Fill in this information to identify the case:

Debtor 1: Randolph Hospital, Inc.

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: Middle District of North Carolina

Case number: 20-10247

Official Form 410

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. 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?**
   TriMedx, Inc.
   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?**
   ☑ No
   ☐ 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?
   TriMedx, Inc. Attn: Jill Hackman
   Name
   5451 Lakeview Pkwy S Drive
   Number Street
   Indianapolis IN 46268
   City State ZIP Code
   Contact phone 317-275-1593
   Contact email

   Where should payments to the creditor be sent? (if different)
   Name
   Number Street
   City State ZIP Code
   Contact phone
   Contact email

   Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?**
   ☑ No
   ☐ 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?**
   ☑ No
   ☐ 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: ____ ____ ____ ____

7. **How much is the claim?** $ 417,445.45 . **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.
Services performed (see attached)

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)?**

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

☑ No

☐ Yes. *Check one:*

	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.

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 04/07/2020
MM / DD / YYYY

DocuSigned by:
Tim McGeath
Signature
EA2255BF1166462...

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

Name: Tim (First name) | (Middle name) | McGeath (Last name)

Title: Senior Vice President and General Counsel

Company: TriMedx, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 5451 Lakeview Parkway S. Drive
Number Street

Indianapolis | IN | 46268
City | State | ZIP Code

Contact phone: 317-275-5549 Email: tim.mcgeath@trimedx.com

ADDENDUM TO PROOF OF CLAIM AND RESERVATION OF RIGHTS

TriMedx, Inc. ("TriMedx") hereby submits its proof of claim (the "Proof of Claim") against debtor Randolph Hospital, Inc. (the "Debtor"). The Proof of Claim arises from services provided by TriMedx pursuant to that certain Agreement for Healthcare Technology Management Services dated August 1, 2019 by and between the Debtor and TriMedx, as amended (the "Agreement"). As of the date of this Proof of Claim, the Debtor owes TriMedx approximately $417,445.45 for services provided prepetition pursuant to the Agreement (the "Claim Amount").

A summary of unpaid invoices is attached hereto as **Exhibit A.** True and correct copies of the invoices for the services provided are attached hereto as **Exhibit B**. The Agreement is not attached hereto because it contains confidentiality provisions and proprietary information and is already in Debtor's possession, but it can be made available subject to entry of an appropriate protective order. As noted on Exhibit A, the Claim Amount consists of a total principal balance due of $407,950.44, accrued interest of $6,320.01, and attorneys' fees incurred preparing the fee application as permitted by the Agreement of $3,175.00.

This Proof of Claim is made without prejudice to, and TriMedx reserves, all other rights, claims, demands, and remedies available to it, at law or in equity, including filing a formal administrative expense application if TriMedx determines that any amounts due and owing to it by the Debtor are entitled to administrative priority. In addition, TriMedx reserves the right to seek payment of further amounts and/or amend its Proof of Claim if it later discovers additional amounts that are due and owing or entitled to administrative priority, including amounts due for services rendered post-petition or that relate to the rejection of the Agreement.

Exhibit A
Accounting

Document Number	Document Type	Document Date	Due Date	Transaction Amount	Accrued Interest
570038902	Credit Memo	9/12/2018	9/12/2018	($93.75)	$0
TCG025516	Sales / Invoices	7/5/2019	8/4/2019	$58,796.74	$4,115.77
100296496[1]	Credit Memo	10/26/2019	10/26/2019	($627.43)	($25.10)
TCG027078	Sales / Invoices	12/1/2019	12/31/2019	$73,931.54	$1,478.63
TMR0050912	Sales / Invoices	12/18/2019	1/17/2020	$185.73	$1.86
TMR0051953	Sales / Invoices	12/27/2019	1/26/2020	$200.63	$2.01
TMR0052408	Sales / Invoices	12/31/2019	1/30/2020	$752.81	$7.53
TCG027399	Sales / Invoices	1/1/2020	1/31/2020	$73,931.54	$739.32
TMR0054117	Sales / Invoices	1/14/2020	2/13/2020	$200.63	$0
TMR0054123	Sales / Invoices	1/14/2020	2/13/2020	$142.58	$0
TMR0054281	Sales / Invoices	1/15/2020	2/14/2020	$626.63	$0
TMR0054429	Sales / Invoices	1/15/2020	2/14/2020	$50.43	$0
TMR0054428	Sales / Invoices	1/15/2020	2/14/2020	$96.01	$0
TMR0054427	Sales / Invoices	1/15/2020	2/14/2020	$1,537.66	$0
TMR0055736	Sales / Invoices	1/22/2020	2/21/2020	$53.92	$0
TMR0055877	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0055879	Sales / Invoices	1/23/2020	2/22/2020	$133.75	$0
TMR0055880	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0055881	Sales / Invoices	1/23/2020	2/22/2020	$133.75	$0
TMR0055882	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0055883	Sales / Invoices	1/23/2020	2/22/2020	$133.75	$0
TMR0055884	Sales / Invoices	1/23/2020	2/22/2020	$133.75	$0
TMR0055885	Sales / Invoices	1/23/2020	2/22/2020	$133.75	$0
TMR0055886	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0055887	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0055888	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0055889	Sales / Invoices	1/23/2020	2/22/2020	$66.88	$0
TMR0056277	Sales / Invoices	1/24/2020	2/23/2020	$473.36	$0
TMR0056253	Sales / Invoices	1/24/2020	2/23/2020	$681.67	$0
TMR0056224	Sales / Invoices	1/24/2020	2/23/2020	$305.24	$0
TMR0056223	Sales / Invoices	1/24/2020	2/23/2020	$33.43	$0
TMR0056222	Sales / Invoices	1/24/2020	2/23/2020	$706.08	$0
TMR0056221	Sales / Invoices	1/24/2020	2/23/2020	$13.44	$0
TMR0056218	Sales / Invoices	1/24/2020	2/23/2020	$4,774.78	$0
TMR0056216	Sales / Invoices	1/24/2020	2/23/2020	$1,635.21	$0
TMR0056215	Sales / Invoices	1/24/2020	2/23/2020	$285.64	$0
TMR0056556	Sales / Invoices	1/27/2020	2/26/2020	$198.70	$0
TMR0056453	Sales / Invoices	1/27/2020	2/26/2020	$488.49	$0
TMR0056451	Sales / Invoices	1/27/2020	2/26/2020	$216.68	$0
TMR0056450	Sales / Invoices	1/27/2020	2/26/2020	$468.37	$0
TMR0056449	Sales / Invoices	1/27/2020	2/26/2020	$421.61	$0
TMR0056447	Sales / Invoices	1/27/2020	2/26/2020	$53.92	$0
TMR0056445	Sales / Invoices	1/27/2020	2/26/2020	$80.99	$0
TMR0057343	Sales / Invoices	1/31/2020	3/1/2020	$4,034.49	$0
TMR0057050	Sales / Invoices	1/31/2020	3/1/2020	$33.43	$0
TCG027774	Sales / Invoices	2/1/2020	3/2/2020	$73,931.54	$0
TMR0057704	Sales / Invoices	2/3/2020	3/4/2020	$567.36	$0
TRG90000897	Returns	2/5/2020	2/5/2020	($66.88)	$0
TRG90000898	Returns	2/5/2020	2/5/2020	($33.43)	$0

Exhibit A
Accounting

Document Number	Document Type	Document Date	Due Date	Transaction Amount	Accrued Interest
TRG90000899	Returns	2/5/2020	2/5/2020	($66.88)	$0
TRG90000900	Returns	2/5/2020	2/5/2020	($66.88)	$0
TRG90000901	Returns	2/5/2020	2/5/2020	($66.88)	$0
TMR0058744	Sales / Invoices	2/6/2020	3/7/2020	$4,994.85	$0
TMR0058419	Sales / Invoices	2/6/2020	3/7/2020	$4,518.63	$0
TMR0058412	Sales / Invoices	2/6/2020	3/7/2020	$527.99	$0
TMR0058410	Sales / Invoices	2/6/2020	3/7/2020	$392.41	$0
TMR0058409	Sales / Invoices	2/6/2020	3/7/2020	$214.00	$0
TMR0058932	Sales / Invoices	2/7/2020	3/8/2020	$667.04	$0
TMR0058771	Sales / Invoices	2/7/2020	3/8/2020	$319.25	$0
TMR0058770	Sales / Invoices	2/7/2020	3/8/2020	$593.20	$0
TMR0058769	Sales / Invoices	2/7/2020	3/8/2020	$832.88	$0
TMR0058768	Sales / Invoices	2/7/2020	3/8/2020	$1,755.02	$0
TMR0058758	Sales / Invoices	2/7/2020	3/8/2020	$3,643.14	$0
TMR0058754	Sales / Invoices	2/7/2020	3/8/2020	$4,034.49	$0
TMR0059864	Sales / Invoices	2/11/2020	3/12/2020	$988.68	$0
TMR0059863	Sales / Invoices	2/11/2020	3/12/2020	$1,735.64	$0
TMR0059862	Sales / Invoices	2/11/2020	3/12/2020	$277.95	$0
TMR0059861	Sales / Invoices	2/11/2020	3/12/2020	$72.71	$0
TMR0059860	Sales / Invoices	2/11/2020	3/12/2020	$872.31	$0
TMR0059859	Sales / Invoices	2/11/2020	3/12/2020	$288.35	$0
TMR0059852	Sales / Invoices	2/11/2020	3/12/2020	$4,518.63	$0
TMR0059851	Sales / Invoices	2/11/2020	3/12/2020	$242.61	$0
TMR0059849	Sales / Invoices	2/11/2020	3/12/2020	$23.61	$0
TRG90000926	Returns	2/14/2020	2/14/2020	($33.43)	$0
TMR0062185	Sales / Invoices	2/24/2020	3/25/2020	$143.44	$0
TMR0062183	Sales / Invoices	2/24/2020	3/25/2020	$599.20	$0
TMR0062182	Sales / Invoices	2/24/2020	3/25/2020	$431.93	$0
TMR0062181	Sales / Invoices	2/24/2020	3/25/2020	$245.15	$0
TMR0062180	Sales / Invoices	2/24/2020	3/25/2020	$201.33	$0
TMR0062177	Sales / Invoices	2/24/2020	3/25/2020	$255.42	$0
TMR0062175	Sales / Invoices	2/24/2020	3/25/2020	$677.66	$0
AR0003855022020	Returns	2/26/2020	2/26/2020	($41.25)	$0
TCG028148	Sales / Invoices	3/1/2020	3/31/2020	$73,931.54	$0

Petition Date:	3/6/2020	Total Principal	$407,950.44
		Total Accrued Interest	$6,320.01
		Attorney Fees	$3,175.00
		Total Claim	$417,445.45

Endnotes:

[1] Original credit of $1,163.08. Portion of credit was applied to HSI0229058, HSI0236258, & HSI0229057. Figure listed represents remaining credit.

10510 Twin Lakes Parkway
Charlotte, NC 28269-7658
Tel: 800-825-1786 Fax: 704-948-5779

Invoice Number	570038902
Invoice Date	12-SEP-2018
Transaction Type	Credit Memo
Amount Due	**-$93.75**

Make Checks Payable To "TRIMEDX"

Remit To:

TRIMEDX
12483 COLLECTIONS CENTER DR
CHICAGO, IL 60693

Bill To:
Attn: Accounts Payable
RANDOLPH HEALTH
P O BOX 1048
ASHEBORO, NC 27204-1048

Ship To:

000002208-P O BOX 1048
RANDOLPH HEALTH
P O BOX 1048
ASHEBORO, NC 27204-1048

Payment Terms	Due Date	Customer PO	Customer Number
	12-SEP-2018		12821

Line No.	Description	Quantity	Amount	Total Amount
1	Labor HSI0168614 Work Order# 14091307	1	-31.25	-31.25
2	Labor HSI0168615 Work Order# 14093022	1	-31.25	-31.25
3	Labor HSI0168616 Work Order# 14106911	1	-31.25	-31.25

Comments:		
	Currency	**USD**
	Invoices Total	**-$93.75**
	Shipping / Handling	**$0.00**
	Tax	**$0.00**
	Total	**-$93.75**

Federal ID: ACTS

TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
TRIMEDX.com

Invoice Number: TCG025516
Invoice Date: 7/5/2019
WO/Contract #

Invoice

Bill To:

Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
P O Box 1048
ASHEBORO, NC 27204

PO Number	Customer No.	Payment Terms
	ACCT0108493	Net 30

Quantity	Start	End	Description	UnitPrice	Ext. Price
1	7/5/19	7/5/19	CONTRACT - OTHER	$27,475.11	$27,475.11
1.00	7/5/19	7/5/19		$0.00	$0.00
1	7/5/19	7/5/19	CONTRACT - OTHER	$27,475.11	$27,475.11
1.00	7/5/19	7/5/19		$0.00	$0.00
				Subtotal	$54,950.22
				Tax	$3,846.52
				Total	$58,796.74

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
TRIMEDX
Accounts Receivable
PO Box 636129
Cincinnati, OH 45263

TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
TRIMEDX.com

Invoice Number: TCG027078
Invoice Date: 7/5/2019
WO/Contract # 0000004574

Invoice

Bill To:

Randolph Health-CTS
Accounts Payable
364 White Oak Street
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
364 White Oak Street
ATTN: Accounts Payable
ASHEBORO, NC 27203

PO Number	Customer No.	Payment Terms
	ACCT0108493	Net 30

Quantity	Start	End	Description	UnitPrice	Ext. Price
1	12/1/19	12/31/19	SERVICE AGREEMENT	$69,094.89	$69,094.89
			Biomedical Equipment Management		
				Subtotal	$69,094.89
				Tax	$4,836.65
				Total	$73,931.54

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
TRIMEDX
Accounts Receivable
PO Box 636129
Cincinnati, OH 45263

TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
TRIMEDX.com

Invoice Number: TCG027399
Invoice Date: 7/5/2019
WO/Contract # 0000004574

Invoice

Bill To:

Randolph Health-CTS
Accounts Payable
364 White Oak Street
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
364 White Oak Street
ATTN: Accounts Payable
ASHEBORO, NC 27203

PO Number	Customer No.	Payment Terms
	ACCT0108493	Net 30

Quantity	Start	End	Description	UnitPrice	Ext. Price
1	1/1/20	1/31/20	SERVICE AGREEMENT Biomedical Equipment Management	$69,094.89	$69,094.89
				Subtotal	$69,094.89
				Tax	$4,836.65
				Total	$73,931.54

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
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Accounts Receivable
PO Box 636129
Cincinnati, OH 45263

TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
TRIMEDX.com

Invoice Number: TCG027774
Invoice Date: 7/5/2019
WO/Contract # 0000004574

Invoice

Bill To:

Randolph Health-CTS
Accounts Payable
364 White Oak Street
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
364 White Oak Street
ATTN: Accounts Payable
ASHEBORO, NC 27203

PO Number	Customer No.	Payment Terms
	ACCT0108493	Net 30

Quantity	Start	End	Description	UnitPrice	Ext. Price
1	2/1/20	2/29/20	SERVICE AGREEMENT Biomedical Equipment Management	$69,094.89	$69,094.89
				Subtotal	$69,094.89
				Tax	$4,836.65
				Total	$73,931.54

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
TRIMEDX
Accounts Receivable
PO Box 636129
Cincinnati, OH 45263

TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
TRIMEDX.com

Invoice Number: TCG028148
Invoice Date: 7/5/2019
WO/Contract # 0000004574

Invoice

Bill To:

Randolph Health-CTS
Accounts Payable
364 White Oak Street
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
364 White Oak Street
ATTN: Accounts Payable
ASHEBORO, NC 27203

PO Number	Customer No.	Payment Terms
	ACCT0108493	Net 30

Quantity	Start	End	Description	UnitPrice	Ext. Price
1	3/1/20	3/31/20	SERVICE AGREEMENT Biomedical Equipment Management	$69,094.89	$69,094.89
				Subtotal	$69,094.89
				Tax	$4,836.65
				Total	$73,931.54

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
TRIMEDX
Accounts Receivable
PO Box 636129
Cincinnati, OH 45263

10510 Twin Lakes Parkway
Charlotte, NC 28269-7658
Tel: 800-825-1786 Fax: 704-948-5779

Invoice Number	100296496
Invoice Date	28-JUN-2019
Transaction Type	Credit Memo
Amount Due	**-$1,163.08**

Make Checks Payable To "TRIMEDX"

Remit To:

TRIMEDX
12483 COLLECTIONS CENTER DR
CHICAGO, IL 60693

Bill To:
Attn: Accounts Payable
RANDOLPH HEALTH
P O BOX 1048
ASHEBORO, NC 27204-1048

Ship To:

000002208-P O BOX 1048
RANDOLPH HEALTH
P O BOX 1048
ASHEBORO, NC 27204-1048

Payment Terms	Due Date	Customer PO	Customer Number
	28-JUN-2019		12821

Line No.	Description	Quantity	Amount	Total Amount
1	Retro Credit 06/01/17 - 05/31/19	1	-1,086.99	-1,086.99

Comments:		
	Currency	**USD**
	Invoices Total	**-$1,086.99**
	Shipping / Handling	**$0.00**
	Tax	**-$76.09**
	Total	**-$1,163.08**

Federal ID: ACTS

TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
TRIMEDX.com

Invoice Number: TMR0051953
Invoice Date: 12/27/2019
WO/Contract# WOT00000004083945

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/10/2019
Repair Request	BP hose won't stay plugged in
Device CEID	31308459
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06462752GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
207858	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.50	Labor	$125.00	$187.50

Subtotal	$187.50
Tax	$13.13
Total	$200.63

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
TRIMEDX
Accounts Receivable
PO Box 636129
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(317) 715-1220
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Invoice Number: TMR0052408
Invoice Date: 12/31/2019
WO/Contract# WOT00000004168402

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
CANCER CENTER
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/27/2019
Repair Request	PM: Procedure: 00-BAT Frequency: 3Y
Device CEID	31308380
Name	FREEZERS LABORATORY ULTRALOW TEMPERATURE
Serial	13090181 Business Unit 1558

PO Number	Customer No.	Payment Terms
208323	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	FAN MOTOR ASSEMBLY	$258.71	$258.71
1.50	Labor	$250.00	$375.00
1.00	INTERNAL BATTERY	$69.85	$69.85
		Subtotal	$703.56
		Tax	$49.25
		Total	$752.81

Question? Call (317) 715-1220
ar@trimedx.com

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Invoice Number: TMR0054117
Invoice Date: 1/14/2020
WO/Contract# WOT00000004649271

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ULTRASOUND
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/31/2019
Repair Request	ecg not working
Device CEID	31307722
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06525927GA

Business Unit 1513

PO Number	Customer No.	Payment Terms
208871	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.50	Labor	$125.00	$187.50
		Subtotal	$187.50
		Tax	$13.13
		Total	$200.63

Question? Call (317) 715-1220
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Invoice Number: TMR0054123
Invoice Date: 1/14/2020
WO/Contract# WOT00000004072536

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/9/2020
Repair Request	blood pressure not reading correctly
Device CEID	1037120
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06451749GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
208732	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
2.00	GE MARQUETTE 12 FT. ADULT/PEDIATRIC RECTANGLE TO SUBMIN NIBP AIR HOSE	$56.00	$112.00
0.17	Labor	$125.00	$21.25
		Subtotal	$133.25
		Tax	$9.33
		Total	$142.58

Question? Call (317) 715-1220
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Invoice Number: TMR0054281
Invoice Date: 1/15/2020
WO/Contract# WOT00000004375335

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/9/2020
Repair Request	need to order two treunk cables and two RL_LL grabber leads
Device CEID	1037130
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06451745GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
208715	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
2.00	DOUBLE TRUNK CABLE FOR ECG GE MARQUETTE	$226.74	$453.48
2.00	5 LEAD GRABBER FOR APEX PRO	$66.08	$132.16
		Subtotal	$585.64
		Tax	$40.99
		Total	$626.63

Question? Call (317) 715-1220
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Invoice Number: TMR0054427
Invoice Date: 1/15/2020
WO/Contract# WOT00000004672993

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
CT SCAN
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/2/2020
Repair Request	CT Tech dropped/damaged QA water phantom
Device CEID	13479019
Name	SCANNING SYSTEMS COMPUTED TOMOGRAPHY
Serial	940975YM6
Business Unit	

PO Number	Customer No.	Payment Terms
208940	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	HELIOS QA PHANTOM	$1,437.07	$1,437.07

Subtotal	$1,437.07
Tax	$100.59
Total	$1,537.66

Question? Call (317) 715-1220
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Invoice Number: TMR0054428
Invoice Date: 1/15/2020
WO/Contract#: WOT00000004657676

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PCU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/31/2019
Repair Request	broken probe
Device CEID	31307735
Name	THERMOMETERS ELECTRONIC
Serial	10321014

Business Unit 1552

PO Number	Customer No.	Payment Terms
208872	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	ORAL PROBE FOR SSURE TEMP PLUS	$89.73	$89.73
		Subtotal	$89.73
		Tax	$6.28
		Total	$96.01

Question? Call (317) 715-1220
ar@trimedx.com

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Invoice Number: TMR0054429
Invoice Date: 1/15/2020
WO/Contract# WOT00000003489508

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
TRANSITION
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/31/2019
Repair Request	back case & battery door broken
Device CEID	31308033
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	033M3089009

Business Unit 1695

PO Number	Customer No.	Payment Terms
208600	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BATTERY DOOR, DINAMAP PRO (T1312 M01)	$8.89	$8.89
1.00	REAR CASE, MOLDING, DINAMAP PRO (T1308)	$38.24	$38.24
		Subtotal	$47.13
		Tax	$3.30
		Total	$50.43

Question? Call (317) 715-1220
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Invoice Number: TMR0055736
Invoice Date: 1/22/2020
WO/Contract# WOT00000004127471

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ICU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/10/2019
Repair Request	ecg not picking up
Device CEID	31307713
Name	MONITORS PATIENT PHYSIOLOGIC MODULAR
Serial	SK416031025HA

Business Unit 1503

PO Number	Customer No.	Payment Terms
209197	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	GE MARQUETTE 5 LEAD DUAL PIN ECG LEADWIRES (GRABBER) (412681-002)	$50.40	$50.40
		Subtotal	$50.40
		Tax	$3.52
		Total	$53.92

Question? Call (317) 715-1220
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Invoice Number: TMR0055877
Invoice Date: 1/23/2020
WO/Contract# WOT00000003866420

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-GEN Frequency: 1Y
Device CEID	31308456
Name	TABLES EXAMINATION/TREATMENT ADJUSTABLE
Serial	V002229

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50

Subtotal	$62.50
Tax	$4.38
Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0055879
Invoice Date: 1/23/2020
WO/Contract# WOT00000003866344

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-MFG Frequency: 1Y
Device CEID	31308451
Name	MICROSCOPES LIGHT LABORATORY
Serial	20081366

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$250.00	$125.00

Subtotal	$125.00
Tax	$8.75
Total	$133.75

Question? Call (317) 715-1220
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Invoice Number: TMR0055880
Invoice Date: 1/23/2020
WO/Contract# WOT00000003901559

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-MFG Frequency: 1Y
Device CEID	31308455
Name	URODYNAMIC MEASUREMENT SYSTEMS
Serial	0G2840003

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0055881
Invoice Date: 1/23/2020
WO/Contract# WOT00000003352707

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	8/21/2019
Repair Request	PM: Procedure: 00-MFG Frequency: 6M
Device CEID	31308211
Name	ELECTROSURGICAL UNITS MONOPOLAR/BIPOLAR
Serial	AA2005054 Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	Labor	$125.00	$125.00
		Subtotal	$125.00
		Tax	$8.75
		Total	$133.75

Question? Call (317) 715-1220
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Invoice Number: TMR0055882
Invoice Date: 1/23/2020
WO/Contract# WOT00000003901562

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-MFG Frequency: 1Y
Device CEID	31308447
Name	URODYNAMIC MEASUREMENT SYSTEMS
Serial	URS16032806

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0055883
Invoice Date: 1/23/2020
WO/Contract# WOT0000003834351

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-CAL Frequency: 6M
Device CEID	31308449
Name	CENTRIFUGES
Serial	L0807081

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$250.00	$125.00
		Subtotal	$125.00
		Tax	$8.75
		Total	$133.75

Question? Call (317) 715-1220
ar@trimedx.com

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Invoice Number: TMR0055884
Invoice Date: 1/23/2020
WO/Contract#: WOT00000003834352

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-CAL Frequency: 6M
Device CEID	31308448
Name	CENTRIFUGES
Serial	L0807112

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$250.00	$125.00

Subtotal	$125.00
Tax	$8.75
Total	$133.75

Question? Call (317) 715-1220
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Invoice Number: TMR0055886
Invoice Date: 1/23/2020
WO/Contract# WOT00000003866336

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/21/2019
Repair Request	PM: Procedure: 00-GEN Frequency: 1Y
Device CEID	31308431
Name	PRINTERS VIDEO
Serial	716863

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50

Subtotal	$62.50
Tax	$4.38
Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0055887
Invoice Date: 1/23/2020
WO/Contract# WOT0000003866334

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-GEN Frequency: 1Y
Device CEID	31308430
Name	VIDEO IMAGE PROCESSORS ENDOSCOPIC
Serial	7311302

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0055888
Invoice Date: 1/23/2020
WO/Contract# WOT00000003856016

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-MFG Frequency: 6M
Device CEID	31308211
Name	ELECTROSURGICAL UNITS MONOPOLAR/BIPOLAR
Serial	AA2005054

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0055889
Invoice Date: 1/23/2020
WO/Contract# WOT00000003901556

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ASHEBORO URO
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	10/22/2019
Repair Request	PM: Procedure: 00-MFG Frequency: 1Y
Device CEID	31308450
Name	THERMOMETERS ELECTRONIC
Serial	12102534

Business Unit 2222

PO Number	Customer No.	Payment Terms
SEND TO CODY	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50

Subtotal	$62.50
Tax	$4.38
Total	$66.88

Question? Call (317) 715-1220
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Invoice Number: TMR0056216
Invoice Date: 1/24/2020
WO/Contract# WOT00000004276700

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/10/2020
Repair Request	PRINTER GEARS ARE GRINDING
Device CEID	1167397
Name	PRINTERS VIDEO
Serial	A803853

Business Unit 1554

PO Number	Customer No.	Payment Terms
208717	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.42	Labor	$125.00	$52.50
1.00	VENDOR LABOR	$1,009.65	$1,009.65
1.00	PAPER ASSEMBLY WITH FILM ROLLER	$275.69	$275.69
1.00	PAPER TRAY	$190.40	$190.40
		Subtotal	$1,528.24
		Tax	$106.97
		Total	$1,635.21

Question? Call (317) 715-1220
ar@trimedx.com

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5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
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Invoice Number: TMR0056221
Invoice Date: 1/24/2020
WO/Contract# WOT00000003412906

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	8/9/2019
Repair Request	low battery light keeps flashing.
Device CEID	31308034
Name	SCALES INFANT
Serial	48 8771

Business Unit 1530

PO Number	Customer No.	Payment Terms
209196	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	6V .8AH SEALED BATTERY PACK	$12.56	$12.56

Subtotal	$12.56
Tax	$0.88
Total	$13.44

Question? Call (317) 715-1220
ar@trimedx.com

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Invoice Number: TMR0056222
Invoice Date: 1/24/2020
WO/Contract# WOT00000004119285

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PCU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/9/2020
Repair Request	COULDNT GET TO LIGHT UP
Device CEID	466099
Name	NETWORK TELEMETRY SYSTEMS
Serial	L1TT6377G

Business Unit 1552

PO Number	Customer No.	Payment Terms
208729	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	VENDOR LABOR	$628.65	$628.65
0.25	Labor	$125.00	$31.25
		Subtotal	$659.90
		Tax	$46.18
		Total	$706.08

Question? Call (317) 715-1220
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Invoice Number: TMR0056223
Invoice Date: 1/24/2020
WO/Contract# WOT00000004317415

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
L&D
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/20/2019
Repair Request	SENDING OFF FOR REPAIR
Device CEID	1037203
Name	MONITORS BEDSIDE FETAL
Serial	SBE07074439PA

Business Unit 1521

PO Number	Customer No.	Payment Terms
208721	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.25	Labor	$125.00	$31.25
		Subtotal	$31.25
		Tax	$2.18
		Total	$33.43

Question? Call (317) 715-1220
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(317) 715-1220
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Invoice Number: TMR0056224
Invoice Date: 1/24/2020
WO/Contract# WOT00000004991330

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/22/2020
Repair Request	not picking up ecg
Device CEID	1037122
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06451752GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209257	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	SPO2 CABLE NELLCOR OXIMAX COROMETRICS 3M	$254.02	$254.02
0.25	Labor	$125.00	$31.25
		Subtotal	$285.27
		Tax	$19.97
		Total	$305.24

Question? Call (317) 715-1220
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Invoice Number: TMR0056253
Invoice Date: 1/24/2020
WO/Contract#: WOT00000004271793

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
RANDOLPH REHAB
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/31/2019
Repair Request	needs new foot pedal
Device CEID	31308474
Name	TABLES EXAMINATION/TREATMENT ADJUSTABLE
Serial	HLT3000487
Business Unit	

PO Number	Customer No.	Payment Terms
208392	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	MOTOR AND CONTROL ACTUATOR	$354.33	$354.33
1.00	FOOT CONTROL SYSTEM	$95.25	$95.25
1.50	Labor	$125.00	$187.50
		Subtotal	$637.08
		Tax	$44.59
		Total	$681.67

Question? Call (317) 715-1220
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Invoice Number: TMR0056277
Invoice Date: 1/24/2020
WO/Contract# WOT00000004082936

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	11/14/2019
Repair Request	sending a CAM 14 OFF
Device CEID	13517509
Name	ELECTROCARDIOGRAPHS MULTICHANNEL INTERPRETATIVE
Serial	SKJ16482342PA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209292	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	VENDOR LABOR	$442.40	$442.40

Subtotal	$442.40
Tax	$30.96
Total	$473.36

Question? Call (317) 715-1220
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Invoice Number: TMR0056445
Invoice Date: 1/27/2020
WO/Contract# WOT00000004082319

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EQUIPMENT ROOM
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/31/2019
Repair Request	not working on battery power
Device CEID	31308458
Name	OXIMETERS PULSE
Serial	g10809863

Business Unit 1528

PO Number	Customer No.	Payment Terms
207854	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
1.00	6V 4.5AH SLA BATTERY	$13.18	$13.18
		Subtotal	$75.68
		Tax	$5.31
		Total	$80.99

Question? Call (317) 715-1220
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Invoice Number: TMR0056447
Invoice Date: 1/27/2020
WO/Contract# WOT00000004508977

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ICU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/10/2019
Repair Request	not taking BP & need new ecg leads
Device CEID	5544539
Name	PHYSIOLOGIC MONITOR MODULES MULTIPARAMETER
Serial	SA316035210SA

Business Unit 1503

PO Number	Customer No.	Payment Terms
208603	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	GE MARQUETTE 5 LEAD DUAL PIN ECG LEADWIRES (GRABBER) (412681-002)	$50.40	$50.40
		Subtotal	$50.40
		Tax	$3.52
		Total	$53.92

Question? Call (317) 715-1220
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Invoice Number: TMR0056449
Invoice Date: 1/27/2020
WO/Contract# WOT00000004890632

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PEDS MEDSURG
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/20/2020
Repair Request	missing cables
Device CEID	31307777
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	SDT10370273SA
Business Unit	

PO Number	Customer No.	Payment Terms
209311	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	SPO2 FINGER PROBE	$140.00	$140.00
1.00	SPO2 CABLE NELLCOR OXIMAX COROMETRICS 3M	$254.02	$254.02
		Subtotal	$394.02
		Tax	$27.59
		Total	$421.61

Question? Call (317) 715-1220
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Invoice Number: TMR0056450
Invoice Date: 1/27/2020
WO/Contract# WOT00000003762363

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
CARDIAC REHAB
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/16/2020
Repair Request	need four sets of leads
Device CEID	31308222
Name	TRANSMITTERS TELEMETRY ECG
Serial	23554

Business Unit 1556

PO Number	Customer No.	Payment Terms
209291	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
6.00	5 LEAD GRABBER FOR APEX PRO	$66.08	$396.48
0.33	Labor	$125.00	$41.25
		Subtotal	$437.73
		Tax	$30.64
		Total	$468.37

Question? Call (317) 715-1220
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Invoice Number: TMR0056451
Invoice Date: 1/27/2020
WO/Contract# WOT00000004276684

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/10/2019
Repair Request	not picking up SpO2
Device CEID	1037152
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06482964GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
208602	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
1.00	SPO2 FINGER PROBE	$140.00	$140.00
		Subtotal	$202.50
		Tax	$14.18
		Total	$216.68

Question? Call (317) 715-1220
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Invoice Number: TMR0056453
Invoice Date: 1/27/2020
WO/Contract#: WOT00000004890614

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PEDS MEDSURG
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/20/2020
Repair Request	missing cables
Device CEID	31307775
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	SDT08380293SP
Business Unit	

PO Number	Customer No.	Payment Terms
209312	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	SPO2 CABLE NELLCOR OXIMAX COROMETRICS 3M	$254.02	$254.02
0.50	Labor	$125.00	$62.50
1.00	SPO2 FINGER PROBE	$140.00	$140.00
		Subtotal	$456.52
		Tax	$31.97
		Total	$488.49

Question? Call (317) 715-1220
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Invoice Number: TMR0056556
Invoice Date: 1/27/2020
WO/Contract# WOT00000004844726

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ISU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/8/2020
Repair Request	Will not take blood pressure. Can wait for normal business hours
Device CEID	566124
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	033M2799041

Business Unit 1501

PO Number	Customer No.	Payment Terms
209310	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
1.00	PULSE OXIMETRY,CABLE,DOC10	$123.20	$123.20
		Subtotal	$185.70
		Tax	$13.00
		Total	$198.70

Question? Call (317) 715-1220
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Invoice Number: TMR0057050
Invoice Date: 1/31/2020
WO/Contract# WOT00000004159049

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EQUIPMENT ROOM
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/27/2020
Repair Request	PM: Procedure: 00-BAT Frequency: 2Y
Device CEID	13479029
Name	MODULES INFUSION PUMP CPU
Serial	15078224

Business Unit 1623

PO Number	Customer No.	Payment Terms
	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.25	Labor	$125.00	$31.25

Subtotal	$31.25
Tax	$2.18
Total	$33.43

Question? Call (317) 715-1220
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Invoice Number: TMR0057343
Invoice Date: 1/31/2020
WO/Contract# WOT00000004327639

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
,ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/22/2020
Repair Request	have to send out for repairs
Device CEID	2641027
Name	GASTROSCOPES FLEXIBLE
Serial	2641027

Business Unit 1554

PO Number	Customer No.	Payment Terms
208428	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BENDING RUBBER REPLACED (190 SERIES)	$3,770.55	$3,770.55

Subtotal	$3,770.55
Tax	$263.94
Total	$4,034.49

Question? Call (317) 715-1220
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Invoice Number: TMR0057704
Invoice Date: 2/3/2020
WO/Contract# WOT00000005031264

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/30/2020
Repair Request	power supply for wireless bridge
Device CEID	13517576
Name	ELECTROCARDIOGRAPHS MULTICHANNEL INTERPRETATIVE
Serial	SKJ16250399PA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209387	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.25	Labor	$125.00	$31.25
1.00	POWER SUPPLY FOR MAC5500 WIRELESS TROY S	$499.00	$499.00
		Subtotal	$530.25
		Tax	$37.11
		Total	$567.36

Question? Call (317) 715-1220
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Invoice Number: TMR0058409
Invoice Date: 2/6/2020
WO/Contract# WOT00000004550907

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
L&D
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/27/2020
Repair Request	needed to send toco off
Device CEID	1037399
Name	MONITORS BEDSIDE FETAL
Serial	SBE05410530PR

Business Unit 1521

PO Number	Customer No.	Payment Terms
208731	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.33	Labor	$125.00	$41.25
1.00	VENDOR LABOR	$158.75	$158.75
		Subtotal	$200.00
		Tax	$14.00
		Total	$214.00

Question? Call (317) 715-1220
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Invoice Number: TMR0058410
Invoice Date: 2/6/2020
WO/Contract# WOT00000005036128

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/27/2020
Repair Request	not picking up vitals
Device CEID	31308459
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06462752GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209339	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	DOUBLE TRUNK CABLE FOR ECG GE MARQUETTE	$226.74	$226.74
1.00	SPO2 FINGER PROBE	$140.00	$140.00
		Subtotal	$366.74
		Tax	$25.67
		Total	$392.41

Question? Call (317) 715-1220
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Invoice Number: TMR0058412
Invoice Date: 2/6/2020
WO/Contract# WOT00000004308037

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/16/2020
Repair Request	another blockage
Device CEID	2808217
Name	COLONOSCOPES VIDEO
Serial	2808217

Business Unit 1554

PO Number	Customer No.	Payment Terms
208202	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	ANGULATION ADJUSTED W/STOPPERS	$493.45	$493.45
		Subtotal	$493.45
		Tax	$34.54
		Total	$527.99

Question? Call (317) 715-1220
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Invoice Number: TMR0058419
Invoice Date: 2/6/2020
WO/Contract# WOT00000003770366

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/19/2019
Repair Request	scope needs to be sent off
Device CEID	2317897
Name	GASTROSCOPES FLEXIBLE
Serial	2317897

Business Unit 1554

PO Number	Customer No.	Payment Terms
2317897	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BENDING RUBBER REPLACED	$4,223.02	$4,223.02
		Subtotal	$4,223.02
		Tax	$295.61
		Total	$4,518.63

Question? Call (317) 715-1220
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Invoice Number: TMR0058744
Invoice Date: 2/6/2020
WO/Contract# WOT00000003979972

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/4/2020
Repair Request	SCOPE HAS A LEAK AT END OF LINE
Device CEID	2716058
Name	COLONOSCOPES VIDEO
Serial	2716058

Business Unit

PO Number	Customer No.	Payment Terms
207543	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	DISINFECTION - FLEXIBLE SCOPE	$4,668.09	$4,668.09
		Subtotal	$4,668.09
		Tax	$326.76
		Total	$4,994.85

Question? Call (317) 715-1220
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Invoice Number: TMR0058754
Invoice Date: 2/7/2020
WO/Contract#: WOT00000004306598

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/4/2020
Repair Request	HAS BLOCKAGE
Device CEID	2802032
Name	BRONCHOSCOPES FLEXIBLE VIDEO
Serial	2802032

Business Unit

PO Number	Customer No.	Payment Terms
208203	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BIOPSY CHANNEL REPLACED, ANGULATION ADJU	$3,770.55	$3,770.55

Subtotal	$3,770.55
Tax	$263.94
Total	$4,034.49

Question? Call (317) 715-1220
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TRIMEDX

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Invoice Number: TMR0058758
Invoice Date: 2/7/2020
WO/Contract# WOT00000004304773

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/16/2020
Repair Request	blockage dirty scope
Device CEID	2808957
Name	GASTROSCOPES FLEXIBLE
Serial	2808957

Business Unit 1554

PO Number	Customer No.	Payment Terms
208204	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BIOPSY CHANNEL REPLACED, ANGULATION ADJU	$3,404.80	$3,404.80
		Subtotal	$3,404.80
		Tax	$238.34
		Total	$3,643.14

Question? Call (317) 715-1220
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Invoice Number: TMR0058768
Invoice Date: 2/7/2020
WO/Contract# WOT00000004507811

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
MRI
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	12/4/2019
Repair Request	COLDHEAD MAKING NOISE
Device CEID	1067932
Name	SCANNING SYSTEMS MAGNETIC RESONANCE IMAGING
Serial	PDW1502003E Business Unit 1518

PO Number	Customer No.	Payment Terms
209501	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.50	VENDOR LABOR	$468.63	$702.94
2.00	VENDOR TRAVEL	$468.63	$937.26
		Subtotal	$1,640.20
		Tax	$114.82
		Total	$1,755.02

Question? Call (317) 715-1220
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Invoice Number: TMR0058769
Invoice Date: 2/7/2020
WO/Contract# WOT00000004072541

Invoice

Bill To:

Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/4/2020
Repair Request	ecg port pushed in too far
Device CEID	13517517
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG0642750GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209499	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	ASSY DASH OXIMAX	$778.40	$778.40

Subtotal	$778.40
Tax	$54.48
Total	$832.88

Question? Call (317) 715-1220
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Invoice Number: TMR0058770
Invoice Date: 2/7/2020
WO/Contract# WOT00000004317046

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/30/2020
Repair Request	PIN BROKE ON HOOK UP
Device CEID	13517509
Name	ELECTROCARDIOGRAPHS MULTICHANNEL INTERPRETATIVE
Serial	SKJ16482342PA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209498	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	VENDOR LABOR	$442.40	$442.40
1.00	VENDOR LABOR	$112.00	$112.00
		Subtotal	$554.40
		Tax	$38.80
		Total	$593.20

Question? Call (317) 715-1220
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Invoice Number: TMR0058771
Invoice Date: 2/7/2020
WO/Contract#: WOT00000005040026

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SURGERY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/5/2020
Repair Request	HANDLE IS BROKEN FOR LATERAL LOCK
Device CEID	13517522
Name	RADIOGRAPHIC/FLUOROSCOPIC UNITS MOBILE
Serial	e2-1662

Business Unit 1517

PO Number	Customer No.	Payment Terms
209500	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$250.00	$125.00
1.00	FLIP FLOP LOCK HANDLE	$90.50	$90.50
1.00	HANDLE BRAKE C-ROTATION	$82.86	$82.86
		Subtotal	$298.36
		Tax	$20.89
		Total	$319.25

Question? Call (317) 715-1220
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Invoice Number: TMR0058932
Invoice Date: 2/7/2020
WO/Contract# WOT00000003913335

Invoice

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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SURGERY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/27/2020
Repair Request	PM: Procedure: 00-MIN Frequency: 1Y
Device CEID	31307585
Name	ANESTHESIA UNITS
Serial	ASJF-0144

Business Unit

PO Number	Customer No.	Payment Terms
208394	ACCT0108493	Net 30

Quantity	Description	Unit Price	Ext. Price
2.00	BATTERY,12V,NAD2C, MRI & APOLLO	$84.00	$168.00
1.00	PRIMUS KIT 2 YEARS	$455.40	$455.40
		Subtotal	$623.40
		Tax	$43.64
		Total	$667.04

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Invoice Number: TMR0059849
Invoice Date: 2/11/2020
WO/Contract# WOT00000005045711

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ANESTHESIA
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/11/2020
Repair Request	broken temp cable
Device CEID	31307582
Name	ANESTHESIA UNITS
Serial	ASJL-0229

Business Unit 1520

PO Number	Customer No.	Payment Terms
209376	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	10FT EXTENSION CABLE	$22.06	$22.06

Subtotal	$22.06
Tax	$1.55
Total	$23.61

Question? Call (317) 715-1220
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Invoice Number: TMR0059851
Invoice Date: 2/11/2020
WO/Contract# WOT00000005043588

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/11/2020
Repair Request	ecg is not working
Device CEID	1037122
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06451752GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209375	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	DOUBLE TRUNK CABLE FOR ECG GE MARQUETTE	$226.74	$226.74

Subtotal	$226.74
Tax	$15.87
Total	$242.61

Question? Call (317) 715-1220
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Invoice Number: TMR0059852
Invoice Date: 2/11/2020
WO/Contract# WOT00000004670023

Invoice

Bill To:
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ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/4/2020
Repair Request	POSSIBLE WIRE BROKE IN CABLE
Device CEID	2301925
Name	COLONOSCOPES VIDEO
Serial	2301925

Business Unit 1554

PO Number	Customer No.	Payment Terms
209015	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BENDING RUBBER REPLACED	$4,223.02	$4,223.02

Subtotal	$4,223.02
Tax	$295.61
Total	$4,518.63

Question? Call (317) 715-1220
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Invoice Number: TMR0059859
Invoice Date: 2/11/2020
WO/Contract# WOT00000005025533

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SURGERY SAMEDAY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/11/2020
Repair Request	broken handle
Device CEID	31307824
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	AAW080909465SA

Business Unit 1529

PO Number	Customer No.	Payment Terms
209577	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
1.00	FRU, PLASTICS, PROCARE HANDLE	$206.98	$206.98
		Subtotal	$269.48
		Tax	$18.87
		Total	$288.35

Question? Call (317) 715-1220
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Invoice Number: TMR0059860
Invoice Date: 2/11/2020
WO/Contract# WOT0000004641670

Invoice

Bill To:
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Accounts Payable
P O Box 1048
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Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/7/2020
Repair Request	Monitor is damaged and telemetry wont go into female adapter into the monitor.
Device CEID	31307723
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06451750GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209575	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	ASSY DASH OXIMAX	$784.00	$784.00
0.25	Labor	$125.00	$31.25
		Subtotal	$815.25
		Tax	$57.06
		Total	$872.31

Question? Call (317) 715-1220
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Invoice Number: TMR0059861
Invoice Date: 2/11/2020
WO/Contract# WOT00000003968337

Invoice

Bill To:
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Accounts Payable
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Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	1/13/2020
Repair Request	Portable Cardiac Monitor - handle is broken and sharp
Device CEID	566120
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	K3EH6978G

Business Unit 1554

PO Number	Customer No.	Payment Terms
209573	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	FRU DASH HANDLE NO ALRM NO WLAN (HLA)	$67.95	$67.95

Subtotal	$67.95
Tax	$4.76
Total	$72.71

Question? Call (317) 715-1220
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Invoice Number: TMR0059862
Invoice Date: 2/11/2020
WO/Contract# WOT00000005054630

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ISU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/11/2020
Repair Request	broken back case
Device CEID	31308039
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	033M3089008

Business Unit 1501

PO Number	Customer No.	Payment Terms
209388	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	Labor	$125.00	$125.00
1.00	REAR CASE, MOLDING, DINAMAP PRO (T1308)	$9.77	$9.77
1.00	Labor	$125.00	$125.00
		Subtotal	$259.77
		Tax	$18.18
		Total	$277.95

Question? Call (317) 715-1220
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Invoice Number: TMR0059863
Invoice Date: 2/11/2020
WO/Contract# WOT00000004301343

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SPEC PROCEDURE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/7/2020
Repair Request	need to order a monitor screen for dash 4000
Device CEID	566120
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	K3EH6978G

Business Unit 1554

PO Number	Customer No.	Payment Terms
209574	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	FRU DASH HANDLE NO ALRM NO WLAN (HLA)	$67.95	$67.95
1.00	DASH 4000 DISPLAY/FRONT END ASSEMBLY	$1,450.40	$1,450.40
0.83	Labor	$125.00	$103.75
		Subtotal	$1,622.10
		Tax	$113.54
		Total	$1,735.64

Question? Call (317) 715-1220
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Invoice Number: TMR0059864
Invoice Date: 2/11/2020
WO/Contract# WOT00000004007483

Invoice

Bill To:
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Accounts Payable
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Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/7/2020
Repair Request	HAVING TO SEND BACK TO GRACE BOSS FOR SOFTWARE UPGRADE
Device CEID	31307723
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SD008211017GA

Business Unit

PO Number	Customer No.	Payment Terms
209576	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	GE DASH 5000 PATIENT MONITOR (FINISHED)	$924.00	$924.00
		Subtotal	$924.00
		Tax	$64.68
		Total	$988.68

Question? Call (317) 715-1220
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Invoice Number: TMR0062175
Invoice Date: 2/24/2020
WO/Contract# WOT00000005177547

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PEDS MEDSURG
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/10/2020
Repair Request	PM: Procedure: 00-GEN Frequency: 1Y
Device CEID	31307947
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	AAW06470500SA Business Unit 1500

PO Number	Customer No.	Payment Terms
209755	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	80" ALARIS IVAC ORAL PROBE	$221.45	$221.45
2.50	Labor	$125.00	$312.50
1.00	NELLCOR OXIMAX ADULT SPO2	$82.13	$82.13
1.00	FRU CARESCAPE V100 KEYPAD KIT	$17.25	$17.25
		Subtotal	$633.33
		Tax	$44.33
		Total	$677.66

Question? Call (317) 715-1220
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Invoice Number: TMR0062177
Invoice Date: 2/24/2020
WO/Contract# WOT00000005389954

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PCU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/19/2020
Repair Request	missing bulb connector
Device CEID	31308170
Name	SPHYGMOMANOMETERS ANEROID
Serial	191112095895

Business Unit

PO Number	Customer No.	Payment Terms
209761	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	WALL MANOMETER ADAPTOR CONTAINING COIL TUBING, BULB, SUBMIN CONNECTOR	$238.71	$238.71

Subtotal	$238.71
Tax	$16.71
Total	$255.42

Question? Call (317) 715-1220
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Invoice Number: TMR0062180
Invoice Date: 2/24/2020
WO/Contract# WOT00000005335561

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/11/2020
Repair Request	spo2 not picking up
Device CEID	1037152
Name	MONITORS PATIENT PHYSIOLOGIC
Serial	SBG06482964GA

Business Unit 1530

PO Number	Customer No.	Payment Terms
209759	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	INTERCONNECT CABLE ASSEMBLY PATIENT ADAP	$188.16	$188.16

Subtotal	$188.16
Tax	$13.17
Total	$201.33

Question? Call (317) 715-1220
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Invoice Number: TMR0062181
Invoice Date: 2/24/2020
WO/Contract# WOT00000005451925

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PEDS MEDSURG
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/19/2020
Repair Request	broken case
Device CEID	50677014
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	AAW06470690SA

Business Unit 1500

PO Number	Customer No.	Payment Terms
209760	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	6V 3.3AH BATTERY	$11.26	$11.26
1.50	Labor	$125.00	$187.50
1.00	PLASTIC HOUSING, REAR	$30.36	$30.36
		Subtotal	$229.12
		Tax	$16.03
		Total	$245.15

Question? Call (317) 715-1220
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Invoice Number: TMR0062182
Invoice Date: 2/24/2020
WO/Contract#: WOT00000004973881

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
PCU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/11/2020
Repair Request	not taking BP
Device CEID	31307913
Name	SPHYGMOMANOMETERS ELECTRONIC AUTOMATIC
Serial	AAW06470709SA

Business Unit 1552

PO Number	Customer No.	Payment Terms
209758	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	FRU CARESCAPE V100 KEYPAD KIT	$17.25	$17.25
1.00	PLASTIC HOUSING, REAR	$30.36	$30.36
1.00	FRU CARESCAPE V100 PLASTIC KIT - W/ PRTR	$100.35	$100.35
1.00	FRU CARESCAPE V100 TEMPERATURE KIT	$68.21	$68.21
1.50	Labor	$125.00	$187.50
		Subtotal	$403.67
		Tax	$28.26
		Total	$431.93

Question? Call (317) 715-1220
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Invoice Number: TMR0062183
Invoice Date: 2/24/2020
WO/Contract# WOT00000004080636

Invoice

Bill To:
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Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
SURGERY SAMEDAY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/4/2020
Repair Request	BOUGHT A NEW ONE REFURBISHED GOOD WARRANTY ONE FROM NOW PURCHASED FROM TENACORE
Device CEID	31308311
Name	THERMOMETERS ELECTRONIC
Serial	A869552

Business Unit

PO Number	Customer No.	Payment Terms
209757	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	MISC PART(S)	$560.00	$560.00

Subtotal	$560.00
Tax	$39.20
Total	$599.20

Question? Call (317) 715-1220
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Invoice Number: TMR0062185
Invoice Date: 2/24/2020
WO/Contract# WOT00000005311347

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
CARDIAC REHAB
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	2/12/2020
Repair Request	seat needs replaced, torn
Device CEID	5026823
Name	EXERCISERS BICYCLE
Serial	100250PRO13100805

Business Unit 1556

PO Number	Customer No.	Payment Terms
209756	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
0.50	Labor	$125.00	$62.50
0.25	Labor	$125.00	$31.25
1.00	SCHWINN AD6 SEAT	$40.31	$40.31
		Subtotal	$134.06
		Tax	$9.38
		Total	$143.44

Question? Call (317) 715-1220
ar@trimedx.com

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TRIMEDX.com

Invoice Number: TMR0066357
Invoice Date: 3/17/2020
WO/Contract# WOT00000005276047

Invoice

Bill To:
Randolph Health-CTS
Accounts Payable
P O Box 1048
ASHEBORO, NC 27204

Ship To:
Randolph Health-CTS
ISU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date	3/16/2020
Repair Request	head has been dropped and table top cracked, handle on table cracked with a chunk missing. took pics of damage
Device CEID	31308050
Name	SCANNING SYSTEMS ULTRASONIC SMALL-PARTS
Serial	00003087

Business Unit 1501

PO Number	Customer No.	Payment Terms
210053	ACCT0108493	Net 30

Quantity	Description	UnitPrice	Ext. Price
1.00	BVI 9400/9600 SERVICE EXCHANGE PROBE	$1,450.40	$1,450.40
		Subtotal	$1,450.40
		Tax	$101.52
		Total	$1,551.92

Question? Call (317) 715-1220
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Invoice Number: TRG90000897
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
EQUIPMENT ROOM
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
EQUIPMENT ROOM
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date
Repair Request
Device CEID
Name
Serial

Business Unit

PO Number	Customer No.	Payment Terms
	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Crediting Labor due to Concessioned from Invoice TMR0056445	$62.50	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number:

Invoice Date: 2/5/2020

WO/Contract#

Credit Memo

Question? Call (317) 715-1220
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Invoice Number: TRG90000898
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
EQUIPMENT ROOM
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
EQUIPMENT ROOM
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date

Repair Request

Device CEID

Name

Serial

Business Unit

PO Number	Customer No.	Payment Terms
	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Crediting Labor due to Concessioned from Invoice TMR0057050	$31.25	$31.25
		Subtotal	$31.25
		Tax	$2.18
		Total	$33.43

Question? Call (317) 715-1220
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Invoice Number:
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

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Invoice Number: TRG90000899
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
EQUIPMENT ROOM
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
EQUIPMENT ROOM
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date
Repair Request
Device CEID
Name
Serial

Business Unit

PO Number	Customer No.	Payment Terms
	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Crediting Labor due to Concessioned from Invoice TMR0056453	$62.50	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number:
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Question? Call (317) 715-1220
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(317) 715-1220
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Invoice Number: TRG90000900
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
EMERGENCY DEPT
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
EMERGENCY DEPT
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date
Repair Request
Device CEID
Name
Serial

Business Unit

PO Number	Customer No.	Payment Terms
	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Crediting Labor due to Concessioned from Invoice TMR0056451	$62.50	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Cincinnati, OH 45263

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Invoice Number:
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Question? Call (317) 715-1220
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Invoice Number: TRG90000901
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
ISU
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
ISU
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date
Repair Request
Device CEID
Name
Serial

Business Unit

PO Number	Customer No.	Payment Terms
	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Crediting Labor due to Concessioned from Invoice TMR0056556	$62.50	$62.50
		Subtotal	$62.50
		Tax	$4.38
		Total	$66.88

Question? Call (317) 715-1220
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Invoice Number:
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Question? Call (317) 715-1220
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5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
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Invoice Number: TRG90000926
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
EQUIPMENT ROOM
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
EQUIPMENT ROOM
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date
Repair Request
Device CEID
Name
Serial

Business Unit

PO Number	Customer No.	Payment Terms
	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Credit Memo for Labor Billed In Error on Invoice TMR0057050	$31.25	$31.25
		Subtotal	$31.25
		Tax	$2.18
		Total	$33.43

Question? Call (317) 715-1220
ar@trimedx.com

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5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
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Invoice Number:
Invoice Date: 2/5/2020
WO/Contract#

Credit Memo

Question? Call (317) 715-1220
ar@trimedx.com

Please Remit to:
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TRIMEDX

5451 Lakeview Pkwy S Drive, Indianapolis, IN 46268
(317) 715-1220
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Invoice Number: AR0003855022020
Invoice Date: 2/26/2020
WO/Contract#

Credit Memo

Bill To:

Randolph Health-CTS
Accounts Payable
CARDIAC REHAB
ASHEBORO, NC 27204

Ship To:

Randolph Health-CTS
CARDIAC REHAB
364 WHITE OAK STREET
ASHEBORO, NC 27203

Work Completed Date
Repair Request
Device CEID
Name
Serial

Business Unit

PO Number	Customer No.	Payment Terms
209291	ACCT0108493	

Quantity	Description	UnitPrice	Ext. Price
1	Invoice TMR0056450 Billed in Error. Credit Memo AR0003855022020	$41.25	$41.25
		Subtotal	$41.25
		Tax	$0.00
		Total	$41.25

Question? Call (317) 715-1220
ar@trimedx.com

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(317) 715-1220
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Invoice Number:
Invoice Date: 2/26/2020
WO/Contract#

Credit Memo

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IceMiller
LEGAL COUNSEL

Arena District | 250 West Street | Suite 700 | Columbus, OH 43215-7509

April 7, 2020

WRITER'S DIRECT NUMBER: (614) 462-1070
DIRECT FAX: (614) 232-6923
EMAIL: John.Cannizzaro@icemiller.com

VIA FEDERAL EXPRESS (TRACKING #3917 0781 1782)

Randolph Hospital, Inc.
d/b/a Randolph Health Claims Processing Center
c/o Epiq Corporate Restructuring, LLC
10300 SW Allen Blvd.
Beaverton, OR 97005

RE: Proof of Claim of TriMedx, Inc.
***In re Randolph Hospital, Inc.*, Bankr. M.D.N.C. Case No. 20-10247**

To Whom It May Concern:

Enclosed for filing please find the Proof of Claim Form and the attachments thereto for creditor TriMedx, Inc. as against Debtor Randolph Hospital, Inc., for filing in *In re Randolph Hospital, Inc.*, Bankr. M.D.N.C. Case No. 20-10247. Please return a date-stamped copy to me in the enclosed postage prepaid self-addressed envelope.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

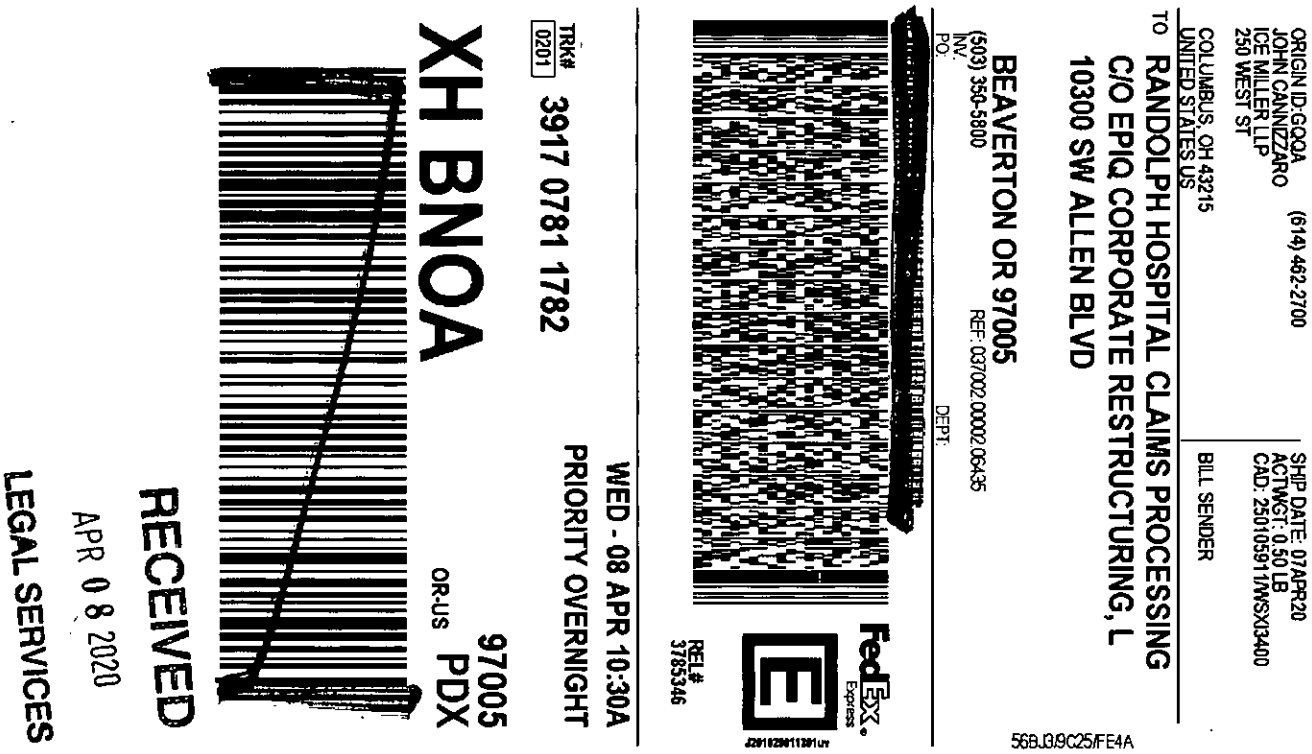
Very truly yours,

ICE MILLER LLP

/s/ John C. Cannizzaro

John C. Cannizzaro

JCC:ts
Enclosures



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

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