

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

Official Form 410
Proof of Claim

04/22

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Greenway Health, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Greenway Health, LLC</u> <u>4301 W. Boy Scout Blvd., Suite 800</u> <u>Tampa, FL 33607, USA</u>	<u>Greenway Health</u> <u>P.O. Box 203658</u> <u>Dallas, TX 75320-3658, USA</u>
	Contact phone <u>877-932-6301</u>	Contact phone <u>877-932-6301</u>
	Contact email <u>See summary page</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right; font-size: small;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4711 ____

7. How much is the claim? \$ 567,411.28. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods provided and services rendered

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



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

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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

No

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

\$ _____

Part 3: Sign Below

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

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

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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

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

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

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

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

Executed on date 11/21/2022
MM / DD / YYYY

/s/Christine E. Baur
Signature

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

Name Christine E. Baur
First name Middle name Last name

Title Attorney

Company Law Office of Christine E. Baur
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4653 Carmel Mountain Road, Suite 308 #332, San Diego, CA, 92130, USA

Contact phone 858-350-3757 Email christine@baurbklaw.com



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Greenway Health, LLC 4301 W. Boy Scout Blvd., Suite 800 Tampa, FL, 33607 USA Phone: 877-932-6301 Phone 2: Fax: Email: stephen.janes@greenwayhealth.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
		Has Related Claim: No Related Claim Filed By:
		Filing Party: Authorized agent
Disbursement/Notice Parties: Greenway Health P.O. Box 203658 Dallas, TX, 75320-3658 USA Phone: 877-932-6301 Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods provided and services rendered	Last 4 Digits: Yes - 4711	Uniform Claim Identifier:
Total Amount of Claim: 567,411.28	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Christine E. Baur on 21-Nov-2022 1:23:13 p.m. Eastern Time Title: Attorney Company: Law Office of Christine E. Baur		

Optional Signature Address:

Christine E. Baur
4653 Carmel Mountain Road, Suite 308 #332

San Diego, CA, 92130
USA

Telephone Number:
858-350-3757

Email:
christine@baurbklaw.com

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation
 United States Bankruptcy Court for the Southern District of California
 Case number 22-02384

**Official Form 410
 Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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

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

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Greenway Health, LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Law Office of Christine E. Baur</u> Name <u>4653 Carmel Mountain Rd., Ste. 308#332</u> Number Street <u>San Diego CA 92130</u> City State ZIP Code <u>USA</u> Country Contact phone <u>858-350-3757</u> Contact email <u>christine@baurbklaw.com</u>	Where should payments to the creditor be sent? (if different) <u>Greenway Health</u> Name <u>P.O. Box 203658</u> Number Street <u>Dallas TX 75320-3658</u> City State ZIP Code <u>USA</u> Country Contact phone <u>877-932-6301</u> Contact email <u>stephen.janes@greenwayhealth.com</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4 7 1 1

7. How much is the claim? \$ 567,411.28. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods provided and services rendered

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____%
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

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

No

Yes. Check all that apply:

Amount entitled to priority

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

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

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$15,150* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

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

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

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

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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

No

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

\$ _____

Part 3: Sign Below

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

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

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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


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

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

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

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

Executed on the 11/21/2022
MM / DD / YYYY


Signature

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

Name Christine E. Baur
First name Middle name Last name

Title Attorney

Company Law Office of Christine E. Baur
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4653 Carmel Mountain Road, Suite 308 #332
Number Street

San Diego CA 92130 USA
City State ZIP Code Country

Contact phone 858-350-3757 Email christine@baurbklaw.com

ATTACHMENT TO PROOF OF CLAIM

Debtor: Borrego Community Health Foundation, United States Bankruptcy Court for the Southern District of California, Case No. 22-02384-LT11

Creditor: Greenway Health, LLC

Attached hereto is the following exhibit to the Proof of Claim:

Exhibit A. Summary of Invoices* and Individual Invoices

*Amount of Invoice #7205087 is pro-rated for pre-petition period of 9/1/22 to 9/11/22.

Total Claim: **\$567,411.28**

Creditor expressly reserves all rights to assert portions of the Claim, as well as additional amounts or invoices, as post-petition amounts entitled to payment as an administrative expense, and seek allowance of same.

Creditor expressly reserves all rights to recalculate the amount necessary to cure any defaults under the assumption of any executory contracts with the Debtor, and the right to calculate and file a claim for damages incurred through the rejection of any executory contracts with the Debtor.

Creditor expressly reserves all rights to assert additional amounts, including but not limited to, default interest, late charges, attorneys' fees and costs, and other amounts as permitted under the respective documents and by law.

Creditor expressly reserves all rights to amend, modify, supplement and/or withdraw this Proof of Claim.

EXHIBIT A

Invoice #	Invoice Date	Amount Due	Description
7205087	20-Oct-22	\$ 112,575.80	09/01/22 to 09/11/22 service provided
7196777	21-Sep-22	\$ 303,859.08	08/01/22 to 08/31/22 service provided
7189253	23-Aug-22	\$ 300.00	Software Installation and Configuration (Standard Business Hours)
7186704	19-Aug-22	\$ 50,358.22	12/01/22 to 12/31/22 service provided
7187707	19-Aug-22	\$ 100,018.18	07/01/22 to 07/31/22 service provided
7183168	17-Aug-22	\$ 150.00	ePrescribing Implementation Fee
7180180	8-Aug-22	\$ 150.00	ePrescribing Implementation Fee
	Total	\$ 567,411.28	

Customer Number: 1394474711

Invoice Number: 07205087

Invoice Date: 10/20/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 307,178.91

Due Date: 11/19/22

Opportunity #:

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation (I)				
ePrescribing - Controlled Substances	9/1/22	9/30/22	112	\$840.00
			Subtotal	\$840.00
Borrego Community Health Foundation				
Clinical Transaction Services Bundle With Lab Portal	9/1/22	9/30/22	273	\$14,649.18
Comprehensive Edi Package	9/1/22	9/30/22	480	\$42,432.00
Electronic Address Correction Service	9/1/22	9/30/22	85	\$35.70
Electronic Patient Statements-1st Page	9/1/22	9/30/22	1234	\$974.86
Electronic Patient Statements-2nd Page	9/1/22	9/30/22	313	\$78.25
Electronic To Paper Claims	9/1/22	9/30/22	18	\$9.54
GRS Select - Invoicing	9/1/22	9/30/22	1	\$247,920.25
Greenway Telehealth - Provider License	12/1/22	12/31/22	4	\$154.00
			Subtotal	\$306,253.78

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 307,093.78	\$ 85.13	\$ 307,178.91	\$.00	\$ 307,178.91

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: Greenway Health, PO Box 203658, Dallas, TX 75320-3658

Customer Number: 1394474711

Invoice Number: 07196777

Invoice Date: 9/21/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 304,049.22

Due Date: 10/21/22

Opportunity #:

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation (I)				
ePrescribing - Controlled Substances	8/1/22	8/31/22	110	\$825.00
			Subtotal	\$825.00
Borrego Community Health Foundation				
Clinical Transaction Services Bundle With Lab Portal	8/1/22	8/31/22	271	\$13,983.60
Comprehensive Edi Package	8/1/22	8/31/22	477	\$40,545.00
Electronic Address Correction Service	8/1/22	8/31/22	35	\$14.70
Electronic Patient Statements-1st Page	8/1/22	8/31/22	528	\$417.12
Electronic Patient Statements-2nd Page	8/1/22	8/31/22	105	\$26.25
Electronic To Paper Claims	8/1/22	8/31/22	16	\$8.16
GRS Select - Invoicing	8/1/22	8/31/22	1	\$248,039.25
Greenway Telehealth - Provider License	11/1/22	11/30/22	4	\$154.00
			Subtotal	\$303,188.08

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 304,013.08	\$ 36.14	\$ 304,049.22	\$ 190.14	\$ 303,859.08

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: Greenway Health, PO Box 203658, Dallas, TX 75320-3658

Customer Number: 1394474711

Invoice Number: 07189253

Invoice Date: 8/23/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 300.00

Due Date: 9/22/22

Opportunity #: 9001217803

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation 4343 Yaqui Pass Rd. Borrego Springs, CA 92004

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation				
Software Installation and Configuration (Standard Business Hours)	n/a		2	\$300.00
			Subtotal	\$300.00

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 300.00	\$.00	\$ 300.00	\$.00	\$ 300.00

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: **Greenway Health, PO Box 203658, Dallas, TX 75320-3658**

Join us for our national client conference, ENGAGE22 Feb. 18-21 in Orlando, FL! You can learn more and register for the event at www.engage.greenwayhealth.com.

Customer Number: 1394474711

Invoice Number: 07186704

Invoice Date: 8/19/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 50,358.22

Due Date: 9/18/22

Opportunity #: 9001024335

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation 4343 Yaqui Pass Rd. Borrego Springs, CA 92004

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation				
California Immunization d/b/a CAIR - Outbound Immunizations	10/1/22	10/31/22	2	\$59.06
Greenway Direct	10/1/22	10/31/22	146	\$1,518.40
Greenway Patient Portal - Mid-Level Provider	10/1/22	10/31/22	75	\$2,765.25
Greenway Patient Portal - Physician	10/1/22	10/31/22	71	\$5,240.51
Intergy CHC Module	10/1/22	10/31/22	1	\$606.67
Intergy Clinical User	10/1/22	10/31/22	685	\$10,866.15
Intergy ODBC Software License	10/1/22	10/31/22	1	\$86.67
Intergy Practice Management User License	10/1/22	10/31/22	1706	\$23,800.68
Intergy UB Billing Module	10/1/22	10/31/22	1	\$34.67
MediaDent Digital Imaging Named User License	10/1/22	10/31/22	32	\$343.22
MediaDent Named User License	10/1/22	10/31/22	73	\$1,185.79
Mediadent USA - Inbound Charges	10/1/22	10/31/22	2	\$73.32
Mediadent USA - Outbound Demographics	10/1/22	10/31/22	2	\$70.67
Mediadent USA - Outbound Scheduling	10/1/22	10/31/22	2	\$70.67
Practice Analytics Combo User License	10/1/22	10/31/22	2	\$29.56
Practice Analytics System License	10/1/22	10/31/22	1	\$394.33
Sensor Protect Accidental Damage Coverage per Sensor per Month	10/1/22	10/31/22	6	\$318.12
			Subtotal	\$47,463.74

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 47,463.74	\$ 2,894.48	\$ 50,358.22	\$.00	\$ 50,358.22

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: **Greenway Health, PO Box 203658, Dallas, TX 75320-3658**

Join us for our national client conference, ENGAGE22 Feb. 18-21 in Orlando, FL! You can learn more and register for the event at www.engage.greenwayhealth.com.

Customer Number: 1394474711

Invoice Number: 07187707

Invoice Date: 8/19/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 348,237.63

Due Date: 9/18/22

Opportunity #:

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation (I)				
ePrescribing - Controlled Substances	7/1/22	7/31/22	108	\$810.00
			Subtotal	\$810.00
Borrego Community Health Foundation				
Clinical Transaction Services Bundle With Lab Portal	7/1/22	7/31/22	272	\$14,035.20
Comprehensive Edi Package	7/1/22	7/31/22	477	\$40,545.00
Electronic Address Correction Service	7/1/22	7/31/22	76	\$31.92
Electronic Patient Statements-1st Page	7/1/22	7/31/22	1128	\$891.12
Electronic Patient Statements-2nd Page	7/1/22	7/31/22	255	\$63.75
Electronic To Paper Claims	7/1/22	7/31/22	30	\$15.30
GRS Select - Invoicing	7/1/22	7/31/22	1	\$291,613.65
Greenway Telehealth - Provider License	10/1/22	10/31/22	4	\$154.00
			Subtotal	\$347,349.94

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 348,159.94	\$ 77.69	\$ 348,237.63	\$ 248,219.45	\$ 100,018.18

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: **Greenway Health, PO Box 203658, Dallas, TX 75320-3658**

Join us for our national client conference, ENGAGE22 Feb. 18-21 in Orlando, FL! You can learn more and register for the event at www.engage.greenwayhealth.com.

Customer Number: 1394474711

Invoice Number: 07183168

Invoice Date: 8/17/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 150.00

Due Date: 9/16/22

Opportunity #: 9001221409

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation 4343 Yaqui Pass Rd. Borrego Springs, CA 92004

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation				
ePrescribing Implementation Fee	n/a		1	\$150.00
			Subtotal	\$150.00

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 150.00	\$.00	\$ 150.00	\$.00	\$ 150.00

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: **Greenway Health, PO Box 203658, Dallas, TX 75320-3658**

Join us for our national client conference, ENGAGE22 Feb. 18-21 in Orlando, FL! You can learn more and register for the event at www.engage.greenwayhealth.com.

Customer Number: 1394474711

Invoice Number: 07180180

Invoice Date: 8/8/22

Invoice Terms: Net 30



Greenway Health
4301 West Boy Scout Blvd
Suite 800
Tampa, FL 33607
Telephone: 877-932-6301

Invoice Amount: \$ 150.00

Due Date: 9/7/22

Opportunity #: 9001217180

Reference:

Page: 1 of 1

Bill To	Ship To
Borrego Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369	Borrego Community Health Foundation 4343 Yaqui Pass Rd. Borrego Springs, CA 92004

Invoice Detail

Description	Coverage Period		Qty	Line Total
	Start	End		
Borrego Community Health Foundation ePrescribing Implementation Fee	n/a		1	\$150.00
			Subtotal	\$150.00

Sub-total	Sales Tax	Invoice Amount	Payments and Credits	Invoice Balance Due
\$ 150.00	\$.00	\$ 150.00	\$.00	\$ 150.00

** All disputes to the above charges must be made within 60 days of the invoice date by calling Customer Service at 877-932-6301 Option 3. This invoice reflects the total net price of the product which is inclusive (net) of any and all discounts. As the buyer of the product, you may have additional reporting obligations pursuant to 42 CFR 1001.952(h) and/or upon inquiry by the Secretary or a State agency. Further, as the buyer, you must adhere to any other relevant federal or third party payer requirements. If you need additional information please call Customer Service at the number listed above. We encourage payment through My Greenway at <https://greenwayhealth.force.com/support/communitylogin>. If paying by mail please send to: **Greenway Health, PO Box 203658, Dallas, TX 75320-3658**

Join us for our national client conference, ENGAGE22 Feb. 18-21 in Orlando, FL! You can learn more and register for the event at www.engage.greenwayhealth.com.