

# United States Bankruptcy Court, District of Delaware

Filed: USBC - District of Delaware  
THG Holdings LLC, Et al (B10)  
19-11689 (JTD)

THG



Fill in this information to identify the case (Select only one Debtor per claim form):

Debtor: True Health Diagnostics, LLC

Case Number: 19-11691

RECEIVED

AUG 13 2019

Official Form 410

LEGAL SERVICES

## Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense (other than a claim entitled to priority under 11 U.S.C. § 503(b)(9)). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Allscripts Healthcare, LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Allscripts Healthcare, LLC</u> Name <u>305 Church at North Hills Street</u> Number Street <u>Raleigh NC 27609</u> City State ZIP Code Contact phone <u>919-329-1143</u> Contact email <u>thelma.mason@allscripts.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?

☐ No

☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 2 6 1

7. How much is the claim?

\$ 36,337.38

Does this amount include interest or other charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Support, Software

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

**Nature of property:**

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** \$ \_\_\_\_\_

**Amount of the claim that is secured:** \$ \_\_\_\_\_

**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_

**Annual interest rate** (when case was filed) \_\_\_\_\_ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

### Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

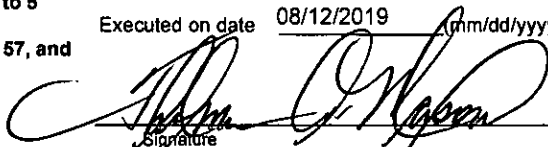
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/12/2019 (mm/dd/yyyy)

  
Signature

Print the name of the person who is completing and signing this claim:

Name Thelma A. Mason

First name

Middle name

Last name

Title Billing Analyst

Company Allscripts Healthcare, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 305 Church at North Hills Street

Number Street

Raleigh

NC

27609

City

State

ZIP Code

Contact phone 919-329-1143

Email thelma.mason@allscripts.com



# Allscripts™

Client Order# 238222 - 1

Address:  
8529 Six Forks Rd  
Raleigh, NC 27615

Client No: 10043762  
Opportunity ID: 0061a0000015CxJ  
Sales Executive: Page, Jonathan Foster (Jack)  
Valid Until: 10-MAR-2017  
Proposal Date: 09-FEB-2017

Client Name: Wissam Fayad Md Pc  
Client Contact: Wissam Fayad  
Client Email: fayad\_w@yahoo.com

Applicable  
Allscripts Solution: AMPRO00000A  
Client Address: 1841 WEST 25TH STE A  
Yuma, AZ 85364 US  
Client Phone No: +19283443350

Delivery:  
Address: Wissam Fayad Md Pc  
1841 WEST 25TH STE A  
Yuma, AZ 85364 United States

**Facilities.** The Facilities for which the ordered Solutions are licensed are as follows (certain Solutions are licensed for use only at a sub-set of the Facilities, as specified in the "Facility" column(s) of the Purchase Table(s) below):

Facility #	Facility Name	Address	Email	Telephone	Facsimile
1	[Primary] Wissam Fayad Md Pc	1841 WEST 25TH STE A Yuma AZ US 85364		+19283445565	+19283445655

**Ordered items.** Allscripts will supply the following items for Client:

Item #		Qty	Description	License Term In Months. (unless renewed)	Client Fees	Payment Schedule	Total Fee	Support/Subscription		
								Annualized Recurring Fees	Payment Schedule*	Term In Months # (unless renewed)
PSPROFF04150		1	Allscripts Professional HL7 Interface 3rd Party - All Result Types Inbound (Lab and Procedure) Integration and Testing	NA	\$5,500.00	Service Completion	\$5,500.00	NA	NA	
PSPROFF04160		1	Allscripts HL7 Interface with Third Party Lab - Orders Outbound Integration and Testing	NA	\$5,500.00	Service Completion	\$5,500.00	NA	NA	
INT02143		1	Allscripts Professional HL7 Interface 3rd Party - All Result Types Inbound (Lab and Procedure)	Perpetual	\$0.00	14D Order Date	\$0.00	\$600.00	\$50.00 / Monthly (Commencing on 100P Commencing Order Date)	60
INT02144		1	Allscripts Professional HL7 Interface with Third Party Lab - Orders Outbound	Perpetual	\$0.00	14D Order Date	\$0.00	\$600.00	\$50.00 / Monthly (Commencing on 100P Commencing Order Date)	60
Shipping Preference o Overnight AM o Second Day o Standard Ground (estimated 7 to 10 days)					Total Fee		\$11,000.00	\$1,200.00		

**Summary Payment Schedule:** Non-recurring fees (i.e., those not payable Yearly, Monthly, Quarterly or Half-Yearly or other designated time basis) are payable per the following table, based on the corresponding acronym used in the above table(s):

Event	Fees
Payable Upon Services Completion.	\$11,000.00

\* **Payment Schedule.** As used in the above tables, "Annually," "Quarterly," "Half-Yearly," or "Monthly" means the corresponding fees are payable on a contract, not calendar, basis.

"**Service Completion**" means the date on which Allscripts has completed its portion of the corresponding in-scope work effort (as Client permitted)

"**100P Commencing Order Date**" means 100% of recurring fees commencing upon the Order Date

"**14D Order Date**" means 100% due upon 14 days after the Order Date

#### **ALLSCRIPTS ORDER PROVISIONS**

This Client Order ("Order") between Allscripts Healthcare, LLC ("Allscripts") and the above-referenced client ("Client"), as of its effective date ("Order Date"), is hereby made a part of and amends that certain existing written agreement between the parties that includes Client's license of the above-identified Allscripts solution or is otherwise applicable to the ordered item(s) ("Agreement"). Capitalized terms used and not otherwise defined herein shall have the meanings set forth in the Agreement.

The general terms and conditions set forth in the Agreement will apply to this Order, except where expressly identified herein and in addition to any specific terms and conditions set forth in any Attachment(s) to this Order. In the event of a conflict between the terms and conditions of this Order and any Attachment (s) hereto, the terms and conditions of such Attachment(s) shall control. In the event of any conflict between the terms and conditions of this Order and the Agreement, the terms and conditions of this Order shall control.

**Term:** If the total dollar value of this Order, including any estimated T&M Services, is greater than \$100,000, this Order is effective upon signature by both parties. If the total dollar value of this Order, including any estimated T&M Services, is less than \$100,000, this Order is effective upon signature by the Client and submission of this Order to Allscripts Commercial Operations prior to the Expiration Date. "Expiration Date" is 30 days from the Valid Until Date stated on this Order. Allscripts may, in its discretion, reject this Order if the last date of signature is after the Expiration Date and the Order shall be deemed null and void even if mutually signed. Any unauthorized modifications and/or handwritten revisions are null and void unless initiated by Allscripts Commercial Operations. Each ordered Service or license begins on the Client Order specified "Start Date" (or Order Date if none stated) and lasts for the specified duration ("Term" as defined in Order above). Unless otherwise stated, for each ordered subscription, or support for a perpetual license the Term will automatically renew for additional 1 year periods, unless either party provides the other a written notice of non-renewal at least ninety (90) days prior to the expiration of the then-current term. All terms (including professional services which do not renew) will automatically come to an end if the Order is duly terminated.

**Fees and Expenses.** T&M Services fees, if present, are calculated based on the actual time spent by Allscripts personnel (measured in hours, unless otherwise stated), regardless of the stated estimate(s). Unless otherwise agreed to in the Agreement, and if applicable, out-of-pocket expenses actually incurred by or on behalf of Allscripts in performing ordered services are payable by Client hereunder in accordance with the T&E Policy (i.e. meals, lodging, airfare as outlined and located at <http://www.allscripts.com/Travel-and-Expense-Policy.pdf>).

**Payment:** Except as otherwise stated, T&M Services fees will be billed periodically and in arrears and Client shall pay such invoiced amounts due under this Order within the applicable time period specified in the Agreement, as amended by this Order, or within 30 days of invoice date if no such period is specified. Fees for other ordered items are due and payable upon the occurrence of the event(s) set forth in the corresponding Payment Schedule column(s) of this Order.

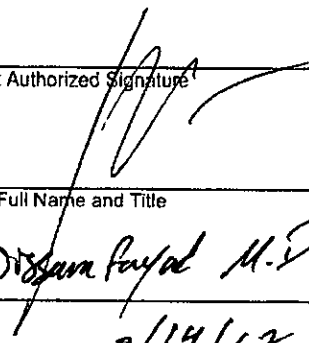
**Third Party Financing:** If Client concurrently submits to Allscripts with its executed original of this Order both (1) an accompanying purchase order (PO) that expressly designates a third party financing company to receive, on Client's behalf, invoices for some or all of the fees hereunder and (2) a copy of its associated financing arrangement with such third party and/or other documentation that provides sufficient and clear details as to which of the fees hereunder are to be invoiced to such company, this "Third Party Financing" Section shall apply; otherwise it shall not apply (and Allscripts will invoice Client directly for all fees under this Order). Client represents that it has financed such designated amounts through a separate arrangement with such designated third party finance company and arranged for that company to receive and pay associated invoices from Allscripts on Client's behalf. Accordingly, Allscripts may send applicable invoices to that finance company (rather than to Client directly) for payment. Allscripts may share Client confidential information with the finance company as reasonably required in connection with invoice processing. Notwithstanding anything else, Client will remain solely and directly responsible for paying all amounts due on a timely basis, irrespective of any payment delay or failure by the finance company. Client may change or remove the designated finance company on at least 60 days advance notice with sufficient detail (if the subject fees have not been invoiced and are not scheduled to be invoiced until after that 60-day period). Client will ensure that the finance company (a) keeps Allscripts confidential information confidential and (b) does not attempt to impose any conditions or other provisions on Allscripts related to any payment or otherwise. Client's financing arrangement with the finance company is not binding on Allscripts. Client has selected the finance company without reliance upon any representations or statements made by Allscripts.

**General Terms:** Client will comply with the Anti-Kickback statute (42 C.F.R. 1001.952(h)), including accurately reporting any discounted or no-cost items to the Federal government. The Agreement (as amended) comprises the full understanding of the parties related to its subject matter. Client

acknowledges that it has not relied on the availability of any future version of any ordered item or any other future product or service in executing this Order. If any Professional Services were performed under this Order, Allscripts will, from time to time, conduct client phone or email surveys for the purpose of accessing client satisfaction associated with work effort by services resources performed (delivered) under this Order. This Order may be executed in counterparts and electronically scanned or facsimile signatures shall be deemed originals. Any supplemental or modified provisions contained in any Client (or third party) proposed purchase order(s) are not included in this Order and shall not be binding on the parties. The "Notes" section of this Order is for informational purposes only and does not contain any provisions that are binding on either party. For clarification, the materials and information disclosed by Allscripts hereunder are Allscripts confidential information and this Order is confidential information of both parties, all pursuant to the confidentiality provisions set forth elsewhere in the Agreement. All sales are final, non-cancellable and non-refundable.

**Professional Services:** Allscripts will perform ordered professional services in a professional and workmanlike manner. Both parties agree to provide sufficiently trained personnel to fulfill and duly complete its agreed and assigned tasks. If Client postpones any agreed implementation date, including telephone calls set forth in the project plan, for any reason, except for circumstances beyond its reasonable control, without providing ten (10) business days prior written notice, Allscripts, in its commercially reasonable discretion, shall be entitled to impose a fee of up to \$2500 per postponement. For Speed to Value implementations only, if Client fails to ensure that all Authorized Users timely complete the then-current Allscripts simulation learning and pass all tests with a success score of at least ninety percent (90%) fifteen business days prior to the mutually scheduled Go Live date, Allscripts may, in its sole discretion, reschedule the Go Live date and impose a fee of up to \$2,500 for each rescheduled Go Live date. After Go Live, Client is required to ensure new Authorized Users meet the Allscripts simulation learning pass rate set forth above in a timely fashion.

{Signature Page to Follow}

Client Authorized Signature 
Print Full Name and Title William Fayal M.D.
Date 2/14/17

Allscripts Authorized Signature
Print Full Name and Title
Date



# Allscripts®

Allscripts Healthcare, LLC  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Allscripts Federal Tax ID 56-1306083

Invoice Number: 4002274763  
Invoice Date: 05/15/2019

Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Customer Contract #: 238222  
Oracle Contract #: US1149162  
Amount Due: \$109.42  
Due Date: 06/14/2019

**BILL TO:**

TRUE HEALTH DIAGNOSTICS LLC  
ATTN: Accounts Payable  
737 N 5TH ST STE 103  
RICHMOND VA 23219-1441

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

Wissam Fayad Md Pc  
1841 WEST 25TH STE A  
Yuma, AZ 85364

Transaction Type		Currency	
Maintenance Invoice		USD	
Quantity	Description	Taxable	Extended Price
1	Monthly Maintenance:1:Allscripts Professional HL7 Interface 3rd Party - All Result Types Inbound (Lab and Procedure) - 15-MAY-2019 to 14-JUN-2019	Yes	\$51.81
1	Monthly Maintenance:1:Allscripts Professional HL7 Interface with Third Party Lab - Orders Outbound - 15-MAY-2019 to 14-JUN-2019	Yes	\$51.81

Additional Information: Contract - 238222

Item Subtotal	\$103.62
Tax Total	\$5.80
Invoice Total	\$109.42
Balance Due	\$109.42

Please see our online portal for further FAQ's and forms. To obtain access to this portal please contact the number above.

Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



# Allscripts®

REMIT PAYMENT TO:  
Allscripts Healthcare, LLC.  
24630 Network Place  
Chicago, IL 60673-1246

Invoice Number: 4002274763  
Invoice Date: 05/15/2019  
Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Customer Contract #: 238222  
Oracle Contract #: US1149162  
Amount Due: \$109.42  
Due Date: 06/14/2019

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts





# Allscripts®

Allscripts Healthcare, LLC  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Allscripts Federal Tax ID 56-1306083

Invoice Number: 4002309953  
Invoice Date: 06/15/2019

Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Customer Contract #: 238222  
Oracle Contract #: US1149162  
Amount Due: \$109.42  
Due Date: 07/15/2019

**BILL TO:**

TRUE HEALTH DIAGNOSTICS LLC  
ATTN: Accounts Payable  
737 N 5TH ST STE 103  
RICHMOND VA 23219-1441

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

Wissam Fayad Md Pc  
1841 WEST 25TH STE A  
Yuma, AZ 85364

Transaction Type		Currency	
Maintenance Invoice		USD	
Quantity	Description	Taxable	Extended Price
1	Monthly Maintenance:1:Allscripts Professional HL7 Interface 3rd Party - All Result Types Inbound (Lab and Procedure) - 15-JUN-2019 to 14-JUL-2019	Yes	\$51.81
1	Monthly Maintenance:1:Allscripts Professional HL7 Interface with Third Party Lab - Orders Outbound - 15-JUN-2019 to 14-JUL-2019	Yes	\$51.81

**Additional Information:** Contract - 238222

Item Subtotal	\$103.62
Tax Total	\$5.80
Invoice Total	\$109.42
Balance Due	\$109.42

Please see our online portal for further FAQ's and forms. To obtain access to this portal please contact the number above.

Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



# Allscripts®

REMIT PAYMENT TO:  
Allscripts Healthcare, LLC.  
24630 Network Place  
Chicago, IL 60673-1246

Invoice Number: 4002309953  
Invoice Date: 06/15/2019  
Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Customer Contract #: 238222  
Oracle Contract #: US1149162  
Amount Due: \$109.42  
Due Date: 07/15/2019

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts

ATTN: Martha

Feb 01 14:03:21p



Allscripts™

Client Order# 40915 - 1

Address:  
8529 Six Forks Rd  
Raleigh, NC 27615Client No: 10018737  
Opportunity ID: 0060000000AWHRs  
Sales Executive: Alice Frost  
Valid Until: 07-FEB-2014  
Proposal Date: 23-JAN-2014Client Name: Sand Mountain Family Practice  
Client Contact: Amelia Powell  
Client Email: smfpc@aol.comApplicable: AMPRO00000A  
Allscripts Solution:  
Client Address: 201 LONDON PKY  
Birmingham, AL 35211 USDelivery Address: Sand Mountain Family Practice  
5104 US HWY 431  
Albertville, AL 35950 United States

**Facilities.** The Facilities for which the ordered Solutions are licensed are as follows (certain Solutions are licensed for use only at a sub-set of the Facilities, as specified in the "Facility" column(s) of the Purchase Table(s) below):

Facility #	Facility Name	Address	Email	Telephone	Facsimile
1	[Primary] Sand Mountain Family Practice	5104 US HWY 431 Albertville AL US 35950		+12568788182	

**Ordered Items.** Allscripts will supply the following items for Client:

Item #	Qty	Description	License Term in Months. (unless renewed)	List Unit Fee	Client Discounted Unit Fee	Payment Schedule	Total Fee	Support/Subscription			
								Annualized Recurring List Fees	Annualized Recurring Discounted Fees	Payment Schedule*	Term in Months # (unless renewed)
PSPROFF04150	1	Allscripts HL7 Interface with Third Party Lab - Results Inbound Integration and Testing	NA	\$5,500.00	\$5,500.00	Service Completion	\$5,500.00	NA	NA	NA	
PSPROFF04160	1	Allscripts HL7 Interface with Third Party Lab - Orders Outbound Integration and Testing	NA	\$5,500.00	\$5,500.00	Service Completion	\$5,500.00	NA	NA	NA	
INT02143	1	Allscripts Professional HL7 Interface with Third Party Lab - Results Inbound	Perpetual	\$0.00	\$0.00	Service Completion	\$0.00	\$600.00	\$600.00	\$600.00 / Yearly (Commencing on 100P Support Delivery)	60
INT02144	1	Allscripts Professional HL7 Interface with Third Party Lab - Orders Outbound	Perpetual	\$0.00	\$0.00	Service Completion	\$0.00	\$600.00	\$600.00	\$600.00 / Yearly (Commencing on 100P Support Delivery)	60

	<b>Shipping Preference</b> <ul style="list-style-type: none"><li>o Overnight AM</li><li>o Second Day</li><li>o Standard Ground (estimated 7 to 10 days)</li></ul>	<b>Total Fee</b>	\$11,000.00	\$1,200.00	\$1,200.00	
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**Summary Payment Schedule:** Non recurring fees (i.e., those not payable Yearly, Monthly, Quarterly or Half-Yearly or other designated time basis) are payable per the following table, based on the corresponding acronym used in the above table(s):

Event	Fees
Payable Upon Services Completion	\$11,000.00

\* **Payment Schedule.** As used in the above tables, "Annually," "Quarterly," "Half-Yearly," or "Monthly" means the corresponding fees are payable on a contract, not calendar, basis.

"Service Completion" means the date on which Allscripts has completed its portion of the corresponding in-scope work effort (as Client permitted)  
 "100P Support Delivery" means 100% (of initial recurring fee) upon Solution delivery

If this Order includes any ordered interfaces, the then-current Allscripts Standard Interface Terms, which are available for review at <http://www3.allscripts.com/resources/legal/interface/terms.pdf>, apply to such interfaces and are incorporated by reference.

#### **ALLSCRIPTS ORDER PROVISIONS**

This Client Order ("Order") between Allscripts Healthcare, LLC ("Allscripts") and the above-referenced client ("Client"), as of its effective date ("Order Date"), is hereby made a part of and amends that certain existing written agreement between the parties that includes Client's license of the above-identified Allscripts solution or is otherwise applicable to the ordered item(s) ("Agreement"). Capitalized terms used and not otherwise defined herein shall have the meanings set forth in the Agreement.

The general terms and conditions set forth in the Agreement will apply to this Order, except where expressly identified herein and in addition to any specific terms and conditions set forth in any Attachment(s) to this Order. In the event of a conflict between the terms and conditions of this Order and any Attachment(s) hereto, the terms and conditions of such Attachment(s) shall control. In the event of any conflict between the terms and conditions of this Order and the Agreement, the terms and conditions of this Order shall control.

**Term:** This Order is effective upon being signed by both parties, except that Allscripts' signature on this Order is not required if the total dollar value of this Order, including any estimated T&M Services, is less than \$100,000. If Allscripts' signature is not required, this Order is effective upon submission of this Order to Allscripts Commercial Operations prior to the Expiration Date. Allscripts may, in its discretion, reject this Order if the last date of signature is after the Expiration Date. "Expiration Date" is the earlier of 30 days from the Proposal Date stated on this Order or the last day of the calendar quarter that includes the Proposal Date. If Allscripts so rejects this Order, it will advise Client and such Order will then be deemed null and void even if mutually signed. Any unauthorized modifications, including but not limited to Client's handwritten revisions, are null and void unless initiated by Allscripts Commercial Operations. This Order shall end for each ordered item as specified in this Order. Unless otherwise stated in this Order or the Agreement, (a) the term for each ordered item will start on the Order Date, and (b) for each Renewable Item, upon expiration of the initial or any renewal term, the term will automatically renew for additional 1 year periods, unless either party provides the other notice of non-renewal at least 90 days prior to the expiration of the then-current term.

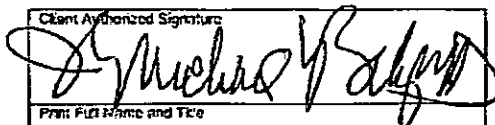
**Fees and Expenses.** T&M Services fees, if present, are calculated based on the actual time spent by Allscripts personnel (measured in hours, unless otherwise stated), regardless of the stated estimate(s). If applicable, out-of-pocket expenses actually incurred by or on behalf of Allscripts in performing ordered services are payable by Client hereunder in accordance with the Agreement.

**Payment:** Except as otherwise stated, T&M Services fees will be billed periodically and in arrears and Client shall pay such invoiced amounts due under this Order within the applicable time period specified in the Agreement, as amended by this Order, or within 30 days of invoice date if no such period is specified. Fees for other ordered items are due and payable upon the occurrence of the event(s) set forth in the corresponding Payment Schedule column(s) of this Order.

**Third Party Financing:** If Client concurrently submits to Allscripts with its executed original of this Order both (1) an accompanying purchase order (PO) that expressly designates a third party financing company to receive, on Client's behalf, invoices for some or all of the fees hereunder and (2) a copy of its associated financing arrangement with such third party and/or other documentation that provides sufficient and clear details as to which of the fees hereunder are to be invoiced to such company, this "Third Party Financing" Section shall apply; otherwise it shall not apply (and Allscripts will invoice Client directly for all fees under this Order). Client represents that it has financed such designated amounts through a separate arrangement with such designated third party finance company and arranged for that company to receive and pay associated invoices from Allscripts on Client's behalf. Accordingly, Allscripts may send applicable invoices to that finance company (rather than to Client directly) for payment. Allscripts may share Client confidential information with the finance company as reasonably required in connection with invoice processing. Notwithstanding anything else, Client will remain solely and directly responsible for paying all amounts due on a timely basis, irrespective of any payment delay or failure by the finance company. Client may change or remove the designated finance company on at least 60 days advance notice with sufficient detail (if the subject fees have not been invoiced and are not scheduled to be invoiced until after that 60-day period). Client will ensure that the finance company (a) keeps Allscripts confidential information confidential and (b) does not attempt to impose any conditions or other provisions on Allscripts related to any payment or otherwise. Client's financing arrangement with the finance company is not binding on Allscripts. Client has selected the finance company without reliance upon any representations or statements made by Allscripts.

General Terms: Client will comply with the Anti-Kickback statute (42 U.S.C. 1001.952(h)), including accurately reporting any discounted or no-cost items to the Federal government. The Agreement (as amended) comprises the full understanding of the parties related to its subject matter. Client acknowledges that it has not relied on the availability of any future version of any ordered item or any other future product or service in executing this Order. In the event of any conflict between the terms of this Order (including any supplemental terms expressly incorporated by reference) and those set forth elsewhere in the Agreement, the terms of this Order shall control. This Order may be executed in counterparts and electronically scanned or facsimile signatures shall be deemed originals. Any supplemental or modified provisions contained in any Client (or third party) proposed purchase order(s) are not included in this Order and shall not be binding on the parties. The "Notes" section of this Order is for informational purposes only and does not contain any provisions that are binding on either party. For clarification, the materials and information disclosed by Allscripts hereunder are Allscripts confidential information and this Order is confidential information of both parties, all pursuant to the confidentiality provisions set forth elsewhere in the Agreement.

[Signature Page to Follow]

Client Authorized Signature

Print Full Name and Title
Joe Michael Belyeu
Date
1/29/14

Attorneys Authorized Signature
Print Full Name and Title
Date



Allscripts Healthcare, LLC  
305 Church at North Hill Street  
Raleigh, NC 27609  
Allscripts Federal Tax ID 56-1306083

Invoice Number: 4001867494  
Invoice Date: 08/21/2018

Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Customer Contract #: 40915  
Oracle Contract #: US1074474  
Amount Due: \$1,408.54  
Due Date: 09/20/2018

**BILL TO:**

TRUE HEALTH DIAGNOSTICS LLC  
737 N 5TH ST STE 103  
RICHMOND VA 23219-1441

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.calcenter@allscripts.com](mailto:finance.calcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

Sand Mountain Family Practice  
5104 US HWY 431  
Albertville, AL 35950

Transaction Type			Currency
Maintenance Invoice			USD
Quantity	Description	Taxable	Extended Price
1	Annual Maintenance:1:Allscripts Professional HL7 Interface with Third Party Lab - Orders Outbound - 20-AUG-2018 to 19-AUG-2019	Yes	\$646.12
1	Annual Maintenance:1:Allscripts Professional HL7 Interface with Third Party Lab - Results Inbound - 20-AUG-2018 to 19-AUG-2019	Yes	\$646.12
Item Subtotal			\$1,292.24
Tax Total			\$116.30
Invoice Total			\$1,408.54
Balance Due			\$1,408.54

Please see our online portal for further FAQ's and forms. To obtain access to this portal please contact the number above.

**Overnight Courier Address:** JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare, LLC 24630 Chicago, IL 60603.

**Wiring Instructions:** Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021;  
Bank Phone (312)336-2744 **ACH Information:** Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



REMIT PAYMENT TO:  
Allscripts Healthcare, LLC.  
24630 Network Place  
Chicago, IL 60673-1246

Invoice Number: 4001867494  
Invoice Date: 08/21/2018  
Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Customer Contract #: 40915  
Oracle Contract #: US1074474  
Amount Due: \$1,408.54  
Due Date: 09/20/2018

Please send all correspondence, including address changes, to 305 Church at North Hill Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 36830  
Invoice Date: 11/12/2018

Customer Number: 10085172  
PO Number: None  
Customer Contract #:  
Oracle Contract #:  
Amount Due: \$3,770.00  
Due Date: 12/12/2018

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 N 5th. Street  
Richmond, VA 23219

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.calcenter@allscripts.com](mailto:finance.calcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th. Street  
Richmond, VA 23219

Transaction Type			Currency
EDI Invoice			USD
Quantity	Description	Taxable	Extended Price
15	Oct 2018 - Monthly User Fees (High Tier, H)	No	\$1,800.00
21	Oct 2018 - Monthly User Fees (Medium Tier, M)	No	\$1,470.00
25	Oct 2018 - Monthly User Fees (Low Tier, L)	No	\$500.00
Item Subtotal			\$3,770.00
Tax Total			\$0.00
Invoice Total			\$3,770.00
Balance Due			\$3,770.00

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REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Invoice Number: 36830  
Invoice Date: 11/12/2018  
Customer Number: 10085172  
PO Number: None  
Customer Contract #:  
Oracle Contract #:  
Amount Due: \$3,770.00  
Due Date: 12/12/2018

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Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000000377  
Invoice Date: 12/18/2018

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$3,300.00  
Due Date: 01/17/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

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E-mail inquiries to: [finance.calicenter@allscripts.com](mailto:finance.calicenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th. Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
20	Practice Fusion Lab Orders(Medium Tier, M)	November 2018	\$70.00	No	\$1,400.00
10	Practice Fusion Lab Orders(High Tier, H)	November 2018	\$120.00	No	\$1,200.00
35	Practice Fusion Lab Orders(Low Tier, L)	November 2018	\$20.00	No	\$700.00
Item Subtotal					\$3,300.00
Tax Total					\$0.00
Invoice Total					\$3,300.00
Balance Due					\$3,300.00

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Please detach and return bottom portion with your payment



Invoice Number: 55000000377  
Invoice Date: 12/18/2018  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$3,300.00  
Due Date: 01/17/2019

REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

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Invoice Number:  
Invoice Date:

55000000377  
12/18/2018

Transaction Type					Currency	
PF Lab Invoice					USD	
	Quantity	Description	Date Range	Unit Price	Taxable	Ext Price
Sub-Total	20	Practice Fusion Lab Orders(Medium Tier, M)	11/1/2018 Through 11/30/2018	\$70.00	No	\$1,400.00
Sub-Total	10	Practice Fusion Lab Orders(High Tier, H)	11/1/2018 Through 11/30/2018	\$120.00	No	\$1,200.00
Sub-Total	35	Practice Fusion Lab Orders(Low Tier, L)	11/1/2018 Through 11/30/2018	\$20.00	No	\$700.00



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000001015  
Invoice Date: 01/14/2019

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$3,770.00  
Due Date: 02/13/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
12	Practice Fusion Lab Orders(High Tier, H)	December 2018	\$120.00	No	\$1,440.00
36	Practice Fusion Lab Orders(Low Tier, L)	December 2018	\$20.00	No	\$720.00
23	Practice Fusion Lab Orders(Medium Tier, M)	December 2018	\$70.00	No	\$1,610.00
Item Subtotal					\$3,770.00
Tax Total					\$0.00
Invoice Total					\$3,770.00
Balance Due					\$3,770.00

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Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

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Invoice Number: 55000001015  
Invoice Date: 01/14/2019  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$3,770.00  
Due Date: 02/13/2019

REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Invoice Number:  
Invoice Date:

55000001015  
01/14/2019

Transaction Type						Currency
PF Lab Invoice						USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price	
Sub-Total 12	Practice Fusion Lab Orders(High Tier, H)	12/1/2018 Through 12/31/2018	\$120.00	No	\$1,440.00	
Sub-Total 36	Practice Fusion Lab Orders(Low Tier, L)	12/1/2018 Through 12/31/2018	\$20.00	No	\$720.00	
Sub-Total 23	Practice Fusion Lab Orders(Medium Tier, M)	12/1/2018 Through 12/31/2018	\$70.00	No	\$1,610.00	



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000001571  
Invoice Date: 02/13/2019

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$3,690.00  
Due Date: 03/15/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

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True Health Diagnostics LLC  
737 N 5th Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
41	Practice Fusion Lab Orders(Low Tier, L)	January 2019	\$20.00	No	\$820.00
29	Practice Fusion Lab Orders(Medium Tier, M)	January 2019	\$70.00	No	\$2,030.00
7	Practice Fusion Lab Orders(High Tier, H)	January 2019	\$120.00	No	\$840.00
Item Subtotal					\$3,690.00
Tax Total					\$0.00
Invoice Total					\$3,690.00
Balance Due					\$3,690.00

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Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

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REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Invoice Number: 55000001571  
Invoice Date: 02/13/2019  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$3,690.00  
Due Date: 03/15/2019

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Invoice Number:  
Invoice Date:

55000001571  
02/13/2019

Transaction Type						Currency
PF Lab Invoice						USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price	
Sub-Total 41	Practice Fusion Lab Orders(Low Tier, L)	1/1/2019 Through 1/31/2019	\$20.00	No	\$820.00	
Sub-Total 29	Practice Fusion Lab Orders(Medium Tier, M)	1/1/2019 Through 1/31/2019	\$70.00	No	\$2,030.00	
Sub-Total 7	Practice Fusion Lab Orders(High Tier, H)	1/1/2019 Through 1/31/2019	\$120.00	No	\$840.00	



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000001777  
Invoice Date: 03/12/2019

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$4,080.00  
Due Date: 04/11/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

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True Health Diagnostics LLC  
737 N 5th. Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
10	Practice Fusion Lab Orders(High Tier, H)	February 2019	\$120.00	No	\$1,200.00
32	Practice Fusion Lab Orders(Low Tier, L)	February 2019	\$20.00	No	\$640.00
32	Practice Fusion Lab Orders(Medium Tier, M)	February 2019	\$70.00	No	\$2,240.00
Item Subtotal					\$4,080.00
Tax Total					\$0.00
Invoice Total					\$4,080.00
Balance Due					\$4,080.00

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Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



Invoice Number: 55000001777  
Invoice Date: 03/12/2019  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$4,080.00  
Due Date: 04/11/2019

REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

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Invoice Number:  
Invoice Date:

55000001777  
03/12/2019

Transaction Type						Currency
PF Lab Invoice						USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price	
Sub-Total 10	Practice Fusion Lab Orders(High Tier, H)	2/1/2019 Through 2/28/2019	\$120.00	No	\$1,200.00	
Sub-Total 32	Practice Fusion Lab Orders(Low Tier, L)	2/1/2019 Through 2/28/2019	\$20.00	No	\$640.00	
Sub-Total 32	Practice Fusion Lab Orders(Medium Tier, M)	2/1/2019 Through 2/28/2019	\$70.00	No	\$2,240.00	





Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000002202  
Invoice Date: 04/09/2019

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$4,120.00  
Due Date: 05/09/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

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Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th. Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
35	Practice Fusion Lab Orders(Low Tier, L)	March 2019	\$20.00	No	\$700.00
30	Practice Fusion Lab Orders(Medium Tier, M)	March 2019	\$70.00	No	\$2,100.00
11	Practice Fusion Lab Orders(High Tier, H)	March 2019	\$120.00	No	\$1,320.00
Item Subtotal					\$4,120.00
Tax Total					\$0.00
Invoice Total					\$4,120.00
Balance Due					\$4,120.00

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Please detach and return bottom portion with your payment



REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Invoice Number: 55000002202  
Invoice Date: 04/09/2019  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$4,120.00  
Due Date: 05/09/2019

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Invoice Number:  
Invoice Date:

55000002202  
04/09/2019

Transaction Type						Currency
PF Lab Invoice						USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price	
Sub-Total 35	Practice Fusion Lab Orders(Low Tier, L)	3/1/2019 Through 3/31/2019	\$20.00	No	\$700.00	
Sub-Total 30	Practice Fusion Lab Orders(Medium Tier, M)	3/1/2019 Through 3/31/2019	\$70.00	No	\$2,100.00	
Sub-Total 11	Practice Fusion Lab Orders(High Tier, H)	3/1/2019 Through 3/31/2019	\$120.00	No	\$1,320.00	



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000003087  
Invoice Date: 04/20/2019

Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Contract Number:  
EDI System #:  
Amount Due: \$4,100.00  
Due Date: 05/20/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

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Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th. Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
32	Practice Fusion Lab Orders(Medium Tier, M)	April 2019	\$70.00	No	\$2,240.00
10	Practice Fusion Lab Orders(High Tier, H)	April 2019	\$120.00	No	\$1,200.00
33	Practice Fusion Lab Orders(Low Tier, L)	April 2019	\$20.00	No	\$660.00
Item Subtotal					\$4,100.00
Tax Total					\$0.00
Invoice Total					\$4,100.00
Balance Due					\$4,100.00

Please see our online portal for further FAQ's and forms. To obtain access to this portal please contact the number above.

Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



Invoice Number: 55000003087  
Invoice Date: 04/20/2019  
Customer Number: 10085172  
PO Number: NO PO PROVIDED  
Contract Number:

Amount Due: \$4,100.00  
Due Date: 05/20/2019

REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Invoice Number:  
Invoice Date:

55000003087  
04/20/2019

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price
Sub-Total 32	Practice Fusion Lab Orders(Medium Tier, M)	4/1/2019 Through 4/30/2019	\$70.00	No	\$2,240.00
Sub-Total 10	Practice Fusion Lab Orders(High Tier, H)	4/1/2019 Through 4/30/2019	\$120.00	No	\$1,200.00
Sub-Total 33	Practice Fusion Lab Orders(Low Tier, L)	4/1/2019 Through 4/30/2019	\$20.00	No	\$660.00



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000003592  
Invoice Date: 06/16/2019

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$3,880.00  
Due Date: 07/16/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
9	Practice Fusion Lab Orders(High Tier, H)	May 2019	\$120.00	No	\$1,080.00
30	Practice Fusion Lab Orders(Medium Tier, M)	May 2019	\$70.00	No	\$2,100.00
35	Practice Fusion Lab Orders(Low Tier, L)	May 2019	\$20.00	No	\$700.00
Item Subtotal					\$3,880.00
Tax Total					\$0.00
Invoice Total					\$3,880.00
Balance Due					\$3,880.00

Please see our online portal for further FAQ's and forms. To obtain access to this portal please contact the number above.

Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



Invoice Number: 55000003592  
Invoice Date: 06/16/2019  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$3,880.00  
Due Date: 07/16/2019

REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Invoice Number:  
Invoice Date:

55000003592  
06/16/2019

Transaction Type						Currency
PF Lab Invoice						USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price	
Sub-Total 9	Practice Fusion Lab Orders(High Tier, H)	5/1/2019 Through 5/31/2019	\$120.00	No	\$1,080.00	
Sub-Total 30	Practice Fusion Lab Orders(Medium Tier, M)	5/1/2019 Through 5/31/2019	\$70.00	No	\$2,100.00	
Sub-Total 35	Practice Fusion Lab Orders(Low Tier, L)	5/1/2019 Through 5/31/2019	\$20.00	No	\$700.00	



Practice Fusion, an Allscripts Company  
305 Church at North Hills Street  
Raleigh, North Carolina 27609  
Federal Tax ID 04-3838148

Invoice Number: 55000004193  
Invoice Date: 07/23/2019

Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:  
EDI System #:  
Amount Due: \$4,000.00  
Due Date: 08/22/2019

**BILL TO:**

True Health Diagnostics LLC  
ATTN: Accounts Payable  
737 North 5th Street Suite 103  
Richmond, VA 23219

Customer Service Inquiries:  
1-800-877-5678  
E-mail inquiries to: [finance.callcenter@allscripts.com](mailto:finance.callcenter@allscripts.com)  
Login at [www.allscripts.com](http://www.allscripts.com) to access your account

**SHIP TO:**

True Health Diagnostics LLC  
737 N 5th Street  
Richmond, VA 23219

Transaction Type					Currency
PF Lab Invoice					USD
Quantity	Description	Billing Period	Unit Price	Taxable	Ext Price
28	Practice Fusion Lab Orders(Medium Tier, M)	June 2019	\$70.00	No	\$1,960.00
11	Practice Fusion Lab Orders(High Tier, H)	June 2019	\$120.00	No	\$1,320.00
36	Practice Fusion Lab Orders(Low Tier, L)	June 2019	\$20.00	No	\$720.00
Item Subtotal					\$4,000.00
Tax Total					\$0.00
Invoice Total					\$4,000.00
Balance Due					\$4,000.00

Please see our online portal for further FAQ's and forms. To obtain access to this portal please contact the number above.

Overnight Courier Address: JPMorgan Chase 131 S Dearborn, 6th Floor Attn: Allscripts Healthcare LLC 24630 Chicago, IL 60603.

Wiring Instructions: Account Name: Allscripts Healthcare, LLC; Bank: JPMorgan Chase, Chicago, IL 60603; Account# 790378756; Routing# 021000021; Bank Phone (312)336-2744 ACH Information: Bank: JP Morgan Chase; Account Name: Allscripts; Account# 790378756; Routing# 071000013

Please detach and return bottom portion with your payment



Invoice Number: 55000004193  
Invoice Date: 07/23/2019  
Customer Number: 10085172  
PO Number: PONotProvided  
Contract Number:

Amount Due: \$4,000.00  
Due Date: 08/22/2019

REMIT PAYMENT TO:  
Practice Fusion, an Allscripts Company  
24630 Network Place  
Chicago, IL 60673-1246

Please send all correspondence, including address changes, to 305 Church at North Hills Street, Raleigh, NC 27609, or fax to (919) 457-4266. Correspondence sent to the remittance address will not be received by Allscripts



Invoice Number:  
Invoice Date:

55000004193  
07/23/2019

Transaction Type						Currency
PF Lab Invoice						USD
Quantity	Description	Date Range	Unit Price	Taxable	Ext Price	
Sub-Total 28	Practice Fusion Lab Orders(Medium Tier, M)	6/1/2019 Through 6/30/2019	\$70.00	No	\$1,960.00	
Sub-Total 11	Practice Fusion Lab Orders(High Tier, H)	6/1/2019 Through 6/30/2019	\$120.00	No	\$1,320.00	
Sub-Total 36	Practice Fusion Lab Orders(Low Tier, L)	6/1/2019 Through 6/30/2019	\$20.00	No	\$720.00	



**Ex.**

Shipping Tracking Printing Services Locations Support

ORIGIN ID: RZZA (919) 329-1214  
MARY TABLER  
ALLSCRIPTS  
305 CHURCH AT NORTH HILLS ST.

RALEIGH, NC 27609  
UNITED STATES US

SHIP DATE: 12AUG19  
ACTWGT: 1.00 LB  
CAD: 114519957/INET4160

BILL SENDER

TO

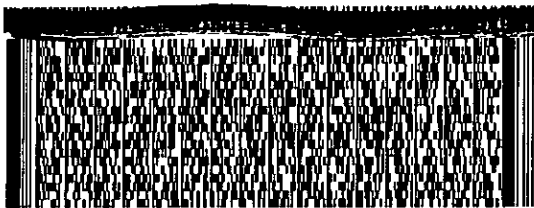
**EPIQ CORPORATE RESTRUCTURING, LLC**  
**777 THIRD AVENUE, 12TH FLOOR**

**NEW YORK NY 10017**

(649) 282-2500  
INV:  
PO:

REF: 82225

DEPT: 82050



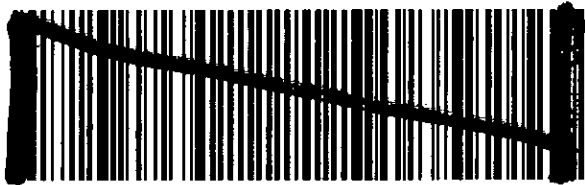
567.0459705A2

TRK# 7759 6182 5525  
0201

**TUE - 13 AUG 3:00P**  
**STANDARD OVERNIGHT**

**NM OGSA**

10017  
NY-US EWR



**FILED / RECEIVED**

**AUG 13 2019**

**EPIQ**

**After printing this label:**

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2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

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