

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

GARDAWORLD SECURITY SERVICES 1699 S HANLEY RD, STE 350 SAINT LOUIS, MO 63144	Claim Number: 1 Claim Date: 04/13/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$187,725.34
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CITY OF ALPINE C/O LAURA J MONROE PO BOX 817 LUBBOCK, TX 79408	Claim Number: 2 Claim Date: 04/17/2020 Debtor: BIG BEND HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 582 (07/27/2020)
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SECURED	Claimed:	\$25,042.59 UNLIQ
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HOWARD COUNTY TAX OFFICE C/O LAURA J MONROE PO BOX 817 LUBBOCK, TX 79408	Claim Number: 3 Claim Date: 04/20/2020 Debtor: BIG SPRING HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 584 (07/27/2020)
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SECURED	Claimed:	\$38,967.97 UNLIQ
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ALPINE INDEPENDENT SCHOOL DISTRICT C/O LAURA J MONROE PO BOX 817 LUBBOCK, TX 79408	Claim Number: 4 Claim Date: 04/20/2020 Debtor: BIG BEND HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 583 (07/27/2020)
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SECURED	Claimed:	\$61,026.11 UNLIQ
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COUNTY OF SAN BERNARDINO C/O OFFICE OF THE TAX COLLECTOR 268 W HOSPITALITY LN, 1ST FL SAN BERNARDINO, CA 92415	Claim Number: 5 Claim Date: 04/20/2020 Debtor: QUORUM HEALTH CORPORATION
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SECURED	Claimed:	\$756,763.70 UNLIQ
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UNSECURED	Claimed:	\$73,749.18 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

MEDHOST INC AND ITS SUBSIDIARIES 6550 CAROTHERS PKWY, STE 160 FRANKLIN, TN 37067	Claim Number: 6 Claim Date: 04/24/2020 Debtor: QUORUM HEALTH CORPORATION
ADMINISTRATIVE	Claimed: \$19,124,560.00
W W GRAINGER INC 401 S WRIGHT RD, W4W4 R47 JANESVILLE, WI 53546	Claim Number: 7 Claim Date: 04/21/2020 Debtor: GREENVILLE HOSPITAL CORPORATION
UNSECURED	Claimed: \$1,350.00
CURBELL MEDICAL 7 COBHAM DR ORCHARD PARK, NY 14127	Claim Number: 8 Claim Date: 04/24/2020 Debtor: HOSPITAL OF BARSTOW, INC.
UNSECURED	Claimed: \$2,038.25
CDW DIRECT LLC ATTN VIDA KRUG 200 N MILWAUKEE AVE VERNON HILLS, IL 60061	Claim Number: 9 Claim Date: 04/24/2020 Debtor: QUORUM HEALTH CORPORATION
PRIORITY	Claimed: \$5,665.19
UNSECURED	Claimed: \$34,780.02
MEDHOST INC 6550 CAROTHERS PKWY, STE 160 FRANKLIN, TN 37067	Claim Number: 10 Claim Date: 04/25/2020 Debtor: QUORUM HEALTH CORPORATION
PRIORITY	Claimed: \$19,124,560.00

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CHASE DENNIS EMERGENCY MEDICAL GROUP INC ATTN JOHN R STAIR 265 BROOKVIEW CENTRE WAY,STE 400 KNOXVILLE, TN 37919	Claim Number: 11 Claim Date: 04/30/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 27
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UNSECURED	Claimed:	\$1,245,000.00	CONT
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CURBELL MEDICAL 7 COBHAM DR ORCHARD PARK, NY 14127	Claim Number: 12 Claim Date: 04/24/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$832.79
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LUCYS APPLIANCES INC 3460 SHERIDAN RD ZION, IL 60099	Claim Number: 13 Claim Date: 05/01/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$640.93
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****CLAIM NUMBER VOIDED BY AGENT****	Claim Number: 14 Claim Date: / / Debtor: DEBTOR NOT FOUND Comments: EXPUNGED
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TOTAL	Claimed:	\$0.00
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ZURICH AMERICAN INSURANCE PO BOX 68549 SCHAUMBURG, IL 60196	Claim Number: 15 Claim Date: 05/04/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1.00	UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

JKVC FARMS LLC 4709 COXEYVILLE RD COLUMBIA, IL 62236	Claim Number: 16 Claim Date: 05/08/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$2,850.00
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ALLIANCE HEALTHCARE SERVICES INC D/B/A ALLIANCE HEALTHCARE RADIOLOGY ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 17 Claim Date: 05/08/2020 Debtor: PHILLIPS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$28,325.00
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ALLIANCE HEALTHCARE SERVICES INC D/B/A CENTRAL ILLINOIS IMAGING JV LLC ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 18 Claim Date: 05/08/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$3,605.00
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ALLIANCE HEALTHCARE SERVICES INC D/B/A ALLIANCE HEALTHCARE RADIOLOGY ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 19 Claim Date: 05/08/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
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UNSECURED	Claimed:	\$64,000.00
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ALLIANCE HEALTHCARE SERVICES INC D/B/A ALLIANCE HEALTHCARE RADIOLOGY ATTN LEGAL DEPT 18201 VON KARMAN AVE, STE 600 IRVINE, CA 92612	Claim Number: 20 Claim Date: 05/08/2020 Debtor: WILLIAMSTON CLINIC CORP.
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UNSECURED	Claimed:	\$18,540.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

SOLIANT HEALTH 10151 DEERWOOD PARK BLVD JACKSONVILLE, FL 32256	Claim Number: 21 Claim Date: 04/28/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$59,401.25
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JENSEN, SHIRLEY A PO BOX 176 1501 20TH AVE VIOLA, IL 61486	Claim Number: 22 Claim Date: 05/01/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$233.74
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HIGHLAND CAPITAL CORPORATION 1 PASSAIC AVE FAIRFIELD, NJ 07004	Claim Number: 23 Claim Date: 05/01/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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SECURED	Claimed:	\$32,416.20
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BREWSTER COUNTY LINEBARGER GOGGAN BLAIR & SAMPSON LLP 112 E PECAN ST, STE 2200 SAN ANTONIO, TX 78205	Claim Number: 24 Claim Date: 05/11/2020 Debtor: BIG BEND HOSPITAL CORPORATION
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SECURED	Claimed:	\$17,617.94 UNLIQ
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QUILL ATTN TOM RIGGLEMAN 7 TECHNOLOGY CIR COLUMBIA, SC 29203	Claim Number: 25 Claim Date: 05/05/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$95.52
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MOBILE INSTRUMENT SERVICE AND REPAIR ATTN JONI EVERMAN 6625 W 78TH ST MINNEAPOLIS, MN 55439	Claim Number: 26 Claim Date: 05/13/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$32,209.17
CHASE DENNIS EMERGENCY MEDICAL GROUP INC ATTN JOHN R STAIR 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919	Claim Number: 27 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #11
UNSECURED	Claimed: \$625,000.00
CHASE DENNIS EMERGENCY MEDICAL GROUP INC ATTN JOHN R STAIR 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919	Claim Number: 28 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$1,245,000.00 CONT
ONYX C/O HEALTH CAROUSEL LLC 3805 EDWARDS RD, 700 CINCINNATI, OH 45209	Claim Number: 29 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$159,772.00
HEALTH CAROUSEL LLC 3805 EDWARDS RD, 700 CINCINNATI, OH 45209	Claim Number: 30 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$56,223.00

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AMERISOURCE FUNDING INC ASSIGNEE FOR PROVIDENCE HEALTH CARE STAFFING INC PO BOX 4738 HOUSTON, TX 77210	Claim Number: 31 Claim Date: 05/18/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$22,329.07
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LSI SOLUTIONS INC 7796 VICTOR MENDON RD VICTOR, NY 14564	Claim Number: 32 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$8,317.00
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HEALTH CAROUSEL LLC 3805 EDWARDS RD, STE 700 CINCINNATI, OH 45209	Claim Number: 33 Claim Date: 05/18/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$56,223.00
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ONYX C/O HEALTH CAROUSEL LLC 3805 EDWARDS RD, STE 700 CINCINNATI, OH 45209	Claim Number: 34 Claim Date: 05/18/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$159,772.00
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HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON ATTN JOHN P DILLMAN PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 35 Claim Date: 05/18/2020 Debtor: MCKENZIE CLINIC CORP.
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SECURED	Claimed:	\$155.48 UNLIQ
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Quorum Health Corporation Claims

Numerical Claims Register for Quorum Health (ALL DEBTORS)

HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON ATTN JOHN P DILLMAN PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 36 Claim Date: 05/18/2020 Debtor: CSRA HOLDINGS, LLC
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SECURED	Claimed:	\$1,660.96 UNLIQ
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HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON ATTN JOHN P DILLMAN PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 37 Claim Date: 05/18/2020 Debtor: HAMLET HMA PPM, LLC
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SECURED	Claimed:	\$440.35 UNLIQ
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FOX ROTHSCHILD LLP ATTN PRINCE ALTEE THOMAS, ESQUIRE 2000 MARKET ST, 20TH FL PHILADELPHIA, PA 19103	Claim Number: 38 Claim Date: 05/19/2020 Debtor: HAMLET H.M.A., LLC
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UNSECURED	Claimed:	\$15,020.00
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MONTGOMERY COUNTY C/O LINEBARGER GOGGAN BLAIR & SAMPSON PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 39 Claim Date: 05/19/2020 Debtor: MCKENZIE CLINIC CORP.
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SECURED	Claimed:	\$5,043.22 UNLIQ
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MONTGOMERY COUNTY C/O LINEBARGER GOGGAN BLAIR & SAMPSON PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 40 Claim Date: 05/19/2020 Debtor: HAMLET HMA PPM, LLC
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SECURED	Claimed:	\$125.72 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

HARRIS COUNTY ET AL C/O LINEBARGER GOGGAN BLAIR & SAMPSON PO BOX 3064 HOUSTON, TX 77253-3064	Claim Number: 41 Claim Date: 05/19/2020 Debtor: EVANSTON CLINIC CORP
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SECURED	Claimed:	\$292.39 UNLIQ
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CHASE DENNIS EMERGENCY MEDICAL GROUP INC C/O JOHN R STAIR 265 BROOKVIEW CENTRE WAY, STE 400 KNOXVILLE, TN 37919	Claim Number: 42 Claim Date: 05/21/2020 Debtor: HOSPITAL OF BARSTOW, INC.
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UNSECURED	Claimed:	\$625,000.00
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CHAPTER 13 TRUSTEE MIDDLE DISTRICT OF ALABAMA ATTN SABRINA L MCKINNEY PO BOX 173 MONTGOMERY, AL 36101	Claim Number: 43 Claim Date: 05/26/2020 Debtor: CENTRAL ALABAMA PHYSICIAN SERVICES, INC.
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UNSECURED	Claimed:	\$1.00 UNLIQ CONT
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CHAPTER 13 TRUSTEE MIDDLE DISTRICT OF ALABAMA ATTN SABRINA L MCKINNEY PO BOX 173 MONTGOMERY, AL 36101	Claim Number: 44 Claim Date: 05/26/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1.00 UNLIQ CONT
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TFHC LLC C/O SANDBERG PHOENIX ATTN SHARON L STOLTE 4600 MADISON AVE, STE 1000 KANSAS CITY, MO 64112	Claim Number: 45 Claim Date: 05/26/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$84,531.00 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

PTINEY BOWES GLOBAL FINANCIAL SERVICES C/O PITNEY BOWES INC 27 WATERVIEW DR, 3RD FL SHELTON, CT 06484	Claim Number: 46 Claim Date: 05/21/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$3,191.09
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SHEIKH, ZAKI, MD 2552 WESTMORELAND DR GRANITE CITY, IL 62040	Claim Number: 47 Claim Date: 05/21/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$20,000,000.00
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BIO-RAD LABORATORIES INC 1000 ALFRED NOBEL DR, MAILSTOP 1-130 HERCULES, CA 94547	Claim Number: 48 Claim Date: 05/21/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$101,231.10
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HEALTH GRID LLC C/O VENABLE LLP ATTN JEFFREY S SABIN, ESQ 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020	Claim Number: 49 Claim Date: 05/27/2020 Debtor: QHCCS, LLC
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UNSECURED	Claimed: \$2,240,235.93 UNLIQ
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PF2 EIS LLC C/O VENABLE LLP ATTN JEFFREY S SABIN, ESQ 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020	Claim Number: 50 Claim Date: 05/27/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed: \$1,400,000.00 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

SANDERS, EVERETT SHAWNEE CC 6665 ST RD RT 146 VIENNA, IL 62995	Claim Number: 51 Claim Date: 05/29/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$50,000.00
US BANK NA D/B/A US BANK EQUIPMENT FINACE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 52 Claim Date: 06/01/2020 Debtor: PAINTSVILLE HOSPITAL COMPANY, LLC
ADMINISTRATIVE	Claimed: \$39,832.67 UNLIQ
UNSECURED	Claimed: \$858.63 UNLIQ
US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MARDRID ST MARSHALL, MN 56258	Claim Number: 53 Claim Date: 06/02/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
ADMINISTRATIVE	Claimed: \$37,417.77 UNLIQ
UNSECURED	Claimed: \$1,898.97 UNLIQ
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 54 Claim Date: 06/04/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$0.00 UNDET
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 55 Claim Date: 06/04/2020 Debtor: QHCCS, LLC
UNSECURED	Claimed: \$0.00 UNDET

FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 56 Claim Date: 06/04/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC.
PRIORITY	Claimed:	\$1,640.73
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 57 Claim Date: 06/04/2020 Debtor: QHC HIM SHARED SERVICES, LLC
UNSECURED	Claimed:	\$0.00 UNDET
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 58 Claim Date: 06/04/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
UNSECURED	Claimed:	\$0.00 UNDET
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 59 Claim Date: 06/04/2020 Debtor: QUORUM PURCHASING ADVANTAGE, LLC
UNSECURED	Claimed:	\$0.00 UNDET
FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A430 PO BOX 2952 SACRAMENTO, CA 95812-2952		Claim Number: 60 Claim Date: 06/04/2020 Debtor: QUORUM SOLUTIONS, LLC
UNSECURED	Claimed:	\$0.00 UNDET

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

FRANCHISE TAX BOARD
ATTN BANKRUPTCY SECTION MS A340
PO BOX 2952
SACRAMENTO, CA 95812-2952

Claim Number: 61
Claim Date: 06/04/2020
Debtor: OUR HEALTHY CIRCLE

PRIORITY Claimed: \$4,357.64
UNSECURED Claimed: \$660.82

PLATTE RIVER INSURANCE COMPANY
PO BOX 5900
MADISON, WI 53705

Claim Number: 62
Claim Date: 05/19/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: POSSIBLY AMENDED BY 107
AMENDS CLAIM #115

UNSECURED Claimed: \$526,387.00 CONT

ZAKI SHEIKH, MD
2552 WESTMORELAND DR
GRANITE CITY, IL 62040

Claim Number: 63
Claim Date: 05/26/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$20,000,000.00

FRANCHISE TAX BOARD
ATTN BANKRUPTCY SECTION MS A340
PO BOX 2952
SACRAMENTO, CA 95812-2952

Claim Number: 64
Claim Date: 06/08/2020
Debtor: HOSPITAL OF BARSTOW, INC.

PRIORITY Claimed: \$800.00

FRANCHISE TAX BOARD
ATTN BANKRUPTCY SECTION MS A340
PO BOX 2952
SACRAMENTO, CA 95812-2952

Claim Number: 65
Claim Date: 06/08/2020
Debtor: TRIAD OF OREGON, LLC

PRIORITY Claimed: \$3,452.93
UNSECURED Claimed: \$15,875.42

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

FRANCHISE TAX BOARD ATTN BANKRUPTCY SECTION MS A340 PO BOX 2952 SACRAMENTO, CA 95812-2952	Claim Number: 66 Claim Date: 06/08/2020 Debtor: QHR INTENSIVE RESOURCES, LLC
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UNSECURED	Claimed:	\$0.00	UNDET
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LAMAR ADVERTISING COMPANY PO BOX 66338 BATON ROUGE, LA 70896	Claim Number: 67 Claim Date: 06/11/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$7,300.00
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US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 68 Claim Date: 06/15/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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ADMINISTRATIVE	Claimed:	\$44,656.70
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UNSECURED	Claimed:	\$518.09
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SSI GROUP LLC, THE ATTN PAIGE MILLER 4721 MORRISON DR MOBILE, AL 36609	Claim Number: 69 Claim Date: 06/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$113,647.23
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SOUTHEASTERN ILLINOIS ELECTRIC COOP INC ATTN GREG CRUSE, CFO 100 COOPERATIVE WAY CARRIER MILLS, IL 62917	Claim Number: 70 Claim Date: 06/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$66,712.25
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Quorum Health Corporation Claims
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US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258		Claim Number: 71 Claim Date: 06/17/2020 Debtor: WILLIAMSTON CLINIC CORP.
ADMINISTRATIVE	Claimed:	\$75,931.84 UNLIQ
UNSECURED	Claimed:	\$8,223.50 UNLIQ
STAPLES C/O STEAPLES TECHNOLOGY ATTN DANEEN LOTSEY 1096 E NEWPORT CENTER DR, STE 300 DEERFIELD BEACH, FL 33442		Claim Number: 72 Claim Date: 06/09/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$285.01
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711		Claim Number: 73 Claim Date: 06/22/2020 Debtor: QUORUM HEALTH CORPORATION Comments: WITHDRAWN DOCKET: 612 (08/18/2020)
PRIORITY	Claimed:	\$2,000.00 UNLIQ
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711		Claim Number: 74 Claim Date: 06/22/2020 Debtor: QHCCS, LLC Comments: WITHDRAWN DOCKET: 613 (08/18/2020)
PRIORITY	Claimed:	\$2,000.00 UNLIQ
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711		Claim Number: 75 Claim Date: 06/22/2020 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC Comments: WITHDRAWN DOCKET: 614 (08/18/2020)
PRIORITY	Claimed:	\$2,000.00 UNLIQ

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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 76 Claim Date: 06/22/2020 Debtor: BIG BEND HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 615 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00	UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 77 Claim Date: 06/22/2020 Debtor: QHC HIM SHARED SERVICES, LLC Comments: WITHDRAWN DOCKET: 616 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00	UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 78 Claim Date: 06/22/2020 Debtor: QHR INTENSIVE RESOURCES, LLC Comments: WITHDRAWN DOCKET: 617 (08/18/2020)
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PRIORITY	Claimed:	\$2,000.00	UNLIQ
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HUGHART, PAULINE C/O GOLDENBERG HELLER & ANTOGNOLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 79 Claim Date: 06/18/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$1,000,000.00
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HUGHART, CHARLES S C/O GOLDENBERG HELLER & ANTOGNOLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 80 Claim Date: 06/18/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$3,000,000.00
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HUGHART, PAULINE C/O GOLDENBERG HELLER & ANTOGNOLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 81 Claim Date: 06/18/2020 Debtor: RIVER TO RIVER HEART GROUP, LLC
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UNSECURED	Claimed: \$1,000,000.00
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HUGHART, CHARLES S C/O GOLDENBERG HELLER & ANTOGNOLLI PC 2227 S STATE RT 157 EDWARDSVILLE, IL 62025	Claim Number: 82 Claim Date: 06/18/2020 Debtor: RIVER TO RIVER HEART GROUP, LLC
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UNSECURED	Claimed: \$3,000,000.00
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US BANK N A D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 83 Claim Date: 06/30/2020 Debtor: PHILLIPS HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed: \$53,801.98 UNLIQ
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UNSECURED	Claimed: \$3,559.89 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 84 Claim Date: 06/30/2020 Debtor: BIG SPRING HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 618 (08/18/2020)
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PRIORITY	Claimed: \$2,000.00 UNLIQ
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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL ATTN BANKRUPTCY & COLLECTIONS DIVISION PO BOX 12548, MC-008 AUSTIN, TX 78711	Claim Number: 85 Claim Date: 06/30/2020 Debtor: OUR HEALTHY CIRCLE Comments: WITHDRAWN DOCKET: 619 (08/18/2020)
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PRIORITY	Claimed: \$2,000.00 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
C/O OFFICE OF THE ATTORNEY GENERAL
ATTN BANKRUPTCY & COLLECTIONS DIVISION
PO BOX 12548, MC-008
AUSTIN, TX 78711

Claim Number: 86
Claim Date: 06/30/2020
Debtor: QUORUM SOLUTIONS, LLC
Comments: WITHDRAWN
DOCKET: 620 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
C/O OFFICE OF THE ATTORNEY GENERAL
ATTN BANKRUPTCY & COLLECTIONS DIVISION
PO BOX 12548, MC-008
AUSTIN, TX 78711

Claim Number: 87
Claim Date: 06/30/2020
Debtor: QUORUM PURCHASING ADVANTAGE, LLC
Comments: WITHDRAWN
DOCKET: 621 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
C/O OFFICE OF THE ATTORNEY GENERAL
ATTN BANKRUPTCY & COLLECTIONS DIVISION
PO BOX 12548, MC-008
AUSTIN, TX 78711

Claim Number: 88
Claim Date: 06/30/2020
Debtor: QUORUM HEALTH RESOURCES, LLC
Comments: WITHDRAWN
DOCKET: 622 (08/18/2020)

PRIORITY Claimed: \$2,000.00 UNLIQ

LOUISIANA DEPARTMENT OF REVENUE
PO BOX 66658
BATON ROUGE, LA 70896-6658

Claim Number: 89
Claim Date: 07/07/2020
Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC
Comments: POSSIBLY AMENDED BY 20237

PRIORITY Claimed: \$750.00 UNLIQ

LOUISIANA DEPARTMENT OF REVENUE
PO BOX 66658
BATON ROUGE, LA 70896-6658

Claim Number: 90
Claim Date: 07/07/2020
Debtor: QHR INTENSIVE RESOURCES, LLC

PRIORITY Claimed: \$3,829.13 UNLIQ

UNSECURED Claimed: \$531.46 UNLIQ

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 91 Claim Date: 07/07/2020 Debtor: QHCCS, LLC Comments: POSSIBLY AMENDED BY 20238
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PRIORITY	Claimed:	\$8.33
UNSECURED	Claimed:	\$79.17

US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 92 Claim Date: 07/21/2020 Debtor: WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed:	\$182,915.59	UNLIQ
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US BANK NA D/B/A US BANK QUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 93 Claim Date: 07/21/2020 Debtor: HOSPITAL OF LOUISA, INC.
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ADMINISTRATIVE	Claimed:	\$110,773.86	UNLIQ
UNSECURED	Claimed:	\$2,418.09	UNLIQ

QWEST CORPORATION D/B/A CENTURYLINK QC C/O CENTURYLINK COMMUNICATIONS;LEGAL-BKY 1025 EL DORADO BLVD BROOMFIELD, CO 80021	Claim Number: 94 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,645.20
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GALLATIN RIVER COMMUNICATIONS LLC D/B/A CENTURYLINK C/O CENTURYLINK COMMUNICATIONS;LEGAL-BKY 1025 EL DORADO BLVD BROOMFIELD, CO 80021	Claim Number: 95 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,433.80
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CENTURYLINK COMMUNICATIONS LLC F/K/A QWEST COMMUNICATIONS COMPANY LLC ATTN LEGAL BANKRUPTCY 1025 EL DORADO BLVD BROOMFIELD, CO 80021	Claim Number: 96 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$32,784.79
OKLAHOMA TAX COMMISSION 123 ROBERT S KERR AVE OKLAHOMA CITY, OK 73102-6406	Claim Number: 97 Claim Date: 07/29/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
PRIORITY	Claimed: \$508.96
UNSECURED	Claimed: \$151.40
BOSTON SCIENTIFIC CORPORATION C/O STEVEN D SASS LLC PO BOX 45 CLARKSVILLE, MD 21029	Claim Number: 98 Claim Date: 07/30/2020 Debtor: QUORUM HEALTH CORPORATION
ADMINISTRATIVE	Claimed: \$57,468.71
PRIORITY	Claimed: \$55,884.71
GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150	Claim Number: 99 Claim Date: 07/31/2020 Debtor: QHCCS, LLC
UNSECURED	Claimed: \$2,800.00
GE PRECISION HEALTHCARE LLC C/O MICHAEL B BACH, AUTHORIZED AGENT 25 WHITNEY DR, STE 106 MILFORD, OH 45150	Claim Number: 100 Claim Date: 07/31/2020 Debtor: QHCCS, LLC
UNSECURED	Claimed: \$167,281.11

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

GE PRECISION HEALTHCARE LLC
C/O MICHAEL B BACH, AUTHORIZED AGENT
25 WHITNEY DR, STE 106
MILFORD, OH 45150

Claim Number: 101
Claim Date: 07/31/2020
Debtor: QHCCS, LLC

UNSECURED Claimed: \$89,034.47

GE PRECISION HEALTHCARE LLC
C/O MICHAEL B BACH, AUTHORIZED AGENT
25 WHITNEY DR, STE 106
MILFORD, OH 45150

Claim Number: 102
Claim Date: 07/31/2020
Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,

UNSECURED Claimed: \$10,776.75

GE PRECISION HEALTHCARE LLC
C/O MICHAEL B BACH, AUTHORIZED AGENT
25 WHITNEY DR, STE 106
MILFORD, OH 45150

Claim Number: 103
Claim Date: 07/31/2020
Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,

UNSECURED Claimed: \$13,072.39

GE PRECISION HEALTHCARE LLC
C/O MICHAEL B BACH, AUTHORIZED AGENT
25 WHITNEY DR, STE 106
MILFORD, OH 45150

Claim Number: 104
Claim Date: 07/31/2020
Debtor: EVANSTON HOSPITAL CORPORATION

UNSECURED Claimed: \$803.25

GE PRECISION HEALTHCARE LLC
C/O MICHAEL B BACH, AUTHORIZED AGENT
25 WHITNEY DR, STE 106
MILFORD, OH 45150

Claim Number: 105
Claim Date: 07/31/2020
Debtor: HOSPITAL OF BARSTOW, INC.

UNSECURED Claimed: \$16,360.65

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

GE PRECISION HEALTHCARE LLC
C/O MICHAEL B BACH, AUTHORIZED AGENT
25 WHITNEY DR, STE 106
MILFORD, OH 45150

Claim Number: 106
Claim Date: 07/31/2020
Debtor: QHCCS, LLC

UNSECURED Claimed: \$931.77

PLATTE RIVER INSURANCE COMPANY
PO BOX 5900
MADISON, WI 53705

Claim Number: 107
Claim Date: 08/06/2020
Debtor: QUORUM HEALTH CORPORATION
Comments:
AMENDS CLAIM #62

UNSECURED Claimed: \$526,387.00 CONT

MOLINA HEALTHCARE INC
ATTN JANA HOLLSTIEN OR JEFF BARLOW
2180 HARVARD ST, STE 400
SACRAMENTO, CA 95815

Claim Number: 108
Claim Date: 08/18/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$10,823.02

US BANK NA
D/B/A US BANK EQUIPMENT FINANCE
1310 MADRID ST
MARSHALL, MN 56258

Claim Number: 109
Claim Date: 08/20/2020
Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
Comments: POSSIBLY AMENDED BY 119

UNSECURED Claimed: \$48,642.37

US BANK NA
D/B/A US BANK EQUIPMENT FINANCE
1310 MADRID ST
MARSHALL, MN 56258

Claim Number: 110
Claim Date: 08/21/2020
Debtor: MARION HOSPITAL CORPORATION

UNSECURED Claimed: \$390,960.20

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 111 Claim Date: 08/24/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 111
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UNSECURED	Claimed:	\$358.27
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US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 112 Claim Date: 08/26/2020 Debtor: JACKSON HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$110,181.26
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US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258	Claim Number: 113 Claim Date: 08/26/2020 Debtor: MMC OF NEVADA, LLC
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ADMINISTRATIVE	Claimed:	\$81,092.49
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UNSECURED	Claimed:	\$13,238.37
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OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 114 Claim Date: 08/27/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$358.27
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PLATTE RIVER INSURANCE COMPANY PO BOX 5900 MADISON, WI 53705	Claim Number: 115 Claim Date: 09/08/2020 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #62
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UNSECURED	Claimed:	\$487,776.00 CONT
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

SPULER, PETER 10800 BLACKPOWDER CT FORT WASHINGTON, MD 20744		Claim Number: 116 Claim Date: 09/08/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$4,500.00
PITNEY BOWES INC 27 WATERVIEW DR, 3RD FL SHELTON, CT 06484		Claim Number: 117 Claim Date: 09/18/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
UNSECURED	Claimed:	\$1,391.77
NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575		Claim Number: 118 Claim Date: 09/28/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
PRIORITY	Claimed:	\$85,320.64
UNSECURED	Claimed:	\$18,180.01
US BANK NA D/B/A US BANK EQUIPMENT FINANCE 1310 MADRID ST MARSHALL, MN 56258		Claim Number: 119 Claim Date: 09/30/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC. Comments: AMENDS CLAIM #109
ADMINISTRATIVE	Claimed:	\$40,257.04
UNSECURED	Claimed:	\$312.65
NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575		Claim Number: 120 Claim Date: 10/05/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
PRIORITY	Claimed:	\$276.51 UNLIQ
UNSECURED	Claimed:	\$57.51 UNLIQ

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 121 Claim Date: 10/05/2020 Debtor: DEMING HOSPITAL CORPORATION
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PRIORITY	Claimed:	\$273.66 UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 122 Claim Date: 10/05/2020 Debtor: DEMING CLINIC CORPORATION
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PRIORITY	Claimed:	\$177.99 UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 123 Claim Date: 10/05/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 131
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PRIORITY	Claimed:	\$350.00 UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 124 Claim Date: 10/05/2020 Debtor: SUMMIT EMERGENCY MEDICINE, LLC
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PRIORITY	Claimed:	\$2,000.00 UNLIQ
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NM TAXATION AND REVENUE DEPARTMENT PO BOX 8575 ALBUQUERQUE, NM 87198-8575	Claim Number: 125 Claim Date: 10/05/2020 Debtor: DEMING NURSING HOME COMPANY, LLC
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PRIORITY	Claimed:	\$15,425.76 UNLIQ
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UNSECURED	Claimed:	\$21,124.90 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

NM TAXATION AND REVENUE DEPARTMENT
PO BOX 8575
ALBUQUERQUE, NM 87198-8575

Claim Number: 126
Claim Date: 10/05/2020
Debtor: SAN MIGUEL CLINIC CORP.

PRIORITY Claimed: \$43,027.76 UNLIQ

NM TAXATION AND REVENUE DEPARTMENT
PO BOX 8575
ALBUQUERQUE, NM 87198-8575

Claim Number: 127
Claim Date: 10/05/2020
Debtor: QHR INTENSIVE RESOURCES, LLC

PRIORITY Claimed: \$40,188.39 UNLIQ

UNSECURED Claimed: \$6,535.11 UNLIQ

RHODE ISLAND DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

Claim Number: 128
Claim Date: 10/06/2020
Debtor: QUORUM HEALTH RESOURCES, LLC

PRIORITY Claimed: \$1,808.84

UNSECURED Claimed: \$190.50

RHODE ISLAND DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

Claim Number: 129
Claim Date: 10/06/2020
Debtor: QUORUM HEALTH CORPORATION

PRIORITY Claimed: \$338.74

UNSECURED Claimed: \$30.00

BUCHALTER PC
1000 WILSHIRE BLVD, STE 1500
LOS ANGELES, CA 90017

Claim Number: 130
Claim Date: 11/17/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$5,748.00

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

NM TAXATION & REVENUE DEPARTMENT
PO BOX 8575
ALBUQUERQUE, NM 87198-8575

Claim Number: 131
Claim Date: 03/02/2021
Debtor: QUORUM HEALTH CORPORATION
Comments:
AMENDS CLAIM #123

PRIORITY Claimed: \$400.00

KENT COUNTY TAX OFFICE
C/O KENT COUNTY LEVY COURT
555 BAY RD
DOVER, DE 19901

Claim Number: 132
Claim Date: 06/01/2021
Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC

PRIORITY Claimed: \$100.79

KENT COUNTY TAX OFFICE
C/O KENT COUNTY LEVY COURT
555 BAY RD
DOVER, DE 19901

Claim Number: 133
Claim Date: 06/01/2021
Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC

PRIORITY Claimed: \$123.84

NY STATE DEPT OF TAXATION AND FINANCE
ATTN BANKRUPTCY SECTION
PO BOX 5300
ALBANY, NY 12205-0300

Claim Number: 134
Claim Date: 06/20/2022
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$418.75

ULINE
12575 ULINE DR
PLEASANT PRAIRIE, WI 53158

Claim Number: 135
Claim Date: 08/31/2022
Debtor: PAINTSVILLE HMA PHYSICIAN MANAGEMENT, LLC

ADMINISTRATIVE Claimed: \$3,853.90

PRIORITY Claimed: \$10,405.30

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

NY STATE DEPT OF TAXATION AND FINANCE
ATTN BANKRUPTCY SECTION
PO BOX 5300
ALBANY, NY 12205-0300

Claim Number: 136
Claim Date: 08/29/2023
Debtor: QUORUM HEALTH CORPORATION

ADMINISTRATIVE Claimed: \$3,250.31

SHOULI, ABDELMOUNAIM
BOUSSEKRI DB ELHARGASSA N 2 BIS
MARRAKECH, 40000
MORROCCO

Claim Number: 20000
Claim Date: 04/10/2020
Debtor: QUORUM HEALTH CORPORATION

SECURED Claimed: \$0.00 UNDET

TELEFLEX MEDICAL INC
PO BOX 601608
CHARLOTTE, NC 28260

Claim Number: 20001
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 650 (09/25/2020)

UNSECURED Claimed: \$2,339.69

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20002
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$3,703.07

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20003
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$1,383.50

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20004
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$2,823.55

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20005
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$461.01

TELEFLEX LLC
PO BOX 936729
ATLANTA, GA 31193

Claim Number: 20006
Claim Date: 04/13/2020
Debtor: QUORUM HEALTH CORPORATION
Comments: WITHDRAWN
DOCKET: 651 (09/25/2020)

UNSECURED Claimed: \$2,823.55

STERICYCLE INC
2333 WAUKEGAN RD, STE 300
BANNOCKBURN, IL 60015

Claim Number: 20007
Claim Date: 04/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$2,719.56

STERICYCLE INC
2333 WAUKEGAN RD, STE 300
BANNOCKBURN, IL 60015

Claim Number: 20008
Claim Date: 04/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$2,719.56

STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20009 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$2,746.04
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20010 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$2,759.27
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20011 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$3,441.65
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20012 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$3,521.61
STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20013 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$3,841.21

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20014 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$4,038.75
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20015 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$4,142.31
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THYSSENKRUPP ELEVATOR CORP C/O LAW OFFICE OF D PARK SMITH 250 CHERRY SPRINGS RD, STE 200 HUNT, TX 78024	Claim Number: 20016 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$41,611.62
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20017 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$4,241.28
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20018 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$4,674.32
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20019 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$6,187.30
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20020 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$6,603.43
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20021 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$8,022.50
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20022 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$9,606.34
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015	Claim Number: 20023 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$12,732.98
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STERICYCLE INC 2333 WAUKEGAN RD, STE 300 BANNOCKBURN, IL 60015		Claim Number: 20024 Claim Date: 04/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$13,349.95
UTAH STATE TAX COMMISSION ATTN BKY UNIT 210 N 1950 W SALT LAKE CITY, UT 84134-9000		Claim Number: 20025 Claim Date: 04/16/2020 Debtor: QUORUM HEALTH CORPORATION
PRIORITY	Claimed:	\$7,324.16
UNSECURED	Claimed:	\$342.90
DOWELL, SARAH 5283 CYNTHIA COURT SPRINGFIELD, OR 97478		Claim Number: 20026 Claim Date: 04/21/2020 Debtor: AMBULANCE SERVICES OF MCKENZIE, INC.
UNSECURED	Claimed:	\$0.00 UNDET
LIFE SAFETY SERVICES LLC 908 S 8TH ST, STE 500 LOUISVILLE, KY 40203		Claim Number: 20027 Claim Date: 04/22/2020 Debtor: WILLIAMSTON CLINIC CORP.
UNSECURED	Claimed:	\$2,175.00
SPURGEON, AMANDA 4222 ROSE LN, APT 11 MOUNT VERNON, IL 62864		Claim Number: 20028 Claim Date: 04/22/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$0.00 UNDET

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

HOWARD, MISTY 2054 FOX HUNTERS KNOB RD BOONEVILLE, KY 41314	Claim Number: 20029 Claim Date: 04/23/2020 Debtor: QUORUM HEALTH CORPORATION
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PRIORITY	Claimed:	\$0.00 UNDET
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JARMAN, ALEXIS YVONNE 2708 JEFFERSON DR GREENVILLE, NC 27858	Claim Number: 20030 Claim Date: 04/27/2020 Debtor: WILLIAMSTON CLINIC CORP.
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UNSECURED	Claimed:	\$0.00 UNDET
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HEYL ROYSTER VOELKER & ALLEN 300 HAMILTON BLVD PO BOX 6199 PEORIA, IL 61601-6199	Claim Number: 20031 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$380.00
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SANGRE DE CRISTO BROADCASTING CO INC 304 S GRAND AVE LAS VEGAS, NM 87701	Claim Number: 20032 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed:	\$1,699.99
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MEADOW OUTDOOR ADVERTISING PO BOX 331 THE DALLES, OR 97058	Claim Number: 20033 Claim Date: 04/29/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$7,023.86
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

BREATHITT MEDIA LLC
PO BOX 1015
JACKSON, KY 41339

Claim Number: 20034
Claim Date: 04/29/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$810.00

OHIO DEPARTMENT OF TAXATION
ATTN BANKRUPTCY DIVISION
PO BOX 530
COLUMBUS, OH 43216

Claim Number: 20035
Claim Date: 04/30/2020
Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,

PRIORITY Claimed: \$279.67

OHIO DEPARTMENT OF TAXATION
ATTN BANKRUPTCY DIVISION
PO BOX 530
COLUMBUS, OH 43216

Claim Number: 20036
Claim Date: 04/30/2020
Debtor: QHC HIM SHARED SERVICES, LLC

PRIORITY Claimed: \$44.45

UNSECURED Claimed: \$126.37

SOUTHWEST GAS CORPORATION
ATTN BANKRUPTCY DESK
PO BOX 1498
VICTORVILLE, CA 92393-1498

Claim Number: 20037
Claim Date: 04/30/2020
Debtor: HOSPITAL OF BARSTOW, INC.

UNSECURED Claimed: \$4,993.98

MCKENZIE RIVER BROADCASTING
925 COUNTRY CLUB RD, STE 200
EUGENE, OR 97401

Claim Number: 20038
Claim Date: 04/30/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$4,029.00

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

REAGAN OUTDOOR ADVERTISING OF CHATT
ATTN KATIE BROUGHMAN
18 W 28TH ST
CHATTANOOGA, TN 37408

Claim Number: 20039
Claim Date: 05/01/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$1,380.00

MIDWEST MOWING INC
C/O JACK SHRUM, PA
919 N MARKET ST, STE 1410
WILMINGTON, DE 19801

Claim Number: 20040
Claim Date: 05/01/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$109,951.00

TCF NATIONAL BANK
11100 WAYZATA BLVD, STE 801
MINNETONKA, MN 55305

Claim Number: 20041
Claim Date: 05/04/2020
Debtor: MARION HOSPITAL CORPORATION

SECURED Claimed: \$27,240.96

TCF NATIONAL BANK
11100 WAYZATA BLVD, STE 801
MINNETONKA, MN 55305

Claim Number: 20042
Claim Date: 05/04/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$27,240.96

MISSISSIPPI RIVER RADIO
324 BROADWAY ST
CAPE GIRARDEAU, MO 63701

Claim Number: 20043
Claim Date: 05/06/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$4,080.00

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CARDINAL POINTE COMMUNICATIONS INC
1564 EAGLE RIDGE CT
LAKELAND, FL 33813

Claim Number: 20044
Claim Date: 05/06/2020
Debtor: QUORUM HEALTH CORPORATION

ADMINISTRATIVE Claimed: \$20,250.00

CLEAR CHANNEL OUTDOOR LLC
ATTN BRIAN TEGELER
4830 N LOOP 1604, STE 111
SAN ANTONIO, TX 78249

Claim Number: 20045
Claim Date: 05/07/2020
Debtor: SAN MIGUEL CLINIC CORP.

UNSECURED Claimed: \$1,272.58

ABBOTT DIABETES DIVISION
C/O KOHNER MANN & KAILAS SC
4650 N PORT WASHINGTON RD
MILWAUKEE, WI 53212

Claim Number: 20046
Claim Date: 05/08/2020
Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC.
Comments: WITHDRAWN
DOCKET: 507 (06/15/2020)

ADMINISTRATIVE Claimed: \$1,156.88

UNSECURED Claimed: \$1,542.51

ABBOTT POINT OF CARE INC
C/O KOHNER MANN & KAILAS SC
4650 N PORT WASHINGTON RD
MILWAUKEE, WI 53212

Claim Number: 20047
Claim Date: 05/08/2020
Debtor: HEARTLAND RURAL HEALTHCARE, LLC
Comments: WITHDRAWN
DOCKET: 508 (06/15/2020)

ADMINISTRATIVE Claimed: \$1,198.13

UNSECURED Claimed: \$1,266.63

ABBOTT POINT OF CARE INC
C/O KOHNER MANN & KAILAS SC
4650 N PORT WASHINGTON RD
MILWAUKEE, WI 53212

Claim Number: 20048
Claim Date: 05/08/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$803.39

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20049 Claim Date: 05/08/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: POSSIBLY AMENDED BY 20138
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UNSECURED	Claimed:	\$10,650.00
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ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20050 Claim Date: 05/08/2020 Debtor: RED BUD HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$1,140.74
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UNSECURED	Claimed:	\$2,667.86
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ABBOTT DIAGNOSTICS DIVISION OF ABBOTT C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20051 Claim Date: 05/08/2020 Debtor: BIG BEND HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
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UNSECURED	Claimed:	\$1,007.90
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ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20052 Claim Date: 05/08/2020 Debtor: DEMING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$803.39
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GALESBURG BROADCASTING COMPANY ATTN ROGER LUNDEEN 154 E SIMMONS ST GALESBURG, IL 61401	Claim Number: 20053 Claim Date: 05/11/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$16,210.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

GALESBURG BROADCASTING COMPANY ATTN ROGER LUNDEEN 154 E SIMMONS ST GALESBURG, IL 61401	Claim Number: 20054 Claim Date: 05/11/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed: \$4,250.00
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ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20055 Claim Date: 05/12/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
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ADMINISTRATIVE	Claimed: \$5,524.48
UNSECURED	Claimed: \$4,968.96

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20056 Claim Date: 05/12/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION Comments: POSSIBLY AMENDED BY 20131
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ADMINISTRATIVE	Claimed: \$10,927.25
UNSECURED	Claimed: \$81,085.10

ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20057 Claim Date: 05/12/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
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UNSECURED	Claimed: \$9,666.25
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20058 Claim Date: 05/13/2020 Debtor: DEMING HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 389 (05/21/2020)
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UNSECURED	Claimed: \$1,534.83
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20059 Claim Date: 05/13/2020 Debtor: ANNA HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 389 (05/21/2020)
ADMINISTRATIVE	Claimed: \$504.05
ABBOTT DIABETES DIVISION C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20060 Claim Date: 05/13/2020 Debtor: THREE RIVERS MEDICAL CLINICS, INC. Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
ADMINISTRATIVE	Claimed: \$909.87
UNSECURED	Claimed: \$865.99
ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20061 Claim Date: 05/13/2020 Debtor: GALESBURG HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 399 (05/22/2020)
UNSECURED	Claimed: \$1,750.00
ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20062 Claim Date: 05/13/2020 Debtor: GRANITE CITY HOSPITAL CORPORATION Comments: POSSIBLY AMENDED BY 20090
ADMINISTRATIVE	Claimed: \$1,560.00
UNSECURED	Claimed: \$2,960.00
ABBOTT DIABETES DIVISION C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20063 Claim Date: 05/14/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
ADMINISTRATIVE	Claimed: \$1,156.88

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

ABBOTT POINT OF CARE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20064 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
ADMINISTRATIVE	Claimed: \$85.71
ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20065 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
UNSECURED	Claimed: \$12,900.00
COMMONWEALTH EDISON COMPANY C/O COMED BANKRUPTCY DEPT 1919 SWIFT DR OAK BROOK, IL 60523	Claim Number: 20066 Claim Date: 05/14/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$36,031.05
ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20067 Claim Date: 05/14/2020 Debtor: LINDENHURST SURGERY CENTER, LLC Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
UNSECURED	Claimed: \$27,083.13
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20068 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$263.85

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CHARTER COMMUNICATIONS
1600 DUBLIN RD
COLUMBUS, OH 43215

Claim Number: 20069
Claim Date: 05/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$759.85

ABBOTT LABORATORIES INC
C/O KOHNER MANN & KAILAS SC
4650 N PORT WASHINGTON RD
MILWAUKEE, WI 53212

Claim Number: 20070
Claim Date: 05/15/2020
Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
Comments: POSSIBLY AMENDED BY 20137

ADMINISTRATIVE Claimed: \$188,656.00
UNSECURED Claimed: \$367,181.00

CHARTER COMMUNICATIONS
1600 DUBLIN RD
COLUMBUS, OH 43215

Claim Number: 20071
Claim Date: 05/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$136.06

CHARTER COMMUNICATIONS
1600 DUBLIN RD
COLUMBUS, OH 43215

Claim Number: 20072
Claim Date: 05/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$193.88

CHARTER COMMUNICATIONS
1600 DUBLIN RD
COLUMBUS, OH 43215

Claim Number: 20073
Claim Date: 05/15/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$587.92

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20074 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$11.85
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20075 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$193.88
ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20076 Claim Date: 05/15/2020 Debtor: WAUKEGAN HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
ADMINISTRATIVE	Claimed: \$2,420.00
UNSECURED	Claimed: \$50,459.00
CHARTER COMMUNICATIONS 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20077 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$298.20
CHARTER COMMUNICATION 1600 DUBLIN RD COLUMBUS, OH 43215	Claim Number: 20078 Claim Date: 05/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$833.24

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

STAYWELL COMPANY LLC, THE
800 TOWNSHIP LINE RD
YARDLEY, PA 19067

Claim Number: 20079
Claim Date: 05/18/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$1,168.49

FRONTIER COMMUNICATIONS
ATTN BANKRUPTCY DEPT
19 JOHN ST
MIDDLETOWN, NY 10940

Claim Number: 20080
Claim Date: 05/18/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$3,779.14

CIT BANK NA
C/O BANKRUPTCY PROCESSING SOLUTIONS INC
PO BOX 593007
SAN ANTONIO, TX 78259

Claim Number: 20081
Claim Date: 05/19/2020
Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC

UNSECURED Claimed: \$3,621.77

CIT BANK NA
C/O BANKRUPTCY PROCESSING SOLUTIONS INC
PO BOX 593007
SAN ANTONIO, TX 78259

Claim Number: 20082
Claim Date: 05/19/2020
Debtor: BIG SPRING HOSPITAL CORPORATION

UNSECURED Claimed: \$4,004.51

CIT BANK NA
C/O BANKRUPTCY PROCESSING SOLUTIONS INC
PO BOX 593007
SAN ANTONIO, TX 78259

Claim Number: 20083
Claim Date: 05/19/2020
Debtor: FORREST CITY CLINIC COMPANY, LLC

UNSECURED Claimed: \$698.06

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20084 Claim Date: 05/19/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$2,121.35
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SAND MOUNTAIN ELECTRIC COOPERATIVE PO BOX 277 RAINSVILLE, AL 35986	Claim Number: 20085 Claim Date: 05/20/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$760.64
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ABBOTT POINT OF CARE INC KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20086 Claim Date: 05/20/2020 Debtor: GRANITE CITY HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 381 (05/20/2020)
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ADMINISTRATIVE	Claimed:	\$2,058.13
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UNSECURED	Claimed:	\$2,982.58
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20087 Claim Date: 05/20/2020 Debtor: HEARTLAND RURAL HEALTHCARE, LLC Comments: WITHDRAWN DOCKET: 507 (06/15/2020)
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ADMINISTRATIVE	Claimed:	\$20,475.00
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ABBOTT POINT OF CARE INC C/O KOHNE MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20088 Claim Date: 05/21/2020 Debtor: TOOELE HOSPITAL CORPORATION Comments: WITHDRAWN DOCKET: 508 (06/15/2020)
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UNSECURED	Claimed:	\$6,158.76
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

MURRAY, KELLY R
3043 STIPES LANE
EDWARDSVILLE, IL 62025

Claim Number: 20089
Claim Date: 05/21/2020
Debtor: GRANITE CITY CLINIC CORP.

PRIORITY Claimed: \$13,650.00 UNLIQ
UNSECURED Claimed: \$21,350.00 UNLIQ

ABBOTT LABORATORIES INC
C/O KOHNER MANN & KAILAS SC
4650 N PORT WASHINGTON RD
MILWAUKEE, WI 53212

Claim Number: 20090
Claim Date: 05/21/2020
Debtor: GRANITE CITY HOSPITAL CORPORATION
Comments:
AMENDS CLAIM #20062

ADMINISTRATIVE Claimed: \$170.00

ENTERGY ARKANSAS LLC
ATTN L-JEF-359
4809 JEFFERSON HWY, STE A
NEW ORLEANS, LA 70121-3138

Claim Number: 20091
Claim Date: 05/22/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$29,162.96

ATKINS, KENNEY S, MD
541 10TH ST NW, STE 213
ATLANTA, GA 30318

Claim Number: 20092
Claim Date: 05/25/2020
Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC

UNSECURED Claimed: \$0.00 UNDET

TIDMAN, RAYMOND, MD
541 10TH ST NW, STE 213
ATLANTA, GA 30318

Claim Number: 20093
Claim Date: 05/25/2020
Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC

UNSECURED Claimed: \$0.00 UNDET

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

WILLIAMS, KIMBERLY T, MD 541 10TH ST NW, STE 213 ATLANTA, GA 30318	Claim Number: 20094 Claim Date: 05/25/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00	UNDET
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WHITAKER, TIMOTHY S, MD 541 10TH ST NW, STE 213 ATLANTA, GA 30318	Claim Number: 20095 Claim Date: 05/25/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00	UNDET
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20096 Claim Date: 05/26/2020 Debtor: SOUTHERN ILLINOIS MEDICAL CARE ASSOCIATES, LLC
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UNSECURED	Claimed:	\$2,091.62
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20097 Claim Date: 05/26/2020 Debtor: DEMING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$2,386.03
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20098 Claim Date: 05/26/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$448.82
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20099 Claim Date: 05/26/2020 Debtor: SAN MIGUEL CLINIC CORP.
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UNSECURED	Claimed:	\$1,321.96
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20100 Claim Date: 05/26/2020 Debtor: MMC OF NEVADA, LLC
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UNSECURED	Claimed:	\$31,516.10
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20101 Claim Date: 05/26/2020 Debtor: MMC OF NEVADA, LLC
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UNSECURED	Claimed:	\$10,140.71
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20102 Claim Date: 05/26/2020 Debtor: QHCCS, LLC
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UNSECURED	Claimed:	\$2,322.36
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CIT BANK NA C/O BANKRUPTCY PROCESSING SOLUTIONS INC PO BOX 593007 SAN ANTONIO, TX 78259	Claim Number: 20103 Claim Date: 05/26/2020 Debtor: PHILLIPS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$13,589.89
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

HEALTHCARE INFECTION CONTROL SOLUTIONS 325 LEFFINGWELL AVENUE KIRKWOOD, MO 63122	Claim Number: 20104 Claim Date: 05/26/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$798.67
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SHANNON, MORGAN S, MD C/O GOGO & MOORE LLC 541 10TH ST NW, #213 ATLANTA, GA 30318	Claim Number: 20105 Claim Date: 05/27/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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PIEDMONT NATURAL GAS 4339 S TRYON ST CHARLOTTE, NC 28217	Claim Number: 20106 Claim Date: 05/28/2020 Debtor: QUORUM HEALTH RESOURCES, LLC
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UNSECURED	Claimed:	\$533.62
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SC DEPT OF HEALTH AND HUMAN SERVICES ATTN OFFICE OF GENERAL COUNSEL 1801 MAIN ST COLUMBIA, SC 29201	Claim Number: 20107 Claim Date: 05/29/2020 Debtor: QUORUM HEALTH CORPORATION Comments: POSSIBLY AMENDED BY 20109
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UNSECURED	Claimed:	\$4,900.00
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KMOV TELEVISION C/O SZABO ASSOCIATES INC 3355 LENOX RD NE, STE 945 ATLANTA, GA 30326	Claim Number: 20108 Claim Date: 06/03/2020 Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$4,000.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

SC DEPT OF HEALTH AND HUMAN SERVICES
C/O OFFICE OF GENERAL COUNSEL
1801 MAIN ST
COLUMBIA, SC 29201

Claim Number: 20109
Claim Date: 06/04/2020
Debtor: QUORUM HEALTH CORPORATION
Comments:
AMENDS CLAIM #20107

UNSECURED Claimed: \$4,900.00

NORTH HIGHLAND COMPANY LLC, THE
ATTN PATRICK R RAY, GENERAL COUNSEL
3333 PIEDMONT ROAD NE, STE 1000
ATLANTA, GA 30305

Claim Number: 20110
Claim Date: 06/05/2020
Debtor: QHCCS, LLC

UNSECURED Claimed: \$1,039,443.66

NORTH HIGHLAND COMPANY LLC, THE
ATTN PATRICK R RAY, GENERAL COUNSEL
3333 PIEDMONT ROAD NE, STE 1000
ATLANTA, GA 30305

Claim Number: 20111
Claim Date: 06/05/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$1,039,443.66

FORREST CITY MEDICAL CENTER
C/O FABER AND BRAND LLC
PO BOX 10110
COMUMBIA, MO 65205

Claim Number: 20112
Claim Date: 06/08/2020
Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC

UNSECURED Claimed: \$0.00 UNDET

ZWICK PARTNERS LP
C/O POMERANTZ LLP
ATTN MICHAEL J WERNKE
600 THIRD AVE, 20TH FL
NEW YORK, NY 10016

Claim Number: 20113
Claim Date: 06/09/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$159,408.00

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

RAO, APARNA C/O POMERANTZ LLP ATTN MICHAEL J WERNKE 600 THIRD AVE, 20TH FL NEW YORK, NY 10016		Claim Number: 20114 Claim Date: 06/09/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$972.00
CLASS OF INVESTORS C/O POMERANTZ LLP ATTN MICHAEL J WERNKE 600 THIRD AVE, 20TH FL NEW YORK, NY 10016		Claim Number: 20115 Claim Date: 06/09/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$150,000,000.00
OWENS, NORMA MAE AND JR C/O HUGHES & COLEMAN ATTN KEVIN A OSBORNE, ESQ 211 E NEW CIRCLE RD LEXINGTON, KY 40505-2116		Claim Number: 20116 Claim Date: 06/10/2020 Debtor: HOSPITAL OF LOUISA, INC.
UNSECURED	Claimed:	\$0.00 UNDET
WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404		Claim Number: 20117 Claim Date: 06/11/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION
UNSECURED	Claimed:	\$61,984.25 CONT
WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404		Claim Number: 20118 Claim Date: 06/11/2020 Debtor: DEMING CLINIC CORPORATION
UNSECURED	Claimed:	\$3,061.57 CONT

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20119 Claim Date: 06/11/2020 Debtor: DEMING HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$39,995.26	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20120 Claim Date: 06/11/2020 Debtor: QHCCS, LLC
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UNSECURED	Claimed:	\$58,113.41	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20121 Claim Date: 06/11/2020 Debtor: HOSPITAL OF BARSTOW, INC.
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UNSECURED	Claimed:	\$27,970.57	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20122 Claim Date: 06/11/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$6,425.90	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20123 Claim Date: 06/11/2020 Debtor: AMBULANCE SERVICES OF FORREST CITY, LLC
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UNSECURED	Claimed:	\$1,956.51	CONT
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20124
Claim Date: 06/11/2020
Debtor: ANNA HOSPITAL CORPORATION

UNSECURED Claimed: \$62,108.53 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20125
Claim Date: 06/11/2020
Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC

UNSECURED Claimed: \$37,280.17 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20126
Claim Date: 06/11/2020
Debtor: FORREST CITY CLINIC COMPANY, LLC

UNSECURED Claimed: \$12,490.42 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20127
Claim Date: 06/11/2020
Debtor: JACKSON HOSPITAL CORPORATION

UNSECURED Claimed: \$650.36 CONT

WELLS FARGO VENDOR FINANCIAL SERVICES
ATTN KIMBERLY PARK
1010 THOMAS EDISON BLVD SW
CEDAR RAPIDS, IA 52404

Claim Number: 20128
Claim Date: 06/11/2020
Debtor: SOUTHERN ILLINOIS MEDICAL CARE ASSOCIATES, LLC

UNSECURED Claimed: \$553.13 CONT

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20129 Claim Date: 06/12/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$1,378.08	CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20130 Claim Date: 06/12/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
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UNSECURED	Claimed:	\$18,776.53	CONT
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20131 Claim Date: 06/12/2020 Debtor: FORT PAYNE HOSPITAL CORPORATION Comments: AMENDS CLAIM #20056
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ADMINISTRATIVE	Claimed:	\$872.00	
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20132 Claim Date: 06/12/2020 Debtor: WILLIAMSTON CLINIC CORP.
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UNSECURED	Claimed:	\$34,635.85	CONT
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WELLS FARGO FINANCIAL LEASING INC ATTN BANKRUPTCY DEPARTMENT 800 WALNUT ST DES MOINES, IA 50309	Claim Number: 20133 Claim Date: 06/12/2020 Debtor: TOOELE HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$52,477.64	CONT
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

WELLS FARGO FINANCIAL LEASING INC ATTN BK DEPT MAC F0005-055 800 WALNUT ST DES MOINES, IA 50309	Claim Number: 20134 Claim Date: 06/12/2020 Debtor: EVANSTON CLINIC CORP
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UNSECURED	Claimed: \$10,591.62
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20135 Claim Date: 06/12/2020 Debtor: SAN MIGUEL CLINIC CORP.
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UNSECURED	Claimed: \$23,232.81 CONT
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WELLS FARGO VENDOR FINANCIAL SERVICES ATTN KIMBERLY PARK 1010 THOMAS EDISON BLVD SW CEDAR RAPIDS, IA 52404	Claim Number: 20136 Claim Date: 06/12/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
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UNSECURED	Claimed: \$91,081.92 CONT
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20137 Claim Date: 06/12/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES, Comments: AMENDS CLAIM #20070
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ADMINISTRATIVE	Claimed: \$4,335.00
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UNSECURED	Claimed: \$49,041.00
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ABBOTT LABORATORIES INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212	Claim Number: 20138 Claim Date: 06/15/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: AMENDS CLAIM #20049
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UNSECURED	Claimed: \$4,350.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

HALL PRANGLE AND SCHOONVELD LLC 200 S WACKER DR, STE 3300 CHICAGO, IL 60606	Claim Number: 20139 Claim Date: 06/16/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$17,622.06
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GREATAMERICA FINANCIAL SERVICES CORP PO BOX 609 CEDAR RAPIDS, IA 52406	Claim Number: 20140 Claim Date: 06/17/2020 Debtor: RED BUD HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$10,211.43 UNLIQ
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GREATAMERICA FINANCIAL SERVICES CORP PO BOX 609 CEDAR RAPIDS, IA 52406	Claim Number: 20141 Claim Date: 06/17/2020 Debtor: BLUE ISLAND HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$5,287.67
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MEDELA LLC 1101 CORPORATE DR MCHENRY, IL 60050	Claim Number: 20142 Claim Date: 06/19/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$117.95
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH ATTN RACHEL L KING 2 PEACHTREE ST NW, 40TH FL ATLANTA, GA 30303	Claim Number: 20143 Claim Date: 06/19/2020 Debtor: CSRA HOLDINGS, LLC
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UNSECURED	Claimed:	\$3,907.40
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH ATTN RACHEL L KING 2 PEACHTREE ST NW, 40TH FL ATLANTA, GA 30303	Claim Number: 20144 Claim Date: 06/19/2020 Debtor: AUGUSTA HOSPITAL, LLC
UNSECURED	Claimed: \$2,932.43
GEORGIA DEPARTMENT OF COMMUNITY HEALTH ATTN RACHEL L KING 2 PEACHTREE ST NW, 40TH FL ATLANTA, GA 30303	Claim Number: 20145 Claim Date: 06/19/2020 Debtor: GEORGIA HMA PHYSICIAN MANAGEMENT, LLC
UNSECURED	Claimed: \$2.13
DENTON, KIMBERLY S 541 10TH ST NW, 213 ATLANTA, GA 30318	Claim Number: 20146 Claim Date: 06/21/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
UNSECURED	Claimed: \$0.00 UNDET
RAJEEV VARMA, MD 13382 FOREST RIDGE DR PALOS HEIGHTS, IL 60463	Claim Number: 20147 Claim Date: 06/22/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$100,000,000.00
TXU ENERGY RETAIL COMPANY LLC PO BOX 650393 DALLAS, TX 75239-0393	Claim Number: 20148 Claim Date: 06/25/2020 Debtor: BIG BEND HOSPITAL CORPORATION
UNSECURED	Claimed: \$16,622.65

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

NUVASIVE INC C/O WICK PHILLIPS GOULD & MARTIN LLP ATTN LAUREN K DRAWHORN 100 THROCKMORTON ST, STE 1500 FORT WORTH, TX 76102		Claim Number: 20149 Claim Date: 06/25/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$53,930.12
DATASITE LLC ATTN BAKER CENTER 733 S MARQUETTE AVE, STE 600 MINNEAPOLIS, MN 55402		Claim Number: 20150 Claim Date: 06/26/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$5,579.03
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20151 Claim Date: 07/01/2020 Debtor: MMC OF NEVADA, LLC
UNSECURED	Claimed:	\$15,641.58 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20152 Claim Date: 07/01/2020 Debtor: HOSPITAL OF BARSTOW, INC.
UNSECURED	Claimed:	\$59,225.81 UNLIQ
CHG-MERIDIAN USA CORP C/O VEDDER PRICE PC ATTN MITCHELL D COHEN 1633 BROADWAY, 31ST FL NEW YORK, NY 10019		Claim Number: 20153 Claim Date: 07/01/2020 Debtor: GALESBURG HOSPITAL CORPORATION
UNSECURED	Claimed:	\$86,237.70 UNLIQ

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

CHG-MERIDIAN USA CORP
C/O VEDDER PRICE PC
ATTN MITCHELL D COHEN
1633 BROADWAY, 31ST FL
NEW YORK, NY 10019

Claim Number: 20154
Claim Date: 07/01/2020
Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.

UNSECURED Claimed: \$45,915.90 UNLIQ

CHG-MERIDIAN USA CORP
C/O VEDDER PRICE PC
ATTN MITCHELL D COHEN
1633 BROADWAY, 31ST FL
NEW YORK, NY 10019

Claim Number: 20155
Claim Date: 07/01/2020
Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,

UNSECURED Claimed: \$42,518.77 UNLIQ

CHG-MERIDIAN USA CORP
C/O VEDDER PRICE PC
ATTN MITCHELL D COHEN
1633 BROADWAY, 31ST FL
NEW YORK, NY 10019

Claim Number: 20156
Claim Date: 07/01/2020
Debtor: MARION HOSPITAL CORPORATION

UNSECURED Claimed: \$68,192.16 UNLIQ

CHG-MERIDIAN USA CORP
C/O VEDDER PRICE PC
ATTN MITCHELL D COHEN
1633 BROADWAY, 31ST FL
NEW YORK, NY 10019

Claim Number: 20157
Claim Date: 07/01/2020
Debtor: HOSPITAL OF LOUISA, INC.

UNSECURED Claimed: \$145,046.55 UNLIQ

STAFF CARE INC
C/O AMN HEALTHCARE INC
ATTN LEGAL
12400 HIGH BLUFF DR
SAN DIEGO, CA 92130

Claim Number: 20158
Claim Date: 07/07/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$218,294.72

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

MEDPARTNERS HIM LLC C/O AMN HEALTHCARE INC ATTN LEGAL 12400 HIGH BLUFF DR SAN DIEGO, CA 92130	Claim Number: 20159 Claim Date: 07/07/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$89,476.56
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APPLIED INDUSTRIAL TECHNOLOGIES INC ATTN JORDAN MOORE 1 APPLIED PLZ CLEVELAND, OH 44115	Claim Number: 20160 Claim Date: 07/08/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$201.14
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GEORGIA HOSPITAL ASSOCIATION C/O ARNALL GOLDEN GREGORY LLP ATTN MICHAEL HOLBEIN 171 17TH ST NW, STE 2100 ATLANTA, GA 30363	Claim Number: 20161 Claim Date: 07/10/2020 Debtor: AUGUSTA HOSPITAL, LLC
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UNSECURED	Claimed:	\$56,721.68
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GEORGIA HOSPITAL ASSOCIATION C/O ARNALL GOLDEN GREGORY LLP ATTN MICHAEL HOLBEIN 171 17TH ST NW, STE 2100 ATLANTA, GA 30363	Claim Number: 20162 Claim Date: 07/10/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$106,349.11
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GEORGIA HOSPITAL ASSOCIATION C/O ARNALL GOLDEN GREGORY LLP ATTN MICHAEL HOLBEIN 171 17TH ST NW, STE 2100 ATLANTA, GA 30363	Claim Number: 20163 Claim Date: 07/10/2020 Debtor: WINDER HMA, LLC
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UNSECURED	Claimed:	\$18,745.82
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

FAIRWAY HEALTHCARE CONSULTING LLC 426 WESTCHESTER CLUB DR HIRAM, GA 30141		Claim Number: 20164 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
ADMINISTRATIVE	Claimed:	\$2,862.00
DIRECT ENERGY BUSINESS MARKETING LLC ATTN ACCOUNTS RECEIVABLE DEPT 194 WOOD AVE S, 2ND FL ISELIN, NJ 08830		Claim Number: 20165 Claim Date: 07/14/2020 Debtor: QUORUM HEALTH CORPORATION
ADMINISTRATIVE	Claimed:	\$6,119.75
UNSECURED	Claimed:	\$3,216.41
KANE, AUDREY C/O HOLLIE WIELAND 2 N CASCADE AVE, STE 1250 COLORADO SPRINGS, CO 80903		Claim Number: 20166 Claim Date: 07/15/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$0.00 UNDET
IBM CORPORATION ATTN RODRIGO ALONSO RODRIGUEZ GONZALEZ 2200 CAMINO A EL CASTILLO EL SALTO, JA 45680 MEXICO		Claim Number: 20167 Claim Date: 07/16/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$36,778.31
BEATTIE, MARK A, DR 541 10TH ST NW, #213 ATLANTA, GA 30318		Claim Number: 20168 Claim Date: 07/21/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
UNSECURED	Claimed:	\$0.00 UNDET

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

JONES, JAY J, DR 541 10TH ST NW, #213 ATLANTA, GA 30318	Claim Number: 20169 Claim Date: 07/21/2020 Debtor: BLUE RIDGE GEORGIA HOLDINGS, LLC
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UNSECURED	Claimed:	\$0.00 UNDET
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OWENS & MINOR DISTRIBUTION INC C/O NIRSCHLER FLEISCHER PC ATTN ROBERT S WESTERMANN, ESQ 2100 E CARY ST RICHMOND, VA 23223	Claim Number: 20170 Claim Date: 07/22/2020 Debtor: QUORUM HEALTH CORPORATION Comments: Claim Out of Balance Claim out of balance
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ADMINISTRATIVE	Claimed:	\$3,230,798.27
TOTAL	Claimed:	\$2,323,938.73

TENNESSEE DEPARTMENT OF REVENUE C/O ATTORNEY GENERAL PO BOX 20207 NASHVILLE, TN 37202	Claim Number: 20171 Claim Date: 07/24/2020 Debtor: HIDDEN VALLEY MEDICAL CENTER, INC. Comments: WITHDRAWN DOCKET: 671 (10/22/2020)
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PRIORITY	Claimed:	\$500.00 UNLIQ
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TENNESSEE DEPARTMENT OF REVENUE C/O ATTORNEY GENERAL PO BOX 20207 NASHVILLE, TN 37202	Claim Number: 20172 Claim Date: 07/24/2020 Debtor: MCKENZIE CLINIC CORP. Comments: WITHDRAWN DOCKET: 670 (10/22/2020)
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PRIORITY	Claimed:	\$500.00 UNLIQ
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TENNESSEE DEPARTMENT OF REVENUE C/O ATTORNEY GENERAL PO BOX 20207 NASHVILLE, TN 37202	Claim Number: 20173 Claim Date: 07/24/2020 Debtor: AMBULANCE SERVICES OF MCKENZIE, INC. Comments: WITHDRAWN DOCKET: 672 (10/22/2020)
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PRIORITY	Claimed:	\$1,000.00 UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20174
Claim Date: 07/24/2020
Debtor: OUR HEALTHY CIRCLE
Comments: WITHDRAWN
DOCKET: 658 (10/13/2020)

PRIORITY Claimed: \$5,640.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20175
Claim Date: 07/24/2020
Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC

PRIORITY Claimed: \$54,906.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20176
Claim Date: 07/24/2020
Debtor: JACKSON HOSPITAL CORPORATION
Comments: WITHDRAWN
DOCKET: 673 (10/22/2020)

PRIORITY Claimed: \$500.00 UNLIQ

TENNESSEE DEPARTMENT OF REVENUE
C/O ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TN 37202

Claim Number: 20177
Claim Date: 07/24/2020
Debtor: QUORUM HEALTH CORPORATION

PRIORITY Claimed: \$75,076.00 UNLIQ

RHO, JONG S
1509 SMOKE SIGNAL TRL
MESQUITE, NV 89034

Claim Number: 20178
Claim Date: 07/25/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$434.87

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

BLEDSON, JAMES 128 HOLLY ST LEXINGTON, TN 38351	Claim Number: 20179 Claim Date: 07/27/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$90.00
UNM MEDICAL GROUP INC 933 BRADBURY DR SE, STE 2222 ALBUQUERQUE, NM 87106	Claim Number: 20180 Claim Date: 07/27/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
UNSECURED	Claimed: \$24,650.00 UNLIQ
UNM MEDICAL GROUP INC 933 BRADBURY DR SE, STE 2222 ALBUQUERQUE, NM 87106	Claim Number: 20181 Claim Date: 07/27/2020 Debtor: DEMING HOSPITAL CORPORATION
UNSECURED	Claimed: \$90,600.00
AMEREN ILLINOIS 2105 E STATE RT 104 PAWNEE, IL 62558	Claim Number: 20182 Claim Date: 07/28/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed: \$77,096.33
AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20183 Claim Date: 07/29/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: POSSIBLY AMENDED BY 20203
UNSECURED	Claimed: \$23,732.85

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20184 Claim Date: 07/29/2020 Debtor: BARSTOW HEALTHCARE MANAGEMENT, INC. Comments: POSSIBLY AMENDED BY 20204
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ADMINISTRATIVE	Claimed:	\$5,709.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20185 Claim Date: 07/29/2020 Debtor: CROSSROADS PHYSICIAN CORP. Comments: POSSIBLY AMENDED BY 20205
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UNSECURED	Claimed:	\$3,368.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20186 Claim Date: 07/29/2020 Debtor: CROSSROADS PHYSICIAN CORP. Comments: POSSIBLY AMENDED BY 20206
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ADMINISTRATIVE	Claimed:	\$1,060.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20187 Claim Date: 07/29/2020 Debtor: EVANSTON HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$2,546.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20188 Claim Date: 07/29/2020 Debtor: EVANSTON HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$2,491.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20189 Claim Date: 07/30/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$5,670.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20190 Claim Date: 07/30/2020 Debtor: FORREST CITY ARKANSAS HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed:	\$4,916.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20191 Claim Date: 07/30/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$18,553.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20192 Claim Date: 07/30/2020 Debtor: GALESBURG HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$2,508.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20193 Claim Date: 07/31/2020 Debtor: MARION HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$21,658.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20194 Claim Date: 07/31/2020 Debtor: MARION HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$10,961.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20195 Claim Date: 07/31/2020 Debtor: TOOELE HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$18,826.18
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20196 Claim Date: 07/31/2020 Debtor: TOOELE HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$944.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20197 Claim Date: 07/31/2020 Debtor: RED BUD ILLINOIS HOSPITAL COMPANY, LLC
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UNSECURED	Claimed:	\$1,088.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20198 Claim Date: 07/31/2020 Debtor: RED BUD ILLINOIS HOSPITAL COMPANY, LLC
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ADMINISTRATIVE	Claimed:	\$3,390.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20199 Claim Date: 07/31/2020 Debtor: HOSPITAL OF LOUISA, INC.
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UNSECURED	Claimed:	\$9,098.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20200 Claim Date: 07/31/2020 Debtor: HOSPITAL OF LOUISA, INC.
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ADMINISTRATIVE	Claimed:	\$5,968.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20201 Claim Date: 07/31/2020 Debtor: ANNA HOSPITAL CORPORATION
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UNSECURED	Claimed:	\$848.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20202 Claim Date: 07/31/2020 Debtor: ANNA HOSPITAL CORPORATION
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ADMINISTRATIVE	Claimed:	\$1,060.00
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AMERICAN NATIONAL RED CROSS, THE ATTN OFFICE OF GENERAL COUNSEL 431 18TH ST NW WASHINGTON, DC 20006	Claim Number: 20203 Claim Date: 08/04/2020 Debtor: HOSPITAL OF BARSTOW, INC. Comments: AMENDS CLAIM #20183
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UNSECURED	Claimed:	\$23,732.85
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

AMERICAN NATIONAL RED CROSS, THE
ATTN OFFICE OF GENERAL COUNSEL
431 18TH ST NW
WASHINGTON, DC 20006

Claim Number: 20204
Claim Date: 08/04/2020
Debtor: HOSPITAL OF BARSTOW, INC.
Comments:
AMENDS CLAIM #20184

ADMINISTRATIVE Claimed: \$5,709.00

AMERICAN NATIONAL RED CROSS, THE
ATTN OFFICE OF GENERAL COUNSEL
431 18TH ST NW
WASHINGTON, DC 20006

Claim Number: 20205
Claim Date: 08/04/2020
Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
Comments:
AMENDS CLAIM #20185

UNSECURED Claimed: \$3,368.00

AMERICAN NATIONAL RED CROSS, THE
ATTN OFFICE OF GENERAL COUNSEL
431 18TH ST NW
WASHINGTON, DC 20006

Claim Number: 20206
Claim Date: 08/04/2020
Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
Comments:
AMENDS CLAIM #20186

ADMINISTRATIVE Claimed: \$1,060.00

PARKMED INC
PO BOX 270029
TAMPA, FL 33688

Claim Number: 20207
Claim Date: 08/05/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$12,923.00

GI SUPPLY INC
5069 RITTER RD, STE 104
MECHANICSBURG, PA 17055

Claim Number: 20208
Claim Date: 08/06/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED Claimed: \$1,557.14

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

VOGEL, JONATHAN 215 CEDARPOST DR CARY, NC 27513	Claim Number: 20209 Claim Date: 08/09/2020 Debtor: THREE RIVERS MEDICAL CLINICS, INC.
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UNSECURED	Claimed: \$193.58
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GEORGIA DEPARTMENT OF REVENUE ATTN CENTRAL COLLECTION 1800 CENTURY BLVD NE, STE 9100 ATLANTA, GA 30345	Claim Number: 20210 Claim Date: 08/13/2020 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC
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PRIORITY	Claimed: \$1,851.81
UNSECURED	Claimed: \$304.37

INDEPENDENCE BLUE CROSS LLC ATTN JENNIFER L ADAMS 1901 MARKET ST, 43RD FL PHILADELPHIA, PA 19103	Claim Number: 20211 Claim Date: 08/13/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$1,588.54
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TRUSTAFF TRAVEL NURSES LLC C/O GARY F FRANKE CO LPA 120 E 4TH ST, STE 1040 CINCINNATI, OH 45202	Claim Number: 20212 Claim Date: 08/20/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$40,217.51 UNLIQ
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BUFFALO ROCK COMPANY ATTN HALEY MUNCHER 111 OXMOOR RD BIRMINGHAM, AL 35209	Claim Number: 20213 Claim Date: 08/21/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed: \$5,602.07
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

HUNTINGTON TECHNOLOGY FINANCE INC ATTN PETER LETO 2285 FRANKLIN RD, STE 100 BLOOMFIELD HILLS, MI 48302	Claim Number: 20214 Claim Date: 09/05/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$213,973.58 UNLIQ
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HUNTINGTON TECHNOLOGY FINANCE INC ATTN PETER LETO 2285 FRANKLIN RD, STE 100 BLOOMFIELD HILLS, MI 48236	Claim Number: 20215 Claim Date: 09/14/2020 Debtor: MARION HOSPITAL CORPORATION
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SECURED	Claimed:	\$32,907.22 UNLIQ
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HUNTINGTON TECHNOLOGY FINANCE INC ATTN PETER M LETO 2285 FRANKLIN RD, STE 100 BLOOMFIELD HILLS, MI 48302	Claim Number: 20216 Claim Date: 09/14/2020 Debtor: WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC
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SECURED	Claimed:	\$181,066.36 UNLIQ
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TEXAS HEALTH & HUMAN SERVICES COMMISSION C/O CHRISTOPHER EGAN, ESQ 701 W 51ST ST, MC 252A AUSTIN, TX 78751	Claim Number: 20217 Claim Date: 09/16/2020 Debtor: MCKENZIE-WILLAMETTE REGIONAL MEDICAL CEN CENTER ASSOCIATES,
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SECURED	Claimed:	\$294.00
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TEXAS HEALTH & HUMAN SERVICES COMMISSION C/O CHRISTOPHER EGAN, ESQ 701 W 51ST ST, MC W252 AUSTIN, TX 78751	Claim Number: 20218 Claim Date: 09/16/2020 Debtor: BIG SPRING HOSPITAL CORPORATION
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SECURED	Claimed:	\$25,107.56
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TEXAS HEALTH & HUMAN SERVICES COMMISSION C/O CHRISTOPHER EGAN, ESQ 701 W 51ST ST, MC W252 AUSTIN, TX 78751		Claim Number: 20219 Claim Date: 09/16/2020 Debtor: SAN MIGUEL HOSPITAL CORPORATION
SECURED	Claimed:	\$3,058.00
QUINTANA, ALBERTO PO BOX 2073 COLUMBUS, NM 88029		Claim Number: 20220 Claim Date: 09/17/2020 Debtor: QUORUM HEALTH CORPORATION
UNSECURED	Claimed:	\$0.00 UNDET
NH DEPARTMENT OF REVENUE ADMINISTRATION ATTN LEGAL BUREAU PO BOX 457 CONCORD, NH 03302		Claim Number: 20221 Claim Date: 09/30/2020 Debtor: QUORUM HEALTH CORPORATION
PRIORITY	Claimed:	\$0.00 UNDET
ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794		Claim Number: 20222 Claim Date: 09/30/2020 Debtor: QUORUM HEALTH CORPORATION
PRIORITY	Claimed:	\$16,012.80
UNSECURED	Claimed:	\$2,477.84
ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794		Claim Number: 20223 Claim Date: 09/30/2020 Debtor: WAUKEGAN ILLINOIS HOSPITAL COMPANY, LLC
PRIORITY	Claimed:	\$593,961.91
UNSECURED	Claimed:	\$81,544.61

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794	Claim Number: 20224 Claim Date: 09/30/2020 Debtor: LINDENHURST SURGERY CENTER, LLC
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UNSECURED	Claimed:	\$0.00	UNDET
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20225 Claim Date: 09/30/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$0.00	UNDET
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20226 Claim Date: 09/30/2020 Debtor: NATIONAL HEALTHCARE OF MT. VERNON, INC.
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UNSECURED	Claimed:	\$0.00	UNDET
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794	Claim Number: 20227 Claim Date: 10/01/2020 Debtor: GRANITE CITY CLINIC CORP.
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PRIORITY	Claimed:	\$335.02	UNLIQ
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ILLINOIS DEPARTMENT OF REVENUE ATTN BANKRUPTCY UNIT PO BOX 19035 SPRINGFIELD, IL 62794-9035	Claim Number: 20228 Claim Date: 10/01/2020 Debtor: BLUE ISLAND HOSPITAL COMPANY, LLC
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PRIORITY	Claimed:	\$113,487.27	UNLIQ
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UNSECURED	Claimed:	\$8,106.40	UNLIQ
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

ILLINOIS DEPARTMENT OF REVENUE
ATTN BANKRUPTCY UNIT
PO BOX 19035
SPRINGFIELD, IL 62794-9035

Claim Number: 20229
Claim Date: 10/01/2020
Debtor: KNOX CLINIC CORP.

PRIORITY	Claimed:	\$1.01	UNLIQ
UNSECURED	Claimed:	\$0.12	UNLIQ

ILLINOIS DEPARTMENT OF REVENUE
ATTN BANKRUPTCY UNIT
PO BOX 19035
SPRINGFIELD, IL 62794-9035

Claim Number: 20230
Claim Date: 10/01/2020
Debtor: CROSSROADS PHYSICIAN CORP.

PRIORITY	Claimed:	\$13.86
UNSECURED	Claimed:	\$45.21

ILLINOIS DEPARTMENT OF REVENUE
ATTN BANKRUPTCY UNIT
PO BOX 19035
SPRINGFIELD, IL 62794-9035

Claim Number: 20231
Claim Date: 10/01/2020
Debtor: GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC

UNSECURED	Claimed:	\$0.00	UNDET
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CELLCO PARTNERSHIP
D/B/A VERIZON WIRELESS
ATTN WILLIAM M VERMETTE
22001 LOUDOUN COUNTY PKWY
ASHBURN, VA 20147

Claim Number: 20232
Claim Date: 10/16/2020
Debtor: QUORUM HEALTH CORPORATION

UNSECURED	Claimed:	\$3,935.72
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STANSBURY CROSSING LLC
C/O BALLARD SPAHR LLP
ATTN LESLIE C HEILMAN
919 N MARKET ST, 11TH FL
WILMINGTON, DE 19801

Claim Number: 20233
Claim Date: 11/30/2020
Debtor: TOOELE CLINIC CORP.

ADMINISTRATIVE	Claimed:	\$11,474.68	UNLIQ
UNSECURED	Claimed:	\$253,432.15	UNLIQ

Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

SCHULZE, DONNA 12716 E 77TH CIR N OWASSO, OK 74055	Claim Number: 20234 Claim Date: 12/06/2020 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$10,000.00
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DEFENSE HEALTH AGENCY ATTN MARY L DICKENS 16401 E CENTRETECH PKWY AURORA, CO 80011-9066	Claim Number: 20235 Claim Date: 02/22/2021 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$23,134.18
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DEPARTMENT OF HEALTH CARE SERVICES PO BOX 997413, MS 0010 SACRAMENTO, CA 95899-7413	Claim Number: 20236 Claim Date: 03/26/2021 Debtor: QUORUM HEALTH CORPORATION
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UNSECURED	Claimed:	\$1,088,129.00
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LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 20237 Claim Date: 08/06/2021 Debtor: QUORUM HEALTH INVESTMENT COMPANY, LLC Comments: AMENDS CLAIM #89
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UNSECURED	Claimed:	\$0.00
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LOUISIANA DEPARTMENT OF REVENUE PO BOX 66658 BATON ROUGE, LA 70896-6658	Claim Number: 20238 Claim Date: 08/06/2021 Debtor: QHCCS, LLC Comments: AMENDS CLAIM #91
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UNSECURED	Claimed:	\$0.00
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Quorum Health Corporation Claims
Numerical Claims Register for Quorum Health (ALL DEBTORS)

TN DEPT OF LABOR - BUI C/O TNAG, BANKRUPTCY DIVISION PO BOX 20207 NASHVILLE, TN 37202-0207	Claim Number: 20239 Claim Date: 11/22/2021 Debtor: QUORUM HEALTH CORPORATION Comments: Claim Out of Balance Claim out of balance
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ADMINISTRATIVE	Claimed:	\$699.05
PRIORITY	Claimed:	\$699.05
TOTAL	Claimed:	\$699.05

OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 20240 Claim Date: 01/14/2022 Debtor: QUORUM HEALTH CORPORATION
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ADMINISTRATIVE	Claimed:	\$117,298.89
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OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301-2555	Claim Number: 20241 Claim Date: 02/03/2022 Debtor: QUORUM HEALTH CORPORATION Comments: AMENDS CLAIM #111
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PRIORITY	Claimed:	\$720.92
UNSECURED	Claimed:	\$358.27

CARNES, AMANDA 5134 MONTROSE KNOXVILLE, TN 37918	Claim Number: 20242 Claim Date: 02/26/2022 Debtor: KNOX CLINIC CORP.
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UNSECURED	Claimed:	\$5,457.00
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VENET, LYNDSEY 742 N 100 E, #203 TOOELE, UT 84074	Claim Number: 20243 Claim Date: 11/07/2022 Debtor: QUORUM HEALTH CORPORATION
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ADMINISTRATIVE	Claimed:	\$0.00	UNDET
PRIORITY	Claimed:	\$0.00	UNDET

Summary Page

Total Number of Filed Claims: 380

	Claimed Amount	Allowed Amount
Administrative:	\$23,644,422.88	\$0.00
Priority:	\$20,310,179.77	\$0.00
Secured:	\$1,209,226.73	\$0.00
Unsecured:	\$316,364,549.95	\$0.00
Total:	\$361,528,379.33	\$0.00