

1 Bryan Glover (WSBA No. 51045)
2 STOEL RIVES LLP
3 600 University Street, Suite 3600
4 Seattle, WA 98101
5 Telephone: 206 386-7555
6 Facsimile: 206 386-7500
7 Email: bryan.glover@stoel.com

Honorable Whitman L. Holt
Chapter 11

8 W. Timothy Miller
9 TAFT STETTINIUS & HOLLISTER
10 LLP
11 425 Walnut Street, Suite 1800
12 Cincinnati, Ohio 45202
13 Telephone: (513) 381-2838
14 Facsimile: (513) 381-0205
15 Email: miller@taft.com

16 *Attorneys for Health Carousel Travel
17 Network, LLC*

18 **UNITED STATES BANKRUPTCY COURT**
19 **EASTERN DISTRICT OF WASHINGTON**

20 In re:
21 ASTRIA HEALTH, *et al.*,¹
22 Debtor and Debtor In
23 Possession,

Chapter 11
Lead Case No. 19-01189-11
Jointly Administered
**DECLARATION OF MICHAEL
MCKEE IN SUPPORT OF
RESPONSE OF HEALTH
CAROUSEL TRAVEL
NETWORK, LLC TO
DEBTORS' MOTION FOR
ENTRY OF AN ORDER
PURSUANT TO SECTION 1121
OF THE BANKRUPTCY CODE**

24 ¹ The Debtors, along with their case numbers, are as follows: Astria Health (19-01189-11), Glacier Canyon,
25 LLC (19-01193-11), Kitchen and Bath Furnishings, LLC (19-01194-11), Oxbow Summit, LLC (19-01195-11), SHS
26 Holdco, LLC (19-01196-11), SHC Medical Center - Toppenish (19-01190-11), SHC Medical Center - Yakima (19-
01192-11), Sunnyside Community Hospital Association (19-01191-11), Sunnyside Community Hospital Home
Medical Supply, LLC (19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside Professional Services,
LLC (19-01199-11), Yakima Home Care Holdings, LLC (19-01201-11), and Yakima HMA Home Health, LLC
(19-01200-11).

DECLARATION OF MICHAEL MCKEE



**FOR THIRD EXTENSION OF
THE EXCLUSIVE PERIODS TO
FILE A CHAPTER 11 PLAN
AND SOLICIT ACCEPTANCES**

[Related Dkt No. 1009]

I, Michael McKee declare as follows:

1. I am a resident of Hamilton County, Ohio and the Senior Director, Finance, of Health Carousel, LLC. I am over the age of 18 and make this declaration based upon my personal knowledge. If called and sworn as a witness in this case, I could and would competently testify thereto.

2. Health Carousel Travel Network, LLC (“HCTN”) is an Ohio limited liability company that provides professional healthcare staffing services (“Professionals”) to healthcare systems and hospitals across the United States.

3. HCTN and Debtor SHC Medical Center - Toppenish (“Debtor”) are parties to that certain Master Service Agreement dated October 30, 2018 (“Contract”). Attached as Exhibit 1 is a true and correct copy of the Contract.

4. Post-petition, HCTN has provided Debtor with Professionals and invoiced Debtor weekly as required under the Contract’s terms.

5. Debtor has not paid HCTN for all of the post-petition Professionals HCTN provided Debtor. As of February 8, 2020, Debtor owes HCTN \$ 370,498.38USD for the Professionals HCTN provided Debtor post-petition. Attached as Exhibit 2 is a statement showing the post-petition past due amounts the Debtor owes HCTN. Debtor has been provided with a copies of Debtor’s unpaid invoices.

6. Debtor has not made any payments since September of 2019 for Professionals HCTN provided Debtor post-petition.

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7. Debtor has not been making payments within 15 days of being invoiced for those Professionals as required by the Contract for Professionals HCTN has provided Debtor post-petition.

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

DATED: February 14, 2020.



Michael McKee

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EXHIBIT 1
Master Service Agreement

EXHIBIT 1



Master Service Agreement

This Master Service Agreement ("Agreement") is made and entered into as of October 30, 2018, by and between SCH Medical Center – Toppenish dba Astria Toppenish Hospital ("Client") and Health Carousel Travel Network, LLC ("HCTN") (the Client together with HCTN, shall be referred as the "Parties", and each singularly as "Party").

1. ENGAGEMENT

Client hereby engages HCTN, and HCTN accepts engagement, to provide Client with healthcare professionals ("Professionals") that meet the specifications of the Client.

2. OBLIGATIONS OF HCTN

2.1. Provide Professionals. HCTN shall use its best efforts to provide Client with qualified Professionals for the period of time as mutually agreed by both Parties in the Professional's Confirmation Letter.

2.2. Credential Verification; Personnel Files. HCTN shall verify Professional's license, certification, education and work experience to assure the competency, skills and experience appropriate for the assignment. HCTN shall maintain an employee file on each Professional ("Personnel File") containing, but not limited to, the following:

- Work History
• Skills Checklist(s) (if applicable)
• Valid State License
• At Least One Professional Reference
• Required Certifications (if any)
• Proof of US citizenship or work authorization

HCTN shall provide the Personnel File to the Client, if requested.

2.3. Professional's Requirement Guidelines. When Professional has been confirmed for an assignment with Client, HCTN will provide Client with the requirements that can be found in Exhibit A annexed hereto. Client will verify the identity and credentials of each Professional by a visual check of the Professional's photo identification and professional license or certification.

2.4. Policies and Regulations. HCTN shall require Professionals to comply with any policies, procedures, rules and regulations of Client, governmental regulatory bodies and The Joint Commission.

2.5. Employ and Compensate Professional. The Professional shall at all times during his/her assignment remain an employee of HCTN. HCTN is responsible for supervising the Professional's employment (credentialing, hiring, compensating, providing benefits, evaluating performance, disciplining, and terminating). HCTN is responsible for all wages and payroll taxes and shall comply with all applicable state and federal laws regarding the payment of wages, overtime and other premiums to Professionals.

2.6. Insurance. HCTN shall maintain professional liability insurance of \$1,000,000 per occurrence and \$3,000,000 in aggregate, and general liability insurance of \$1,000,000 per occurrence and \$2,000,000 in aggregate. HCTN shall provide worker's compensation and unemployment insurance.

2.7. Transportation and Housing. HCTN shall make arrangements for Professional's transportation to and from the assignment and housing arrangements (whenever applicable).

2.8. Subcontractors. HCTN will not engage subcontractor organizations to provide Professional unless agreed to in advance by Client. In the event that subcontractor organizations are engaged, HCTN will assure that all subcontractor employees meet the qualifications as outlined in this Agreement.

3. OBLIGATIONS OF CLIENT

3.1. Job Orders. Client shall provide HCTN with specific positions for recruitment purposes (including job





details, background requirements, assignment start and end dates, initial work schedule, etc.) and periodic updates on the status of the positions.

- 3.2. First Referring Agency. Upon receipt of a Professional's resume or profile (submittal) from HCTN, Client agrees not to, directly or indirectly, employ or utilize the services of any Professional for eighteen (18) months from the date of initial referral by HCTN, except through HCTN, unless Client notifies HCTN in writing within forty-eight (48) hours of initial written or verbal introduction by HCTN that such Professional was already known to Client without restriction from an alternative source as demonstrated by Client's verified written records. If Client hires such any Professional on a travel, local contract, per visit or per-diem basis, except through HCTN, prior to the later to occur of the expiration of eighteen (18) months following the end date of Professional's assignment or initial date of introduction, Client agrees to pay HCTN a \$2,500 transfer fee (no fee applies where prohibited by law). The obligations of this Section 3.2 shall survive the expiration or termination for any reason of this Agreement.
- 3.3. Written Acceptance of Professionals. HCTN shall provide a confirmation letter for each Professional that contains the Professional's name, bill rate, start date, initial assignment period, etc. ("Confirmation Letter"). A Professional's Confirmation Letter shall be signed by both Parties and shall serve as confirmation of Client's agreement to the terms of the Professional's assignment; provided however, that if Client fails to return a signed copy of a Confirmation Letter within thirty (30) days of the commencement of any Professional's Assignment, such Confirmation Letter shall be deemed accepted by Client. In the event of conflict between the terms of this Agreement and a Confirmation Letter, the terms of the Confirmation Letter shall control.
- 3.4. Orientation for Professionals. Client shall provide adequate orientation to the Professional. Orientation will be considered as part of the Professional's normal work period. Orientation will include training on position, facility, department, and workplace materials and equipment, as well as timekeeping, overtime approval, safety, privacy, and patient care policies and procedures.
- 3.5. OSHA Compliance. Client will comply with OSHA Bloodborne Pathogen Exposure Control regulations and provide site and task specific training regarding safety regulations required by OSHA.
- 3.6. Bill Rate. Professionals' Bill Rate is outlined in Exhibits B-1 through B-5 according to the Professional's occupation and specialty, or at such rate as mutually confirmed in writing by both Parties on the Professional's Confirmation Letter. The Bill Rate covers (and Client shall incur no additional expense for) the Professional's wages, payroll taxes, state licenses or permits, transportation to/from assignment, housing accommodations (if applicable), local transportation (if applicable), background check and drug screen.
- 3.7. Deposit. For the first assignment requested under this Agreement, Client shall pay to HCTN a deposit of \$0.00 to be credited towards the last two weeks of Professional's assignment. No deposit shall be required for additional assignments hereunder except that HCLCC reserves the right to require additional deposits or pre-payment during the Term of this Agreement if Client's payment history warrants doing so.
- 3.8. Overtime / Double-Time Rates. Overtime and double-time rates are at such rate as mutually confirmed in writing by both Parties on the Professional's Confirmation Letter. *California Facilities Only:* Client agrees to notify HCTN at the time the job order is placed if an alternative workweek is applicable.
- 3.9. Weekly Work Schedule Guarantee. Client guarantees each Professional a weekly minimum number of work hours (generally 36, 40, or 48 hours) or patient visits (generally 25 to 35 visits) as specified in the Professional's Confirmation Letter ("Weekly Guarantee"). Client agrees to schedule the Professional for the Weekly Guarantee. On the condition that Professional makes him/herself available to work, Client will be billed (and Professional will be paid) the greater of the Weekly Guarantee or actual hours/visits. The Weekly Guarantee is exclusive of any On Call and Call Back hours worked.





- 3.10. Holidays. Client agrees to pay the holiday rate (in accordance with the Professional's Confirmation Letter) for the entire holiday shift worked including time within the shift that falls outside the 24-hour holiday window, except where a specific time period is referenced. Client also agrees to pay the double-time rate (in accordance with the Professional's Confirmation Letter) for a holiday shift where the Professional would without the holiday be billed at an overtime rate. The observed holidays, unless otherwise agreed in the Professional's Confirmation Letter, are:
- New Year's Eve (3pm-12pm)
 - New Year's Day
 - Easter Sunday
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Eve (3pm-12pm)
 - Christmas Day
- 3.11. Call-Back. Call-back hours are subject to a 2-hour minimum and billed at the call-back rate to be set forth in the Professional's Confirmation Letter.
- 3.12. Mileage Reimbursement. If Professional is required to travel between various worksites during a shift, Client will be billed a mileage reimbursement fee equal to the IRS's then current mileage reimbursement rate for business miles. If Professional is billed at an hourly rate, Client will be billed for the work hours spent traveling between locations. If Professional is billed at a 'per visit' rate, Client will not be billed for hours spent traveling between patient visits. Client shall limit such travel to a 30-mile radius of the primary assignment location as specified in the Professional's Confirmation Letter.
- 3.13. Timesheets. The workweek shall be defined as Sunday through Saturday. HCTN will use HCTN's timesheets or electronic system as the basis for all hours billing unless otherwise agreed upon by both Parties. Client agrees to confirm by signature Professional's work hours by the last shift of the pay period or Monday by 7:00 am Eastern Time, whichever is earlier and consents to Professionals faxing (or electronically submitting) the signed work hour confirmation directly to HCTN. If Client wishes to retain responsibility for submitting the signed work hour confirmation to HCTN, it must be faxed (or electronically submitted) to the HCTN's Payroll Department every Monday by 12:00 p.m. Eastern Time. In the event that Client fails to confirm or provide the signed work hour confirmation in a timely manner, HCTN shall pay and bill the Guaranteed Hours. Any adjustments will be processed following the receipt of the signed work hour confirmation from Client.
- 3.14. Invoicing. HCTN shall invoice weekly. Payment terms are net 15 days. Overdue payments will be charged 1.5% per month or a rate no greater than permitted by state law. Client agrees to pay all expenses and costs (including attorneys' fees) which may be incurred if collection efforts are necessary to enforce this Agreement.
- 3.15. Assignment Cancellation. Client shall hold Professionals to the same performance standards and administer the same disciplinary practices as it does with Client's own employees. Client may prematurely cancel a Professional's assignment if the Professional fails to meet the Client's performance standards and would otherwise be terminated if the Professional were employed directly by the Client.
- 3.16. Hepatitis Vaccination. If requested, Client shall provide Professional with Hepatitis B vaccination if such vaccinations are routinely provided by Client. Client agrees to bill HCTN for vaccination at cost.
- 3.17. Exposure Incident or Injury; Competency Issues, Incidents, and/or Complaints. Client agrees to notify HCTN in writing, as soon as practical but within 24 hours, of any exposure incident or injury involving a Professional. Client will provide post-exposure evaluation for Professionals and make a confidential medical evaluation of the exposure incident available to HCTN. Client shall bill HCTN, at cost, for treatment and care provided, if the incident is work related. Client agrees to notify HCTN as soon as practical, of any competency issues, incidents, and/or complaints related to the Professional. Upon notification, HCTN shall document and track all unexpected incidents, including errors, sentinel events and other events, injuries and safety hazards related to the care and services provided.





- 3.18. Floating. Client agrees to recognize HCTN's policy regarding the floating of staff whereby Professionals are instructed not to accept a floating assignment if they do not have the skills to perform a competent level of care or they do not have the appropriate certifications or credentials for the department/unit.
- 3.19. Post-Assignment Professional Evaluations. Client shall provide HCTN a written evaluation of Professionals on forms provided by HCTN upon completion of assignment or at least once per year.
- 3.20. Assignment Period. Client shall accept each Professional for a minimum initial assignment length as stipulated in the Professional's Confirmation Letter ("Assignment Period").
- 3.21. Cancellation Prior to Commencement of Assignment. If Client cancels a Professional's confirmed assignment within 15 days prior to start date, Client will be responsible for all residual housing and transportation expenses that are non-cancelable or non-refundable (if applicable).
- 3.22. Provide Adequate Termination Notification. Client will treat Professionals with the same performance standards and disciplinary practices of Client's staff. If Client deems it necessary to prematurely terminate Professional's assignment due to performance issues, Client shall provide notification of early termination within 24 hours of the time of termination. Client shall assume responsibility for transportation (air/car) and housing for the terminated Professionals for the remainder of the terminated Professional's assignment if notification requirements are not met.
- 3.23. Solicitation of Professionals. Upon completion of a Professional's Original Assignment Period, Client may hire the Professionals directly and shall pay HCTN a fee of \$15,000 ("Conversion Fee"). Except as provided for in the previous sentence, Client agrees not to hire Professionals or solicit Professionals for hire as a Client employee, subcontractor, consultant or agent (either directly or indirectly) for one hundred eighty (180) days from Professional's last date of active employment at Client.
- 3.24. Provide Post-Exposure Evaluation. Client agrees to notify HCTN in writing, as soon as practical but within 24 hours of any exposure incident, upon becoming aware of any reported exposure incident involving a Professionals. Client will provide post-exposure evaluation for Professionals and make a confidential medical evaluation of the exposure incident. Client agrees to provide copies of all records of post-exposure care to HCTN. Client shall notify HCTN of injury to Professionals as soon as possible from the time of injury, but no later than 24 hours from the time of injury. Client shall bill HCTN, at cost, for treatment and care provided, if the incident is work related.
4. GENERAL TERMS
- 4.1. Term. The term of this Agreement shall commence on the date first written above and shall remain in effect until either Party provides thirty (30) days written notice of termination. However, the effective date of termination may not precede the last day of any active or confirmed Professional's Assignment Period unless Early Termination occurs in accordance with Section 4.2.
- 4.2. Early Termination. This Agreement may be terminated by one Party upon written notice if the other Party breaches or defaults upon any material obligation in this Agreement. Notwithstanding the preceding sentence; if such breach or default is curable, the non-breaching Party may only terminate the Agreement if such curable breach or default is not cured by the breaching Party to the reasonable satisfaction of the non-breaching Party within thirty (30) days following the non-breaching Party's written notice of such breach or default. Any failure by Client to make any payments due under this agreement in a timely fashion is considered a breach upon or default upon a material obligation. This Agreement may be terminated by one Party at any time upon written notice if the other Party files for protection under the federal bankruptcy laws or any bankruptcy petition or petition for receiver is commenced by a third party against such Party, any of the foregoing of which remains undismissed for a period of ninety (90) days. Termination of this Agreement shall not affect any obligations of either Party that has accrued prior to such termination.





- 4.3. Indemnification. HCTN and Client shall indemnify and hold harmless each other from and against any and all material third-party loss, damage and/or expense caused by their negligent acts or omissions or arising out of the performance of or failure to perform any obligation of this Agreement. The obligation to indemnify shall include but not be limited to attorney fees and costs incurred to respond or defend any claim or litigation or to enforce the terms of this clause to the extent awarded by a court of competent jurisdiction. These indemnities shall survive the termination of this Agreement.
- 4.4. Final Agreement. This Agreement constitutes the final understanding and agreement between the Parties with respect to the subject matter hereof and supersedes all prior negotiations, understandings and agreements between the Parties, whether written or oral. This Agreement may not be modified, amended or supplemented except by mutual written agreement of all the Parties hereto. No representation or warranties, whether expressed or implied, have been made by any Party except as expressly stated herein.
- 4.5. Waiver. No waiver by any Party, whether by conduct or otherwise, in any one or more instances, shall be deemed or construed as a further or continuing waiver of any such term or condition.
- 4.6. Severability. If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
- 4.7. Notices. For the purposes of this Agreement, notice shall be effective to the Parties at the following addresses:

<u>To HCTN:</u>	<u>To Client:</u>
Jonathan D. Kukulski	_____
General Counsel	_____
Health Carousel Travel Network, LLC	_____
3805 Edwards Road, Suite 700	_____
Cincinnati, OH 45209	_____

- 4.8. Force Majeure. Neither HCTN nor Client shall be liable for any failure to perform its duties under this Agreement due to acts of God; acts, regulations of laws of any government, war or any other condition or cause beyond reasonable control.
- 4.9. Assignment. Client may not assign its rights or delegate any obligation under this Agreement without the prior written consent of HCTN, which consent shall not be unreasonably withheld, conditioned, or delayed; provided, however, that HCTN may assign its rights or delegate its obligations, in whole or in part, without such consent and upon notice to the Client. This Agreement is binding on any successors and assigns of the Parties to this Agreement. Notwithstanding any provision of this Agreement to the contrary, either Party shall have the right to assign or otherwise transfer its interest under this Agreement to any "related entity." For the purposes of this section, a related entity shall be deemed to include a parent, subsidiary, any entity that acquires all or substantially all of the Party's assets or operations relating to this Agreement, and the surviving entity of any merger or consolidation involving the Party. Any assignment to a related entity shall not require the consent or approval of the other Party in order to be effective.
- 4.10. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one original Agreement. Facsimile signatures shall be accepted and enforceable in lieu of original signatures;
- 4.11. HIPAA Compliance. To the extent the HCTN is a "business associate" under HIPAA, HCTN agrees to comply with the applicable provisions of the Administrative Simplification section of the Health Insurance





Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d through d-8 (“HIPAA”), and the requirements of any regulations promulgated thereunder including, without limitation, the federal privacy regulations as contained in 45 CFR Part 164 (the “Federal Privacy Regulations”) and the federal security standards as contained in 45 CFR Part 142 (the “Federal Security Regulations”). HCTN agrees not to use or further disclose any protected health information as defined in 45 CFR 164.504, or individually identifiable health information as defined in 42 U.S.C. Section 1320d (collectively the “Protected Health Information”) concerning a patient other than as permitted by Client and the requirements of HIPAA or regulations promulgated under HIPAA including, without limitation, the Federal Privacy Regulations and the Federal Security Regulations.

HCTN will implement appropriate safeguards to prevent the use or disclosure of a patient’s Protected Health Information. HCTN will promptly report to Client any use or disclosure of a patient’s Protected Health Information in violation of HIPAA, the Federal Privacy Regulations, or the Federal Security Regulations of which HCTN becomes aware.

HCTN will make its internal practices, books, and records relating to the use and disclosure of a patient’s Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations and the Federal Security Regulations. Notwithstanding the foregoing, no attorney-client, accountant-client, or other legal privilege shall be deemed waived by the HCTN or Client by virtue of this paragraph.

- 4.12. Inspection of Books and Records. Pursuant to the Department of Health and Human Services, Health Care Financing Administration, Section 42 CFR, Part 420, Medicare Program: Access to Books, Documents and Records of Subcontractors, it is hereby required, until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, upon written request, to make available to the Secretary of the Department of Health and Human Services (HHS) or the Secretary’s duly authorized representative, or upon request to the Comptroller General or the Comptroller General’s duly authorized representatives, the contract and such books, documents, and records that are necessary to certify the nature and extent of costs under this Agreement. This provision shall apply only if the value or the cost of this Agreement equals \$10,000 or more over a twelve (12) month period. The availability of such books, documents and records shall be subject at all times to such criteria and procedures for seeking or obtaining access as may be promulgated by the Secretary of HHS in regulations, and other applicable laws.
- 4.13. Joint Commission. It is HCTN’s goal is to provide Client with a consistent level of service. If for any reason Client is dissatisfied with HCTN’s service or the service provided by HCTN’s Professionals, Client is encouraged to contact their HCTN account manager to discuss the issue. HCTN has processes in place to resolve client complaints in an effective and efficient manner. If the resolution does not meet Client expectation, Client is encouraged to call the Health Carousel Travel Network, LLC corporate office at (513) 665-4544. A corporate representative will work to resolve Client concerns. Any individual or organization that has a concern about the quality and safety of patient care delivered by HCTN healthcare professionals, which has not been addressed by HCTN management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636.





HCTN

Health Carousel Travel Network

IN WITNESS WHEREOF, this Agreement has been executed by the Parties as of the date first above written.

Health Carousel Travel Network, LLC

Client

BY: 
DocuSigned by:
A87AE651EA8048C
NAME: Jonathan D. Kukulski
TITLE: Secretary
DATED: 11/9/2018 | 10:04 AM EST

BY: 
NAME: Eric F. Jensen
TITLE: CEO
DATED: 11/8/18



**Health
Carousel**
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Exhibit AREQUIREMENT GUIDELINES

The following standards apply to all positions involving direct patient care:

Certifications and other credentials	
Hepatitis B	Documented three series immunization, positive titre, or declination.
Measles, Mumps and Rubella	Documented history of diagnosis, positive titre, or at least a single series vaccination.
Varicella	Documented history of diagnosis, positive titre, or at least a single series vaccination.
Tuberculosis screening	Annually unless positive history.
Physical	Within 12 months prior to start. Subsequently upon specific request of client.
Drug Screening	At time of hire 10 panel drug screen. Subsequently upon specific request of client.
Criminal Background Check	Seven year county-resided. HCTN does not place any healthcare providers with a felony conviction, or any with misdemeanor convictions related to assault, abuse, weapons, or drugs or other convictions that could have the potential for a negative impact on patient care.
OIG and EPLS	At time of hire for US residents.
State license, registration or certification	Per state boards or other licensing agency. HCTN will not knowingly recruit a healthcare provider that has an action against their license.
Certifications Specific to Specialty	HCTN accepts current specialty certifications from either AHA, Red Cross, ASHI, or Canadian Heart & Stroke Foundation or Military Card (HSFC reciprocity is accepted by AHA, www.cpr-ecp.org/procourses.html) or hospital issued cards as long as they are the standard requirements for healthcare providers. ACLS certification is required for ICU, ER and PCU. NRP certification is required for NICU and Labor and Delivery units. PALS certification is required for PICU.
BLS/CPR	Current Card from either AHA, Red Cross, ASHI, Canadian Heart & Stroke or Military Card. For all positions providing direct patient care. Current CPR card as required by client.
Joint Commission standards	HCTN operates in compliance with standards.

Adapted from: Centers for Disease Control – www.cdc.gov/mmwr/preview/mmwrhtml/00038873.htm & www.cdc.gov/mmwr/preview/mmwrhtml/mm5020a8.htm & www.cdc.gov/niosh/99-143.html and the American Lung Association – www.lungusa.org/diseases/tbskinfac.html.





EXHIBIT B - 1

Nursing Specialty	Regular Hourly Rate
RN Non-specialty MedSurg, Psych, Home Health, Case Manager	\$63.00
RN Specialty ER, OR, PACU, ICU, L&D, Telemetry	\$65.00
RN Specialty CVICU, NICU, PICU, CVOR, Cath Lab	\$75.00

- Overtime Rate is 1.5 x Regular Hourly Rate and applies for all hours over 40 in a calendar week (Sunday-Saturday).
- Holidays will be paid at 1.5 x Regular Hourly Rate. Holiday standard hours are from 12:00am on the date of the holiday to 12:00am of the following day.
 - o Holidays to be observed: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- Call Back/Two Hour Minimum = 1.5 times the Regular Hourly Rate
- On-Call/Charge = \$8.00 + per hour

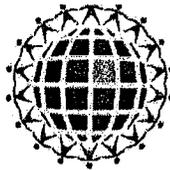




EXHIBIT B-2
OTHER NURSING PROFESSIONS
ALL-INCLUSIVE HOURLY BILL RATES

OTHER NURSING	BASE	Specialty A	Specialty B	Specialty C
Advance Practice Nurse (CNS, NP, CNM)			◆	
Case Manager		◆		
CRNA				◆
Licensed Practical Nurse (LPN)	◆			
Nurse Mgr. / Director	To Be Negotiated Situationally			
Regular Time Rate	\$50.00	Base + \$20.00	Base + \$30.00	Base + \$70.00
Local Travelers Rate (within 50 miles of facility)	Regular Time Rate Less \$9.00			
Overtime / Holiday Rate	1.5 x Regular Time Rate			
Call Back / 2 Hour Minimum Rate	1.5 x Regular Time Rate			
Double-Time Rate	1.5 x Regular Time Rate			
Additional On Call	\$7.50 / Hour			





HCTN

Health Carousel Travel Network

EXHIBIT B-3
ALLIED HEALTH
ALL-INCLUSIVE HOURLY BILL RATES

ALLIED HEALTH	BASE	Specialty A	Specialty B	Specialty C
Rehabilitation				
Certified Occupational Therapist Assistant (COTA)		◆		
Occupational Therapist (OT)				◆
Physical Therapist (PT)				◆
Physical Therapist Assistant (PTA)		◆		
Speech Language Pathologist (SLP)				◆
Laboratory				
Clinical Lab Scientist (CLS)				◆
Cytotechnologist (CYTO TECH)			◆	
Histotechnologist (HISTO TECH)			◆	
Immunohematologist (BLOOD BANK)			◆	
Medical Lab Technician (MED LAB TECH)	◆			
Medical Technologist (ASCP / MED TECH)		◆		
Surgical Tech				
Certified Surgical Technologist (CST)	◆			
Respiratory Therapy				
Polysomnographic Technician	◆			
Respiratory Therapist (CRT/RRT)		◆		
Regular Time Rate	\$50.00	Base + \$7.50	Base + \$15.00	Base + \$20.00
Local Travelers Rate (within 50 miles of facility)	Regular Time Rate less \$9.00			
Overtime / Holiday Rate	1.5 x Regular Time Rate			
Call Back / 2 Hour Minimum Rate	1.5 x Regular Time Rate			
Double-Time Rate	1.5 x Regular Time Rate			
Additional On Call / Preceptor Hourly Charge	\$7.50 / Hour			



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 World Class Workforce Solutions™



EXHIBIT B-4
CRISIS RATES
ALL-INCLUSIVE HOURLY BILL RATES

PRIORITY POSITION STAFFING RATES

The following All-Inclusive Bill Rates are applicable for positions or assignments designated by Client as priority positions that are eligible for Priority Position Staffing Rates. The Regular Time Rate corresponds to the Regular Time Rate for the applicable Occupation and Specialty listed in Exhibits B-1, B-2, and B-3.

- Regular Time Crisis Rate: Regular Time Rate plus \$10 / Hr. Surcharge
- Overtime / Holiday Crisis Rate: 1.5 X Regular Time Crisis Rate
- Call Back / 2 Hour Minimum Crisis Rate: 1.5 X Regular Time Crisis Rate
- Double-Time Crisis Rate: 1.5 X Regular Time Crisis Rate
- On Call / Charge RN / Preceptor Hourly Surcharge: \$7.50 / Hour above the Regular Time Crisis Rate





HCTN

Health Carousel Travel Network

SCHEDULE B-5
HOME HEALTH PER VISIT BILL RATES
ALL-INCLUSIVE HOURLY BILL RATES

<u>Rehabilitation</u>	<u>Per Treatment Visit</u>	<u>Nursing & Advanced Practice</u>	<u>Per Treatment Visit</u>
Physical Therapist (PT)	75.00 – 95.00	Physician Assistant	80.00 – 100.00
Physical Therapist Assistants (PTA)	63.00 – 68.25	Nurse Practitioners	80.00 – 100.00
Occupational Therapist (OT)	75.00 – 95.00	Registered Nurses (RN)	59.25 – 68.75
Cert. Occ. Therapist Asst (COTA)	63.00 – 68.25	Licensed Practical Nurses (LPN)	45.25 – 52.50
Speech Language Pathologist (SLP)	75.00 – 95.00		
		<u>Pharmacy</u>	
<u>Respiratory Therapy</u>		Pharmacist	114.50 – 131.00
Polysomnographic Technician	57.25 – 67.00	Certified Pharmacy Technician	22.50 – 29.50
Respiratory Therapist (CRT/RRT)	56.00 – 65.75		

- Per Visit Bill Rates: Per Visit based Bill Rates vary by Occupation, Specialty, and Assignment Location.
- Evaluation Visits: Evaluation visits are billed at 1.25x the Per Treatment Visit rate
- Patient No Shows: If the patient is not home or unavailable for the scheduled treatment, you will be billed 0.5x the Per Treatment Visit rate.
- Orientation & Non-Patient-Care Hours: For orientation or non-patient-care hours required by Client, Client will be billed for such hours as the Per Treatment Visit rate.
- Holiday Rate: 1.5 x Regular Rate
- Transportation/Housing: If the Professional needs to be temporarily relocated to the area for the assignment, a transportation and housing expense of \$400 per week will be billed to the Client.



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ASSIGNMENT DETAILS:

Professional's Name:	<<candidate_fullname>>	Facility:	<<account_name>>
Profession:	<<profession>>	Address:	<<account_address1_line1>>
Unit/Specialty/Title:	<<specialty>>		<<account_address1_city>>, <<account_state>> <<account_zipcode>>
Shift Length:	<<hoursperday>> Hours	Assignment Length:	<<assignmentlength>> Weeks
Shift Time:	<<shift>>	Work Week:	<<workweek>>
Regular Bill Rate:	<<billrateregular>>/hour	Weekly Hours:	<<hoursperweek>> Hours
On Call Bill Rate:	<<billrateoncall>>/hour	Start Date:	<<startdate>>
Call In Bill Rate:	<<billratecallin>>/hour	End Date:	<<estimatedenddate>>
OT/Holiday Bill Rate:	<<billrateovertime>>/hour		

SCHEDULED TIME-OFF:

GUARANTEED HOURS:

Throughout this assignment, assignee is required to be available to work at least the minimum guaranteed hours each week as indicated above. If assignee is not scheduled for the indicated guaranteed hours, facility will be billed up to the guaranteed hours using the hourly bill rates associated with the billing rules set forth below. Call-in and on-call hours do not apply to guaranteed hours. In addition, guaranteed hours are not applicable during partial workweeks at the start and end of an assignment and during workweeks in which bereavement leave or approved time-off is taken.

SUBCONTRACTORS:

HCTN will not engage subcontractor organizations to provide Professional unless agreed to in advance by Client. In the event that subcontractor organizations are engaged, HCTN will assure that all subcontractor employees meet the qualifications as outlined in this Agreement.

HOLIDAY SCHEDULE:

Holiday billing will apply based on facility rules and recognized holidays.

SUPPLEMENTARY INFORMATION:

<<supplementalinfo>>

Facility Representative's Signature

HCTN Representative Name

Printed Name

Printed Name & Title

Date

Date

Thursday, May 30, 2019



EXHIBIT 2

Statement

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EXHIBIT 2

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Customer Number (POST 5/6/2019)	Customer Name	Document Number	Check Number	Document Description	Document Date	Document Type	Original Trx Amount	Current Trx Amount	Doc 0 to 30 Days	Doc 31 to 60 Days	Doc 61 to 90 Days	Doc 91 to 120 Days	Doc 121 and Over	
IDONMTN00000783	Astria Toppenish Hospital	PYMNT000000045544	008540		6/14/2019	Payments	\$ (59,159.86)	\$ (379.50)	\$ (379.50)					Ovpmt Invoice 0212900, received \$3,463.50 vs \$3,084.00
ID0THTN00000783	Astria Toppenish Hospital	0207221		Justice, Michael	5/11/2019	Sales / Invoices	\$ 2,362.50	\$ 63.00					\$ 850.50	
ID0THTN00000783	Astria Toppenish Hospital	0214473		Justice, Michael	6/8/2019	Sales / Invoices	\$ 2,346.75	\$ 94.50					\$ 94.50	
ID0THTN00000783	Astria Toppenish Hospital	0214475		Barrett, Lacey	6/8/2019	Sales / Invoices	\$ 3,200.00	\$ 2,400.00					\$ 2,400.00	
ID0THTN00000783	Astria Toppenish Hospital	0214476		Balingit, Albert	6/8/2019	Sales / Invoices	\$ 2,268.00	\$ 15.75					\$ 15.75	
ID0THTN00000783	Astria Toppenish Hospital	0216778		Justice, Michael	6/15/2019	Sales / Invoices	\$ 2,315.25	\$ 63.00					\$ 63.00	
ID0THTN00000783	Astria Toppenish Hospital	0216779		Hill, Jalen	6/15/2019	Sales / Invoices	\$ 2,331.00	\$ 15.75					\$ 15.75	
ID0THTN00000783	Astria Toppenish Hospital	0216781		Balingit, Albert	6/15/2019	Sales / Invoices	\$ 2,268.00	\$ 47.25					\$ 47.25	
ID0THTN00000783	Astria Toppenish Hospital	0217523		Justice, Michael	6/22/2019	Sales / Invoices	\$ 2,331.00	\$ 94.50					\$ 94.50	
ID0THTN00000783	Astria Toppenish Hospital	0217525		Barrett, Lacey	6/22/2019	Sales / Invoices	\$ 3,556.00	\$ 20.00					\$ 20.00	
ID0THTN00000783	Astria Toppenish Hospital	0217526		Balingit, Albert	6/22/2019	Sales / Invoices	\$ 3,276.00	\$ 47.25					\$ 47.25	
ID0THTN00000783	Astria Toppenish Hospital	0220288		Justice, Michael	6/29/2019	Sales / Invoices	\$ 2,315.25	\$ 94.50					\$ 94.50	
ID0THTN00000783	Astria Toppenish Hospital	0220289		Hill, Jalen	6/29/2019	Sales / Invoices	\$ 3,417.75	\$ 3,417.75					\$ 3,417.75	
ID0THTN00000783	Astria Toppenish Hospital	0220291		Balingit, Albert	6/29/2019	Sales / Invoices	\$ 3,890.25	\$ 70.87					\$ 70.87	
ID0THTN00000783	Astria Toppenish Hospital	0221697		Justice, Michael	7/6/2019	Sales / Invoices	\$ 2,740.50	\$ 110.25					\$ 110.25	
ID0THTN00000783	Astria Toppenish Hospital	0221699		Barrett, Lacey	7/6/2019	Sales / Invoices	\$ 3,948.00	\$ 140.00					\$ 140.00	
ID0THTN00000783	Astria Toppenish Hospital	0221700		Balingit, Albert	7/6/2019	Sales / Invoices	\$ 3,654.00	\$ 94.49					\$ 94.49	
ID0THTN00000783	Astria Toppenish Hospital	0224198		Justice, Michael	7/13/2019	Sales / Invoices	\$ 2,346.75	\$ 94.50					\$ 94.50	
ID0THTN00000783	Astria Toppenish Hospital	0224201		Balingit, Albert	7/13/2019	Sales / Invoices	\$ 3,276.00	\$ 23.62					\$ 23.62	
ID0THTN00000783	Astria Toppenish Hospital	0224752		Justice, Michael	7/20/2019	Sales / Invoices	\$ 2,315.25	\$ 2,315.25					\$ 2,315.25	
ID0THTN00000783	Astria Toppenish Hospital	0224753		Hill, Jalen	7/20/2019	Sales / Invoices	\$ 2,079.00	\$ 2,079.00					\$ 2,079.00	
ID0THTN00000783	Astria Toppenish Hospital	0224754		Barrett, Lacey	7/20/2019	Sales / Invoices	\$ 4,594.00	\$ 4,594.00					\$ 4,594.00	
ID0THTN00000783	Astria Toppenish Hospital	0224755		Balingit, Albert	7/20/2019	Sales / Invoices	\$ 2,992.50	\$ 2,992.50					\$ 2,992.50	
ID0THTN00000783	Astria Toppenish Hospital	0227785		Justice, Michael	7/27/2019	Sales / Invoices	\$ 2,331.00	\$ 2,331.00					\$ 2,331.00	
ID0THTN00000783	Astria Toppenish Hospital	0227786		Hill, Jalen	7/27/2019	Sales / Invoices	\$ 3,276.00	\$ 3,276.00					\$ 3,276.00	
ID0THTN00000783	Astria Toppenish Hospital	0227787		Barrett, Lacey	7/27/2019	Sales / Invoices	\$ 3,200.00	\$ 3,200.00					\$ 3,200.00	
ID0THTN00000783	Astria Toppenish Hospital	0227788		Balingit, Albert	7/27/2019	Sales / Invoices	\$ 3,606.75	\$ 3,606.75					\$ 3,606.75	
ID0THTN00000783	Astria Toppenish Hospital	0230496		Justice, Michael	8/10/2019	Sales / Invoices	\$ 2,346.75	\$ 2,346.75					\$ 2,346.75	
ID0THTN00000783	Astria Toppenish Hospital	0230497		Hill, Jalen	8/10/2019	Sales / Invoices	\$ 3,276.00	\$ 3,276.00					\$ 3,276.00	
ID0THTN00000783	Astria Toppenish Hospital	0230498		Barrett, Lacey	8/10/2019	Sales / Invoices	\$ 3,556.00	\$ 3,556.00					\$ 3,556.00	
ID0THTN00000783	Astria Toppenish Hospital	0230499		Balingit, Albert	8/10/2019	Sales / Invoices	\$ 3,276.00	\$ 3,276.00					\$ 3,276.00	
ID0THTN00000783	Astria Toppenish Hospital	0232154		Justice, Michael	8/17/2019	Sales / Invoices	\$ 2,378.25	\$ 2,378.25					\$ 2,378.25	
ID0THTN00000783	Astria Toppenish Hospital	0232155		Barrett, Lacey	8/17/2019	Sales / Invoices	\$ 4,214.00	\$ 4,214.00					\$ 4,214.00	
ID0THTN00000783	Astria Toppenish Hospital	0232156		Balingit, Albert	8/17/2019	Sales / Invoices	\$ 3,615.88	\$ 3,615.88					\$ 3,615.88	
ID0THTN00000783	Astria Toppenish Hospital	0233732		Justice, Michael	8/24/2019	Sales / Invoices	\$ 2,362.50	\$ 2,362.50					\$ 2,362.50	
ID0THTN00000783	Astria Toppenish Hospital	0233733		Barrett, Lacey	8/24/2019	Sales / Invoices	\$ 3,474.00	\$ 3,474.00					\$ 3,474.00	
ID0THTN00000783	Astria Toppenish Hospital	0233734		Balingit, Albert	8/24/2019	Sales / Invoices	\$ 3,276.00	\$ 3,276.00					\$ 3,276.00	
ID0THTN00000783	Astria Toppenish Hospital	0235757		Justice, Michael	8/31/2019	Sales / Invoices	\$ 2,378.25	\$ 2,378.25					\$ 2,378.25	
ID0THTN00000783	Astria Toppenish Hospital	0235758		Barrett, Lacey	8/31/2019	Sales / Invoices	\$ 4,308.00	\$ 4,308.00					\$ 4,308.00	
ID0THTN00000783	Astria Toppenish Hospital	0235759		Balingit, Albert	8/31/2019	Sales / Invoices	\$ 3,348.00	\$ 3,348.00					\$ 3,348.00	

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Customer Number (POST 5/6/2019)	Customer Name	Document Number	Check Number	Document Description	Document Date	Document Type	Original Trx Amount	Current Trx Amount	Doc 0 to 30 Days	Doc 31 to 60 Days	Doc 61 to 90 Days	Doc 91 to 120 Days	Doc 121 and Over
ID0THTN00000783	Astria Toppenish Hospital	0237593		Justice, Michael	9/7/2019	Sales / Invoices	\$ 2,362.50	\$ 2,362.50					\$ 2,362.50
ID0THTN00000783	Astria Toppenish Hospital	0237594		Barrett, Lacey	9/7/2019	Sales / Invoices	\$ 3,444.00	\$ 3,444.00					\$ 3,444.00
ID0THTN00000783	Astria Toppenish Hospital	0237595		Balingit, Albert	9/7/2019	Sales / Invoices	\$ 3,417.75	\$ 3,417.75					\$ 3,417.75
ID0THTN00000783	Astria Toppenish Hospital	0240477		Justice, Michael	9/14/2019	Sales / Invoices	\$ 2,331.00	\$ 2,331.00					\$ 2,331.00
ID0THTN00000783	Astria Toppenish Hospital	0240478		Barrett, Lacey	9/14/2019	Sales / Invoices	\$ 4,270.00	\$ 4,270.00					\$ 4,270.00
ID0THTN00000783	Astria Toppenish Hospital	0240479		Balingit, Albert	9/14/2019	Sales / Invoices	\$ 3,276.00	\$ 3,276.00					\$ 3,276.00
ID0THTN00000783	Astria Toppenish Hospital	0240829		Justice, Michael	9/21/2019	Sales / Invoices	\$ 2,236.50	\$ 2,236.50					\$ 2,236.50
ID0THTN00000783	Astria Toppenish Hospital	0240830		Barrett, Lacey	9/21/2019	Sales / Invoices	\$ 4,272.00	\$ 4,272.00					\$ 4,272.00
ID0THTN00000783	Astria Toppenish Hospital	0240831		Balingit, Albert	9/21/2019	Sales / Invoices	\$ 3,394.12	\$ 3,394.12					\$ 3,394.12
ID0THTN00000783	Astria Toppenish Hospital	0242554		Barrett, Lacey	9/28/2019	Sales / Invoices	\$ 4,646.00	\$ 4,646.00					\$ 4,646.00
ID0THTN00000783	Astria Toppenish Hospital	0242555		Balingit, Albert	9/28/2019	Sales / Invoices	\$ 3,276.00	\$ 3,276.00					\$ 3,276.00
ID0THTN00000783	Astria Toppenish Hospital	0244798		Barrett, Lacey	10/5/2019	Sales / Invoices	\$ 3,880.00	\$ 3,880.00					\$ 3,880.00
ID0THTN00000783	Astria Toppenish Hospital	0244799		Balingit, Albert	10/5/2019	Sales / Invoices	\$ 3,372.00	\$ 3,372.00					\$ 3,372.00
ID0THTN00000783	Astria Toppenish Hospital	0246410		Barrett, Lacey	10/12/2019	Sales / Invoices	\$ 3,556.00	\$ 3,556.00					\$ 3,556.00
ID0THTN00000783	Astria Toppenish Hospital	0246411		Balingit, Albert	10/12/2019	Sales / Invoices	\$ 2,364.00	\$ 2,364.00					\$ 2,364.00
ID0THTN00000783	Astria Toppenish Hospital	0248641		Barrett, Lacey	10/19/2019	Sales / Invoices	\$ 4,130.00	\$ 4,130.00				\$ 4,130.00	
ID0THTN00000783	Astria Toppenish Hospital	0248642		Balingit, Albert	10/19/2019	Sales / Invoices	\$ 3,819.38	\$ 3,819.38				\$ 3,819.38	
ID0THTN00000783	Astria Toppenish Hospital	0250270		Barrett, Lacey	10/26/2019	Sales / Invoices	\$ 4,386.00	\$ 4,386.00				\$ 4,386.00	
ID0THTN00000783	Astria Toppenish Hospital	0250271		Balingit, Albert	10/26/2019	Sales / Invoices	\$ 3,465.00	\$ 3,465.00				\$ 3,465.00	
ID0THTN00000783	Astria Toppenish Hospital	0252357		Barrett, Lacey	11/2/2019	Sales / Invoices	\$ 3,608.00	\$ 3,608.00				\$ 3,608.00	
ID0THTN00000783	Astria Toppenish Hospital	0252358		Balingit, Albert	11/2/2019	Sales / Invoices	\$ 2,315.25	\$ 2,315.25				\$ 2,315.25	
ID0THTN00000783	Astria Toppenish Hospital	0253997		Barrett, Lacey	11/9/2019	Sales / Invoices	\$ 1,938.00	\$ 1,938.00				\$ 1,938.00	
ID0THTN00000783	Astria Toppenish Hospital	0256586		Barrett, Lacey	11/16/2019	Sales / Invoices	\$ 1,600.00	\$ 1,600.00			\$ 1,600.00		
ID0THTN00000783	Astria Toppenish Hospital	0258307		Barrett, Lacey	11/23/2019	Sales / Invoices	\$ 5,346.00	\$ 5,346.00			\$ 5,346.00		
ID0THTN00000783	Astria Toppenish Hospital	0260198		Barrett, Lacey	11/30/2019	Sales / Invoices	\$ 4,392.50	\$ 4,392.50			\$ 4,392.50		
ID0THTN00000783	Astria Toppenish Hospital	0262072		Barrett, Lacey	12/7/2019	Sales / Invoices	\$ 4,168.00	\$ 4,168.00			\$ 4,168.00		
ID0THTN00000783	Astria Toppenish Hospital	0263917		Barrett, Lacey	12/14/2019	Sales / Invoices	\$ 3,643.00	\$ 3,643.00			\$ 3,643.00		
ID0THTN00000783	Astria Toppenish Hospital	0265595		Barrett, Lacey	12/21/2019	Sales / Invoices	\$ 5,940.75	\$ 5,940.75	\$ 5,940.75				
ID0THTN00000783	Astria Toppenish Hospital	0266210		Barrett, Lacey	12/28/2019	Sales / Invoices	\$ 4,938.50	\$ 4,938.50	\$ 4,938.50				
ID0MSTN00000783	Astria Toppenish Hospital	0214402		Richerson, Delphia	6/8/2019	Sales / Invoices	\$ 2,437.50	\$ 32.50					\$ 32.50
ID0MSTN00000783	Astria Toppenish Hospital	0217455		Dunlap, Brian	6/22/2019	Sales / Invoices	\$ 4,452.50	\$ 73.12					\$ 73.12
ID0MSTN00000783	Astria Toppenish Hospital	0227709		Dunlap, Brian	7/27/2019	Sales / Invoices	\$ 3,380.00	\$ 3,380.00					\$ 3,380.00
ID0MSTN00000783	Astria Toppenish Hospital	0230421		Dunlap, Brian	8/10/2019	Sales / Invoices	\$ 2,405.00	\$ 2,405.00					\$ 2,405.00
ID0MSTN00000783	Astria Toppenish Hospital	0232081		Dunlap, Brian	8/17/2019	Sales / Invoices	\$ 2,275.00	\$ 2,275.00					\$ 2,275.00
ID0MSTN00000783	Astria Toppenish Hospital	0233664		Dunlap, Brian	8/24/2019	Sales / Invoices	\$ 2,843.75	\$ 2,843.75					\$ 2,843.75
ID0MSTN00000783	Astria Toppenish Hospital	0235698		Dunlap, Brian	8/31/2019	Sales / Invoices	\$ 2,892.50	\$ 2,892.50					\$ 2,892.50
ID0MSTN00000783	Astria Toppenish Hospital	0237532		Dunlap, Brian	9/7/2019	Sales / Invoices	\$ 2,356.25	\$ 2,356.25					\$ 2,356.25
ID0MSTN00000783	Astria Toppenish Hospital	0240418		Dunlap, Brian	9/14/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00					\$ 2,340.00
ID0MSTN00000783	Astria Toppenish Hospital	0240769		Dunlap, Brian	9/21/2019	Sales / Invoices	\$ 2,388.75	\$ 2,388.75					\$ 2,388.75
ID0MSTN00000783	Astria Toppenish Hospital	0242495		Dunlap, Brian	9/28/2019	Sales / Invoices	\$ 3,965.00	\$ 3,965.00					\$ 3,965.00
ID0MSTN00000783	Astria Toppenish Hospital	0244765		Dunlap, Brian	10/5/2019	Sales / Invoices	\$ 2,843.75	\$ 2,843.75					\$ 2,843.75

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Customer Number	Customer Name	Document Number	Check Number	Document Description	Document Date	Document Type	Original Trx Amount	Current Trx Amount	Doc 0 to 30 Days	Doc 31 to 60 Days	Doc 61 to 90 Days	Doc 91 to 120 Days	Doc 121 and Over	
(POST 5/6/2019)														
IDOMSTN00000783	Astria Toppenish Hospital	0246376		Dunlap, Brian	10/12/2019	Sales / Invoices	\$ 3,380.00	\$ 3,380.00					\$ 3,380.00	
IDOMSTN00000783	Astria Toppenish Hospital	0248608		Dunlap, Brian	10/19/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00				\$ 2,340.00		
IDOMSTN00000783	Astria Toppenish Hospital	0250239		Dunlap, Brian	10/26/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00				\$ 2,340.00		
IDOMSTN00000783	Astria Toppenish Hospital	0252324		Dunlap, Brian	11/2/2019	Sales / Invoices	\$ 3,477.50	\$ 3,477.50				\$ 3,477.50		
IDOMSTN00000783	Astria Toppenish Hospital	0253965		Dunlap, Brian	11/9/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00				\$ 2,340.00		
IDOMSTN00000783	Astria Toppenish Hospital	0256524		Dunlap, Brian	11/16/2019	Sales / Invoices	\$ 2,338.05	\$ 2,338.05			\$ 2,338.05			
IDOMSTN00000783	Astria Toppenish Hospital	0258245		Dunlap, Brian	11/23/2019	Sales / Invoices	\$ 2,405.00	\$ 2,405.00			\$ 2,405.00			
IDONMTN00000783	Astria Toppenish Hospital	0207201		Peck, Katrina	5/11/2019	Sales / Invoices	\$ 3,477.50	\$ 698.75					\$ 698.75	
IDONMTN00000783	Astria Toppenish Hospital	0214448		Gordon, Wanda	6/8/2019	Sales / Invoices	\$ 5,388.00	\$ 3,780.00					\$ 3,780.00	
IDONMTN00000783	Astria Toppenish Hospital	0214450		Loos, Michael	6/8/2019	Sales / Invoices	\$ 4,849.63	\$ 3,746.00					\$ 3,746.00	
IDONMTN00000783	Astria Toppenish Hospital	0217496		Gordon, Wanda	6/22/2019	Sales / Invoices	\$ 3,402.00	\$ 126.00					\$ 126.00	
IDONMTN00000783	Astria Toppenish Hospital	0217498		Loos, Michael	6/22/2019	Sales / Invoices	\$ 4,110.00	\$ 121.50					\$ 121.50	
IDONMTN00000783	Astria Toppenish Hospital	0217499		Peck, Katrina	6/22/2019	Sales / Invoices	\$ 3,745.62	\$ 97.49					\$ 97.49	
IDONMTN00000783	Astria Toppenish Hospital	0220257		Gordon, Wanda	6/29/2019	Sales / Invoices	\$ 3,654.00	\$ 378.00					\$ 378.00	
IDONMTN00000783	Astria Toppenish Hospital	0220258		Rosencrans, Clinton	6/29/2019	Sales / Invoices	\$ 1,800.00	\$ 12.50					\$ 12.50	
IDONMTN00000783	Astria Toppenish Hospital	0224169		Loos, Michael	7/13/2019	Sales / Invoices	\$ 4,079.00	\$ 141.75					\$ 141.75	
IDONMTN00000783	Astria Toppenish Hospital	0224170		Peck, Katrina	7/13/2019	Sales / Invoices	\$ 3,665.88	\$ 48.75					\$ 48.75	
IDONMTN00000783	Astria Toppenish Hospital	0224171		Chandler, Julie	7/13/2019	Sales / Invoices	\$ 2,405.00	\$ 65.00					\$ 65.00	
IDONMTN00000783	Astria Toppenish Hospital	0224718		Gordon, Wanda	7/20/2019	Sales / Invoices	\$ 3,886.00	\$ 3,886.00					\$ 3,886.00	
IDONMTN00000783	Astria Toppenish Hospital	0224719		Rosencrans, Clinton	7/20/2019	Sales / Invoices	\$ 1,750.00	\$ 1,750.00					\$ 1,750.00	
IDONMTN00000783	Astria Toppenish Hospital	0224720		Loos, Michael	7/20/2019	Sales / Invoices	\$ 3,456.00	\$ 3,456.00					\$ 3,456.00	
IDONMTN00000783	Astria Toppenish Hospital	0224721		Peck, Katrina	7/20/2019	Sales / Invoices	\$ 3,160.62	\$ 3,160.62					\$ 3,160.62	
IDONMTN00000783	Astria Toppenish Hospital	0224722		Chandler, Julie	7/20/2019	Sales / Invoices	\$ 812.50	\$ 812.50					\$ 812.50	
IDONMTN00000783	Astria Toppenish Hospital	0227687		Peck, Katrina	7/27/2019	Sales / Invoices	\$ 780.00	\$ 780.00					\$ 780.00	
IDONMTN00000783	Astria Toppenish Hospital	0227688		Chandler, Julie	7/27/2019	Sales / Invoices	\$ 1,592.50	\$ 1,592.50					\$ 1,592.50	
IDONMTN00000783	Astria Toppenish Hospital	0227750		Gordon, Wanda	7/27/2019	Sales / Invoices	\$ 3,159.49	\$ 3,159.49					\$ 3,159.49	
IDONMTN00000783	Astria Toppenish Hospital	0227751		Rosencrans, Clinton	7/27/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00					\$ 1,800.00	
IDONMTN00000783	Astria Toppenish Hospital	0227752		Loos, Michael	7/27/2019	Sales / Invoices	\$ 3,648.00	\$ 3,648.00					\$ 3,648.00	
IDONMTN00000783	Astria Toppenish Hospital	0230463		Gordon, Wanda	8/10/2019	Sales / Invoices	\$ 3,982.00	\$ 3,982.00					\$ 3,982.00	
IDONMTN00000783	Astria Toppenish Hospital	0230464		Rosencrans, Clinton	8/10/2019	Sales / Invoices	\$ 2,600.00	\$ 2,600.00					\$ 2,600.00	
IDONMTN00000783	Astria Toppenish Hospital	0230465		Loos, Michael	8/10/2019	Sales / Invoices	\$ 3,294.00	\$ 3,294.00					\$ 3,294.00	
IDONMTN00000783	Astria Toppenish Hospital	0230466		Peck, Katrina	8/10/2019	Sales / Invoices	\$ 1,560.00	\$ 1,560.00					\$ 1,560.00	
IDONMTN00000783	Astria Toppenish Hospital	0230467		Chandler, Julie	8/10/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00					\$ 2,340.00	
IDONMTN00000783	Astria Toppenish Hospital	0232121		Gordon, Wanda	8/17/2019	Sales / Invoices	\$ 2,412.00	\$ 2,412.00					\$ 2,412.00	
IDONMTN00000783	Astria Toppenish Hospital	0232122		Rosencrans, Clinton	8/17/2019	Sales / Invoices	\$ 2,375.00	\$ 2,375.00					\$ 2,375.00	
IDONMTN00000783	Astria Toppenish Hospital	0232123		Peck, Katrina	8/17/2019	Sales / Invoices	\$ 3,624.75	\$ 3,624.75					\$ 3,624.75	
IDONMTN00000783	Astria Toppenish Hospital	0232124		Chandler, Julie	8/17/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00					\$ 2,340.00	
IDONMTN00000783	Astria Toppenish Hospital	0233702		Gordon, Wanda	8/24/2019	Sales / Invoices	\$ 3,618.00	\$ 3,618.00					\$ 3,618.00	
IDONMTN00000783	Astria Toppenish Hospital	0233703		Rosencrans, Clinton	8/24/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00					\$ 1,800.00	
IDONMTN00000783	Astria Toppenish Hospital	0233704		Chandler, Julie	8/24/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00					\$ 2,340.00	
IDONMTN00000783	Astria Toppenish Hospital	0235729		Gordon, Wanda	8/31/2019	Sales / Invoices	\$ 3,701.75	\$ 3,701.75					\$ 3,701.75	

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Customer Number	Customer Name	Document Number	Check Number	Document Description	Document Date	Document Type	Original Trx Amount	Current Trx Amount	Doc 0 to 30 Days	Doc 31 to 60 Days	Doc 61 to 90 Days	Doc 91 to 120 Days	Doc 121 and Over	
(POST 5/6/2019)														
IDONMTN00000783	Astria Toppenish Hospital	0235730		Rosencrans, Clinton	8/31/2019	Sales / Invoices	\$ 3,500.00	\$ 3,500.00					\$ 3,500.00	
IDONMTN00000783	Astria Toppenish Hospital	0235731		Chandler, Julie	8/31/2019	Sales / Invoices	\$ 2,340.00	\$ 2,340.00					\$ 2,340.00	
IDONMTN00000783	Astria Toppenish Hospital	0237565		Gordon, Wanda	9/7/2019	Sales / Invoices	\$ 2,814.00	\$ 2,814.00					\$ 2,814.00	
IDONMTN00000783	Astria Toppenish Hospital	0237566		Rosencrans, Clinton	9/7/2019	Sales / Invoices	\$ 2,900.00	\$ 2,900.00					\$ 2,900.00	
IDONMTN00000783	Astria Toppenish Hospital	0237567		Chandler, Julie	9/7/2019	Sales / Invoices	\$ 2,567.50	\$ 2,567.50					\$ 2,567.50	
IDONMTN00000783	Astria Toppenish Hospital	0240449		Gordon, Wanda	9/14/2019	Sales / Invoices	\$ 3,886.00	\$ 3,886.00					\$ 3,886.00	
IDONMTN00000783	Astria Toppenish Hospital	0240450		Rosencrans, Clinton	9/14/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00					\$ 1,800.00	
IDONMTN00000783	Astria Toppenish Hospital	0240451		Chandler, Julie	9/14/2019	Sales / Invoices	\$ 2,372.50	\$ 2,372.50					\$ 2,372.50	
IDONMTN00000783	Astria Toppenish Hospital	0240801		Gordon, Wanda	9/21/2019	Sales / Invoices	\$ 2,814.00	\$ 2,814.00					\$ 2,814.00	
IDONMTN00000783	Astria Toppenish Hospital	0240802		Rosencrans, Clinton	9/21/2019	Sales / Invoices	\$ 2,600.00	\$ 2,600.00					\$ 2,600.00	
IDONMTN00000783	Astria Toppenish Hospital	0240803		Chandler, Julie	9/21/2019	Sales / Invoices	\$ 2,470.00	\$ 2,470.00					\$ 2,470.00	
IDONMTN00000783	Astria Toppenish Hospital	0242528		Gordon, Wanda	9/28/2019	Sales / Invoices	\$ 3,070.00	\$ 3,070.00					\$ 3,070.00	
IDONMTN00000783	Astria Toppenish Hospital	0242529		Rosencrans, Clinton	9/28/2019	Sales / Invoices	\$ 2,600.00	\$ 2,600.00					\$ 2,600.00	
IDONMTN00000783	Astria Toppenish Hospital	0244774		Gordon, Wanda	10/5/2019	Sales / Invoices	\$ 3,618.00	\$ 3,618.00					\$ 3,618.00	
IDONMTN00000783	Astria Toppenish Hospital	0244775		Rosencrans, Clinton	10/5/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00					\$ 1,800.00	
IDONMTN00000783	Astria Toppenish Hospital	0246386		Gordon, Wanda	10/12/2019	Sales / Invoices	\$ 2,412.00	\$ 2,412.00					\$ 2,412.00	
IDONMTN00000783	Astria Toppenish Hospital	0246387		Rosencrans, Clinton	10/12/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00					\$ 1,800.00	
IDONMTN00000783	Astria Toppenish Hospital	0248619		Rosencrans, Clinton	10/19/2019	Sales / Invoices	\$ 600.00	\$ 600.00				\$ 600.00		
IDONMTN00000783	Astria Toppenish Hospital	0250248		Rosencrans, Clinton	10/26/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00				\$ 1,800.00		
IDONMTN00000783	Astria Toppenish Hospital	0252334		Rosencrans, Clinton	11/2/2019	Sales / Invoices	\$ 1,200.00	\$ 1,200.00				\$ 1,200.00		
IDONMTN00000783	Astria Toppenish Hospital	0253974		Rosencrans, Clinton	11/9/2019	Sales / Invoices	\$ 2,600.00	\$ 2,600.00				\$ 2,600.00		
IDONMTN00000783	Astria Toppenish Hospital	0256558		Rosencrans, Clinton	11/16/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00			\$ 1,800.00			
IDONMTN00000783	Astria Toppenish Hospital	0258280		Rosencrans, Clinton	11/23/2019	Sales / Invoices	\$ 2,600.00	\$ 2,600.00			\$ 2,600.00			
IDONMTN00000783	Astria Toppenish Hospital	0260172		Rosencrans, Clinton	11/30/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00			\$ 1,800.00			
IDONMTN00000783	Astria Toppenish Hospital	0262049		Rosencrans, Clinton	12/7/2019	Sales / Invoices	\$ 2,600.00	\$ 2,600.00			\$ 2,600.00			
IDONMTN00000783	Astria Toppenish Hospital	0263893		Rosencrans, Clinton	12/14/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00			\$ 1,800.00			
IDONMTN00000783	Astria Toppenish Hospital	0265574		Rosencrans, Clinton	12/21/2019	Sales / Invoices	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00					
IDONMTN00000783	Astria Toppenish Hospital	0266190		Rosencrans, Clinton	12/28/2019	Sales / Invoices	\$ 2,475.00	\$ 2,475.00	\$ 2,475.00					
IDONMTN00000783	Astria Toppenish Hospital	0268827		Rosencrans, Clinton	1/4/2020	Sales / Invoices	\$ 1,975.00	\$ 1,975.00	\$ 1,975.00					
IDONMTN00000783	Astria Toppenish Hospital	0270199		Rosencrans, Clinton	1/11/2020	Sales / Invoices	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00					
IDONMTN00000783	Astria Toppenish Hospital	0270938		Rosencrans, Clinton	1/18/2020	Sales / Invoices	\$ 2,600.00	\$ 2,600.00	\$ 2,600.00					
IDONMTN00000783	Astria Toppenish Hospital	0273553		Rosencrans, Clinton	1/25/2020	Sales / Invoices	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00					
IDONMTN00000783	Astria Toppenish Hospital	0274668		Rosencrans, Clinton	2/7/2020	Sales / Invoices	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00					
IDONMTN00000783	Astria Toppenish Hospital	0276089		Rosencrans, Clinton	2/8/2020	Sales / Invoices	\$ 1,900.00	\$ 1,900.00	\$ 1,900.00					
							\$ 370,498.38	\$ 7,720.50	\$ 7,720.50	\$ 18,929.25	\$ 34,492.55	\$ 40,359.13	\$ 269,784.45	