to the Department under Medicaid Drug Rebate Program

Executed on this 16th day of August 2004, at Sacramento, California


Rhonda Kitchen

California Department of Health Services - Medi-Cal Assistance Program
Rebate Accounting and Information System

DR-O-710

Detail Report Summary By Selected Labeler

Last Run 8/16/2004 10 18 45 AM

Selected Labeler(s) 64248

Selected Rebate Year/Qtr(s) 20003,20004,20011,20012,20013,20014,20

64248 WOMEN FIRST HEALTHCARE, INC

Rebate Year	Rebate Qtr	Invoice Type	Invoice Nbr	Total Original Invoice Amount	Total Outstanding Balance	Total Outstanding Principal	Total Paid Principal	Total Outstanding Interest	Total Paid Interest
2000	3	Medi-Cal	14628	52 60	0 04	0 00	84 32	0 04	0 00
2000	4	Medi-Cal	15152	80 25	0 00	0 00	117 02	0 00	0 00
2001	1	Medi-Cal	15640	129 17	0 00	0 00	129 17	0 00	0 00
2001	2	Medi-Cal	16116	112 14	-7 57	-7 57	119 71	0 00	0 00
2001	3	Medi-Cal	16622	162 57	0 00	0 00	162 57	0 00	0 00
2001	4	COHS Medi-Cal	52266	0 00	0 69	0 00	75 04	0 69	0 00
2001	4	Medi-Cal	51121	89 78	0 00	0 00	89 78	0 00	0 00
2002	1	COHS Medi-Cal	53075	74 18	0 26	0 00	125 00	0 26	0 00
2002	1	Medi-Cal	53073	65 37	0 00	0 00	65 37	0 00	0 00
2002	2	COHS Medi-Cal	54459	69 99	0 02	0 00	85 67	0 02	0 00
2002	2	Medi-Cal	54457	58 61	0 00	0 00	58 61	0 00	0 00

California Department of Health Services - Medi-Cal Assistance Program
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Rebate Year	Rebate Qtr	Invoice Type	Invoice Nbr	Original Invoice Amount	Total Outstanding Balance	Total Outstanding Principal	Total Paid Principal	Total Outstanding Interest	Total Paid Interest
2002	3	COHS Medi-Cal	57770	85 75	0 00	0 00	85 75	0 00	0 00
2002	3	FPACT	57768	0 00	0 03	0 00	15 86	0 03	0 00
2002	3	Medi-Cal	57767	69 70	0 25	0 00	207 54	0 25	0 00
2002	4	COHS Medi-Cal	59284	77 75	0 00	0 00	143 07	0 00	0 00
2002	4	FPACT	59282	35 62	0 00	0 00	35 62	0 00	0 00
2002	4	Medi-Cal	59281	405 24	0 01	0 00	427 05	0 01	0 00
2003	1	COHS Medi-Cal	59763	49 00	0 00	0 00	124 09	0 00	0 00
2003	1	FPACT	59761	133 91	0 00	0 00	133 91	0 00	0 00
2003	1	Medi-Cal	59760	407 58	67 95	67 45	407 58	0 50	0 00
2003	2	COHS Medi-Cal	62709	215 97	-213 15	-213 15	575 82	0 00	0 00
2003	2	FPACT	62707	0 66	-0 01	-0 01	166 42	0 00	0 00
2003	2	Medi-Cal	62706	90 31	-67 32	-67 32	712 19	0 00	0 00

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64248 WOMEN FIRST HEALTHCARE, INC

Rebate Year	Rebate Qtr	Invoice Type	Invoice Nbr	Original Invoice Amount	Total Outstanding Balance	Total Outstanding Principal	Total Paid Principal	Total Outstanding Interest	Total Paid Interest
2003	3	COHS Medi-Cal	63563	38 01	-51 83	-51 84	213 61	0 01	0 00
2003	3	FPACT	63561	72 43	-25 45	-25 45	97 88	0 00	0 00
2003	3	Medi-Cal	63560	368 77	-236 69	-236 71	641 59	0 02	0 00
2003	4	COHS Medi-Cal	66890	18 09	264 66	264 64	0 00	0 02	0 00
2003	4	FPACT	66888	58 27	58 33	58 27	0 00	0 06	0 00
2003	4	Medi-Cal	66887	836 01	1,014 28	1,013 21	0 00	1 07	0 00
2004	1	COHS Medi-Cal	68149	276 77	276 77	276 77	0 00	0 00	0 00
2004	1	FPACT	68147	39 22	39 22	39 22	0 00	0 00	0 00
2004	1	Medi-Cal	68146	813 41	813 41	813 41	0 00	0 00	0 00
64248				\$4,987 13	\$1,933 90	\$1,930 92	\$5,100 24	\$2 98	\$0 00
Grand Totals				\$4,987 13	\$1,933 90	\$1,930 92	\$5,100 24	\$2 98	\$0 00

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

California
Department of
Health Services

SANDRA SHEWRY
Director

DEC 17 2004

Women First HealthCare, Inc
c/o BMC Group
fka Bankruptcy Management Corp
PO Box 983
El Segundo, CA 90245-0983

Re ***Women First HealthCare, Inc et al***
U S Bankruptcy Court, District of Delaware, Case No 04-11278

Dear Sir or Madam

Enclosed for filing are the original and two copies of the Proof of Claim for \$1,933 90 with supporting documents

Please return an endorsed filed copy of the Proof of Claim in the enclosed stamped, self-addressed envelope Thank you

Sincerely,

Robert D Tousignant
Deputy Director and Chief Counsel

A handwritten signature in black ink, appearing to read "Steven A. Oldham".

Steven A Oldham
Staff Attorney

Enclosures

cc/enc Rhonda Kitchen
Drug Rebate Analyst
Medical Policy Division
MS 4606
PO Box 997417
Sacramento, CA 95899-7417