

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: § **CHAPTER 11**
§
NEIGHBORS LEGACY HOLDINGS, §
INC., et al.,ⁱ § **CASE NO. 18-33836**
§
DEBTORS §

ROSHAL IMAGING SERVICES, INC.’S OBJECTION TO
DEBTORS PROPOSED CURE AMOUNTS
[Related to Dockets No. 236 and 255]

Roshal Imaging Services, Inc. (“Roshal”) files this its objection to the proposed cure amounts for its service agreements with Neighbors Legacy Holdings f/k/a Neighbors Health System, Inc. set forth in the Debtors Amended Notice of Executory Contracts and Unexpired Leases Subject to Possible Assumption and Assignment and Proposed Cure Amounts [Docket No. 235]. In furtherance of said objection, Roshal respectfully provides the following:

1. On August 15, 2018, the Debtors filed their Notice of Executory Contracts and Unexpired Leases Subject to Possible Assumption and Assignment and Proposed Cure Amounts (“Notice to Cure”) [Docket No. 236] stating the executory contracts and unexpired leases which are potentially subject to assumption and/or assignment to the successful bidder(s) at the conclusion of the Debtor’s asset auction. The Notice to Cure set forth the amounts which the Debtors believed were sufficient to cure any defaults under each of the executory contracts.

2. The Debtors filed an Amended Notice of Executory Contracts and Unexpired Leases Subject to Possible Assumption and Assignment and Proposed Cure Amounts (“Amended Cure Notice”) on August 17, 2018 [Docket No. 255].

3. The Debtors list of cure amounts reflects a total cure amount of \$111,720.00 for Roshal contracts, however the actual amount required to cure is \$144,931.50 as stated herein below:



No	Name	Actual Amount Owed	Proposed Cure Amounts
1	Neighbors Emergency Center - Amarillo	14,335.00	12,400.00
2	Neighbors Emergency Center - BELLAIRE	5,625.00	5,175.00
3	Neighbors Emergency Center - Crosby	8,755.00	8,510.00
4	Neighbors Emergency Center Harlingen	11,948.00	9,200.00
5	Neighbors Emergency Center -LUBBOCK	13,135.00	11,000.00
6	Neighbors Emergency center - Austin (Mueller)	4,080.50	3,500.00
7	Neighbors Emergency Center - YORKTOWN	9,425.00	4,070.00
8	Neighbors Emergency Center - Pasadena	9,495.00	Not Included in Cure Amounts
9	Neighbors Emergency Center - PEAR LAND	9,530.00	8,055.00
10	Neighbors Emergency Center -PARIS	12,735.00	10,800.00
11	Neighbors Emergency Center - Texarkana	13,135.00	11,200.00
12	Neighbors Emergency Center -BAYTOWN	10,650.00	9,210.00
13	Neighbors Emergency Center McAllen	11,935.00	10,000.00
14	Neighbors Emergency Center Brownsville	10,148.00	8,600.00
	Total	\$ 144,931.50	\$ 111,720.00

A true and correct copy of each invoice detailing the amounts actually owed to Roshal are attached as Exhibits 1-14, which are incorporated by reference herein.

4. As shown above, the Debtors have understated the true cure amounts of each of the agreements with Roshal. The difference between the cure amounts and the amount which is actually owed to Roshal is \$33,211.50.

5. Currently, none of the aforementioned agreements have been assumed by the Debtors but should the new purchasers decide to assume said agreements, the actual amount owed for each of the agreements as stated in the table above is the correct cure amount.

6. In accordance with the aforementioned, Roshal is limiting its objection to the proposed cure amounts as proposed by the Debtors. The actual figures are stated above in the table provided as well as each Exhibit attached hereto.

7. Further, Roshal does not object to assumption of any of the contracts provided that all defaults and monies owed are fully cured as stated in the table above and required by Section 365 of the Bankruptcy Code by any successful bidder and said successful bidder provides adequate assurance for future performance.

8. Roshal is still reviewing and evaluating all options as they relate to its rights and reserve all options to amend, modify, or supplement this motion should a necessity exist as more information comes available. Additionally, Roshal is reserving their rights to object to the assumption and/or assignment of the agreements and the sale of assets including any potential objections to any assignee.

WHEREFORE, Roshal respectfully requests that this court approve Debtors assumption of any Roshal contracts with the corrected cure amount as stated herein and grant Roshal any further relief as it deems just and proper.

Respectfully Submitted,

Law Office of Keval Patel, PC

_____/s/ Keval Patel_____

By: /s/ Keval Patel

19855 Southwest Freeway, Suite 330

Sugar Land, Texas 77479

Telephone Number: (281) 313-5300

Fax Number (281) 313-5305

State Bar No. 24052895

kpatel@patel-law.com

ATTORNEY FOR

ROSHAL IMAGING SERVICES, INC.

CERTIFICATE OF SERVICE

I hereby certify that on this 23rd day of August 2018, a true and correct copy of the foregoing was served via this Court's ECF notification system.

/s/Keval Patel

ⁱ A complete list of Debtors and their respective last four digits of their tax identification numbers are not provided herein due to the large number of Debtors in this Chapter 11 case. In order to obtain more detailed information on the Debtors, the information can be located on the website of the Debtors proposed claims and noticing agent www.kccllc.net/neighbors. Debtors principal place of business and service address is 10800 Richmond Avenue, Houston, Texas 77042.

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Cody Lister

Neighbors Emergency Center -

Amarillo

2105 South Western St.

Amarillo, Texas 79109

INVOICE # RISI-18-1305**DATE** 06/04/2018**DUE DATE** 06/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/05/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/05/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/17/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/21/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/22/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/22/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/23/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$6,200.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center -
 Amarillo
 2105 South Western St.
 Amarillo, Texas 79109

INVOICE # RISI-18-1378
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/18/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/20/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/22/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/22/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/22/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/24/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/24/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/24/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/27/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/28/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$6,200.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center -
 Amarillo
 2105 South Western St.
 Amarillo, Texas 79109

INVOICE # RISI-18-1430
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/09/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/31/2018	Monthly Minimum Billing pro rated July 1-12 (Includes first 4 studies)	0.387	5,000.00	1,935.00
08/04/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (included 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3% (includes 6 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,935.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Cody Lister

Neighbors Emergency Center -

Amarillo

2105 South Western St.

Amarillo, Texas 79109

INVOICE # RISI-18-1305**DATE** 06/04/2018**DUE DATE** 06/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/05/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/05/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/17/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/21/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/22/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/22/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/23/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$6,200.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 BAYTOWN EMERGENCY
 CENTER, LLC (NEC- Baytown)
 6051 Garth Road
 Baytown, TX 77521

INVOICE # RISI-18-1317
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/02/2018	Ultrasound Study	1	35.00	35.00
05/04/2018	Ultrasound Study	1	35.00	35.00
05/07/2018	Ultrasound Study	1	35.00	35.00
05/08/2018	Ultrasound Study	1	35.00	35.00
05/09/2018	Ultrasound Study	1	35.00	35.00
05/10/2018	Ultrasound Study	1	35.00	35.00
05/10/2018	Ultrasound Study	1	35.00	35.00
05/11/2018	Ultrasound Study	1	35.00	35.00
05/12/2018	Ultrasound Study	1	35.00	35.00
05/13/2018	Ultrasound Study	1	35.00	35.00
05/16/2018	Ultrasound Study	1	35.00	35.00
05/17/2018	Ultrasound Study	1	35.00	35.00
05/18/2018	Ultrasound Study	1	35.00	35.00
05/18/2018	Ultrasound Study	1	35.00	35.00
05/19/2018	Ultrasound Study	1	35.00	35.00
05/20/2018	Ultrasound Study	1	35.00	35.00
05/20/2018	Ultrasound Study	1	35.00	35.00
05/22/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/26/2018	Ultrasound Study	1	35.00	35.00
05/26/2018	Ultrasound Study	1	35.00	35.00

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/26/2018	Ultrasound Study	1	35.00	35.00
05/27/2018	Ultrasound Study	1	35.00	35.00
05/28/2018	Ultrasound Study	1	35.00	35.00
05/28/2018	Ultrasound Study	1	35.00	35.00
05/28/2018	Ultrasound Study	1	35.00	35.00
05/29/2018	Ultrasound Study	1	35.00	35.00
05/30/2018	Ultrasound Study	1	35.00	35.00
05/30/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	On-Call Beeper Charges 744 Hours @ \$5.00/Hour	744	5.00	3,720.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,910.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 BAYTOWN EMERGENCY
 CENTER, LLC (NEC- Baytown)
 6051 Garth Road
 Baytown, TX 77521

INVOICE # RISI-18-1451

DATE 08/04/2018

DUE DATE 08/04/2018

TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/31/2018	On-Call Beeper Charges 288 Hours @ \$5.00/Hour Beeper Charges for July 1-July 12	288	5.00	1,440.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,440.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr Cody Lister
 Neighbors Health System
 (BELLAIRE)
 Accounts Payable
 10223 Broadway Street
 Pearland, TX 77584

INVOICE # RISI-18-1380
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/04/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/04/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/04/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/05/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/08/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/14/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/18/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/19/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/25/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/26/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/28/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/29/2018	Ultrasound Study - On Demand	1	225.00	225.00
06/29/2018	Ultrasound Study - On Demand	1	225.00	225.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$2,925.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr Cody Lister
 Neighbors Health System
 (BELLAIRE)
 Accounts Payable
 10223 Broadway Street
 Pearland, TX 77584

INVOICE # RISI-18-1307
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/02/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/02/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/05/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/07/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/16/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/16/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/17/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/22/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/23/2018	Ultrasound Study - On Demand	1	225.00	225.00
05/29/2018	Ultrasound Study - On Demand	1	225.00	225.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$2,250.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr Cody Lister
 Neighbors Health System
 (BELLAIRE)
 Accounts Payable
 10223 Broadway Street
 Pearland, TX 77584

INVOICE # RISI-18-1429
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/03/2018	Ultrasound Study - On Demand	1	225.00	225.00
07/04/2018	Ultrasound Study - On Demand	1	225.00	225.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$450.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 in Brownsville
 2073 E. Ruben Torres Sr. Blvd.
 Brownsville, Texas 78526

INVOICE # RISI-18-1308
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/29/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	4,000.00	4,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Cody Lister
 Neighbors Emergency Center
 in Brownsville
 2073 E. Ruben Torres Sr. Blvd.
 Brownsville, Texas 78526

INVOICE # RISI-18-1376
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/06/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/08/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/17/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/23/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/23/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/26/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/30/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	4,000.00	4,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,600.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 in Brownsville
 2073 E. Ruben Torres Sr. Blvd.
 Brownsville, Texas 78526

INVOICE # RISI-18-1454
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/10/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/31/2018	Monthly Minimum Billing prorated for 7/12 (Includes first 4 studies)	0.387	4,000.00	1,548.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (included 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3% (includes 6 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,548.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 Neighbors Emergency Center -
 Crosby
 14120 FM 2100
 Crosby, TX-Texas 77532

INVOICE # RISI-18-1309

DATE 06/04/2018

DUE DATE 06/04/2018

TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/06/2018	Ultrasound Study	1	35.00	35.00
05/08/2018	Ultrasound Study	1	35.00	35.00
05/10/2018	Ultrasound Study	1	35.00	35.00
05/12/2018	Ultrasound Study	1	35.00	35.00
05/12/2018	Ultrasound Study	1	35.00	35.00
05/12/2018	Ultrasound Study	1	35.00	35.00
05/13/2018	Ultrasound Study	1	35.00	35.00
05/16/2018	Ultrasound Study	1	35.00	35.00
05/18/2018	Ultrasound Study	1	35.00	35.00
05/18/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/30/2018	Ultrasound Study	1	35.00	35.00
05/30/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	On-Call Beeper Charges 744 Hours @ \$5.00/Hour	744	5.00	3,720.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,315.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 Neighbors Emergency Center -
 Crosby
 14120 FM 2100
 Crosby, TX-Texas 77532

INVOICE # RISI-18-1382
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/02/2018	Ultrasound Study	1	35.00	35.00
06/05/2018	Ultrasound Study	1	35.00	35.00
06/09/2018	Ultrasound Study	1	35.00	35.00
06/13/2018	Ultrasound Study	1	35.00	35.00
06/16/2018	Ultrasound Study	1	35.00	35.00
06/17/2018	Ultrasound Study	1	35.00	35.00
06/18/2018	Ultrasound Study	1	35.00	35.00
06/19/2018	Ultrasound Study	1	35.00	35.00
06/21/2018	Ultrasound Study	1	35.00	35.00
06/24/2018	Ultrasound Study	1	35.00	35.00
06/24/2018	Ultrasound Study	1	35.00	35.00
06/26/2018	Ultrasound Study	1	35.00	35.00
06/27/2018	Ultrasound Study	1	35.00	35.00
06/27/2018	Ultrasound Study	1	35.00	35.00
06/28/2018	Ultrasound Study	1	35.00	35.00
06/28/2018	Ultrasound Study	1	35.00	35.00
06/29/2018	Ultrasound Study	1	35.00	35.00
06/30/2018	On-Call Beeper Charges 720 Hours @ \$5.00/Hour	720	5.00	3,600.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,195.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 Neighbors Emergency Center -
 Crosby
 14120 FM 2100
 Crosby, TX-Texas 77532

INVOICE # RISI-18-1431

DATE 08/04/2018

DUE DATE 08/04/2018

TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/01/2018	Ultrasound Study	1	35.00	35.00
07/01/2018	Ultrasound Study	1	35.00	35.00
07/01/2018	Ultrasound Study	1	35.00	35.00
07/01/2018	Ultrasound Study	1	35.00	35.00
07/05/2018	Ultrasound Study	1	35.00	35.00
07/05/2018	Ultrasound Study	1	35.00	35.00
07/08/2018	Ultrasound Study	1	35.00	35.00
07/12/2018	Ultrasound Study	1	35.00	35.00
07/12/2018	On-Call Beeper Charges 288 Hours @ \$5.00/Hour Beeper charges for July 1- July 12	288	5.00	1,440.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,720.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 Harlingen
 1725 N. Ed Carey Dr.
 Harlingen 78550

INVOICE # RISI-18-1310
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/09/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/10/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/10/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/11/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/12/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/12/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/18/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/18/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/23/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/26/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/28/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/28/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/30/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	4,000.00	4,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,200.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 Harlingen
 1725 N. Ed Carey Dr.
 Harlingen 78550

INVOICE # RISI-18-1377
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/23/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/25/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/25/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/26/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	4,000.00	4,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 Harlingen
 1725 N. Ed Carey Dr.
 Harlingen 78550

INVOICE # RISI-18-1433
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/05/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/07/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/08/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/09/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/09/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/09/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/31/2018	Monthly Minimum Billing Pro rated 7/1-7/12 (Includes first 4 studies)	0.387	4,000.00	1,548.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (includes 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3% (include 6 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$2,748.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Mr Cody Lister

Neighbors Emergency Center -

LUBBOCK

4337 50th St.

Lubbock, Texas 79413

INVOICE # RISI-18-1318**DATE** 06/04/2018**DUE DATE** 06/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/09/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/10/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/12/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/16/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/21/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/29/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/29/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$6,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr Cody Lister
 Neighbors Emergency Center -
 LUBBOCK
 4337 50th St.
 Lubbock, Texas 79413

INVOICE # RISI-18-1383
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/11/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr Cody Lister
 Neighbors Emergency Center -
 LUBBOCK
 4337 50th St.
 Lubbock, Texas 79413

INVOICE # RISI-18-1435
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/07/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
07/31/2018	Monthly Minimum Billing pro rated for July 1-12 (Includes first 4 studies)	0.387	5,000.00	1,935.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (includes 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3% (includes 6 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$2,135.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 McAllen
 6700 N. 10th Street
 McAllen, Texas 78504

INVOICE # RISI-18-1311

DATE 06/04/2018

DUE DATE 06/04/2018

TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/08/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/17/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 McAllen
 6700 N. 10th Street
 McAllen, Texas 78504

INVOICE # RISI-18-1385
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/06/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/10/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/18/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/27/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/28/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency Center
 McAllen
 6700 N. 10th Street
 McAllen, Texas 78504

INVOICE # RISI-18-1452
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/10/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/12/2018	Monthly Minimum Billing Pro rated 7/1-7/12 (Includes first 4 studies)	0.387	5,000.00	1,935.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (includes 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3% (includes 6 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,935.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency center -
 Austin (Mueller)
 1801 E 51st St., Bldg. H
 Austin, Texas 78723

INVOICE # RISI-18-1306
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/13/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/16/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/19/2018	Ultrasound study (over Minimum Billing)	1	250.00	250.00
05/28/2018	Ultrasound study (over Minimum Billing)	1	250.00	250.00
05/31/2018	Monthly minimum billing (Includes first Five studies)	1	1,500.00	1,500.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$2,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency center -
 Austin (Mueller)
 1801 E 51st St., Bldg. H
 Austin, Texas 78723

INVOICE # RISI-18-1384
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/08/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/13/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Monthly minimum billing (Includes first Five studies)	1	1,500.00	1,500.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,500.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Cody Lister
 Neighbors Emergency center -
 Austin (Mueller)
 1801 E 51st St., Bldg. H
 Austin, Texas 78723

INVOICE # RISI-18-1437
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/31/2018	Monthly minimum billing pro rated for July 1-12 (Includes first 2 studies)	0.387	1,500.00	580.50
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (includes 2 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3%(includes 3 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$580.50

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister

Neighbors Emergency Center -

PARIS

3055 NE Loop 286

Paris 75460

INVOICE # RISI-18-1313**DATE** 06/04/2018**DUE DATE** 06/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/05/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/06/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/06/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/08/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/21/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/22/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/24/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,800.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 Neighbors Emergency Center -
 PARIS
 3055 NE Loop 286
 Paris 75460

INVOICE # RISI-18-1386

DATE 07/03/2018

DUE DATE 07/03/2018

TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/02/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/06/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/11/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/12/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/15/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/25/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister

Neighbors Emergency Center -

PARIS

3055 NE Loop 286

Paris 75460

INVOICE # RISI-18-1445**DATE** 08/04/2018**DUE DATE** 08/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/08/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/11/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/31/2018	Monthly Minimum Billing pro rated for July 1-12 (Includes first 4 studies)	0.387	5,000.00	1,935.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7% (includes 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3% (includes 6 studies)			

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE**\$1,935.00**

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister

Neighbors Emergency Center -

Pasadena

7215 Fairmont Pkwy.

Pasadena, TX 77505 USA

INVOICE # RISI-18-1312**DATE** 06/04/2018**DUE DATE** 06/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study	1	35.00	35.00
05/04/2018	Ultrasound Study	1	35.00	35.00
05/04/2018	Ultrasound Study	1	35.00	35.00
05/06/2018	Ultrasound Study	1	35.00	35.00
05/14/2018	Ultrasound Study	1	35.00	35.00
05/15/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/27/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	On-Call Beeper Charges 744 Hours @ \$5.00/Hour	744	5.00	3,720.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE**\$4,035.00**

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister
 Neighbors Emergency Center -
 Pasadena
 7215 Fairmont Pkwy.
 Pasadena, TX 77505 USA

INVOICE # RISI-18-1389**DATE** 07/03/2018**DUE DATE** 07/03/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/02/2018	Ultrasound Study	1	35.00	35.00
06/04/2018	Ultrasound Study	1	35.00	35.00
06/06/2018	Ultrasound Study	1	35.00	35.00
06/12/2018	Ultrasound Study	1	35.00	35.00
06/15/2018	Ultrasound Study	1	35.00	35.00
06/20/2018	Ultrasound Study	1	35.00	35.00
06/22/2018	Ultrasound Study	1	35.00	35.00
06/22/2018	Ultrasound Study	1	35.00	35.00
06/24/2018	Ultrasound Study	1	35.00	35.00
06/24/2018	Ultrasound Study	1	35.00	35.00
06/25/2018	Ultrasound Study	1	35.00	35.00
06/26/2018	Ultrasound Study	1	35.00	35.00
06/30/2018	On-Call Beeper Charges 720 Hours @ \$5.00/Hour	720	5.00	3,600.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE**\$4,020.00**

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
Katy, TX 77494-7159 US
(832) 437-5266
john@roshalimaging.com
roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
Neighbors Emergency Center -
Pasadena
7215 Fairmont Pkwy.
Pasadena, TX 77505 USA

INVOICE # RISI-18-1442
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/31/2018	On-Call Beeper Charges 288 Hours @ \$5.00/Hour Beeper Charges for July 1-July 12	288	5.00	1,440.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,440.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr Cody Lister
 Neighbors Health System
 (PEARLAND)
 Accounts payable
 10223 Broadway Street
 Pearland, TX 77584

INVOICE # RISI-18-1314
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study	1	35.00	35.00
05/07/2018	Ultrasound Study	1	35.00	35.00
05/10/2018	Ultrasound Study	1	35.00	35.00
05/12/2018	Ultrasound Study	1	35.00	35.00
05/12/2018	Ultrasound Study	1	35.00	35.00
05/20/2018	Ultrasound Study	1	35.00	35.00
05/21/2018	Ultrasound Study	1	35.00	35.00
05/22/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	On-Call Beeper Charges 744 Hours @ \$5.00/Hour	744	5.00	3,720.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,105.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr Cody Lister
 Neighbors Health System
 (PEARLAND)
 Accounts payable
 10223 Broadway Street
 Pearland, TX 77584

INVOICE # RISI-18-1387
DATE 07/03/2018
DUE DATE 07/03/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/03/2018	Ultrasound Study	1	35.00	35.00
06/05/2018	Ultrasound Study	1	35.00	35.00
06/07/2018	Ultrasound Study	1	35.00	35.00
06/08/2018	Ultrasound Study	1	35.00	35.00
06/11/2018	Ultrasound Study	1	35.00	35.00
06/14/2018	Ultrasound Study	1	35.00	35.00
06/17/2018	Ultrasound Study	1	35.00	35.00
06/21/2018	Ultrasound Study	1	35.00	35.00
06/21/2018	Ultrasound Study	1	35.00	35.00
06/29/2018	Ultrasound Study	1	35.00	35.00
06/30/2018	On-Call Beeper Charges 720 Hours @ \$5.00/Hour	720	5.00	3,600.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$3,950.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr Cody Lister
 Neighbors Health System
 (PEARLAND)
 Accounts payable
 10223 Broadway Street
 Pearland, TX 77584

INVOICE # RISI-18-1443
DATE 08/04/2018
DUE DATE 08/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/10/2018	Ultrasound Study	1	35.00	35.00
07/31/2018	On-Call Beeper Charges 288 Hours @ \$5.00/Hour Beeper Charges for July 1-July 12	288	5.00	1,440.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$1,475.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302

Katy, TX 77494-7159 US

(832) 437-5266

john@roshalimaging.com

roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister

Neighbors Emergency Center -

Texarkana

2001 Mall Dr.,

Texarkana, Texas 75503 USA

INVOICE # RISI-18-1315**DATE** 06/04/2018**DUE DATE** 06/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/03/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/04/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/07/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/14/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
05/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/25/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/27/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/28/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/29/2018	Ultrasound study (over Minimum Billing)	1	200.00	200.00
05/31/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$6,200.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 Neighbors Emergency Center -
 Texarkana
 2001 Mall Dr.,
 Texarkana, Texas 75503 USA

INVOICE # RISI-18-1379

DATE 07/03/2018

DUE DATE 07/03/2018

TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/01/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/09/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/18/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/19/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/23/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/26/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
06/30/2018	Monthly Minimum Billing (Includes first 10 studies)	1	5,000.00	5,000.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$5,000.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister
 Neighbors Emergency Center -
 Texarkana
 2001 Mall Dr.,
 Texarkana, Texas 75503 USA

INVOICE # RISI-18-1448**DATE** 08/04/2018**DUE DATE** 08/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/12/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7%(includes 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3%(includes 6 studies)			
08/31/2018	Monthly Minimum Billing pro rated for July 1-12(Includes first 4 studies)	0.387	5,000.00	1,935.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE**\$1,935.00**

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister
 Neighbors Emergency Center -
 Texarkana
 2001 Mall Dr.,
 Texarkana, Texas 75503 USA

INVOICE # RISI-18-1448**DATE** 08/04/2018**DUE DATE** 08/04/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/12/2018	Ultrasound Study (included in Monthly Minimum Billing)	1	0.00	0.00
07/31/2018	Please note: There are 2 Invoices for July 1st Invoice is for services provided for July 1-12 - which is 38.7%(includes 4 studies) 2nd Invoice is for services provided for July 13-31 - which is 61.3%(includes 6 studies)			
08/31/2018	Monthly Minimum Billing pro rated for July 1-12(Includes first 4 studies)	0.387	5,000.00	1,935.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE**\$1,935.00**

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE

BILL TO

Mr. Cody Lister
 NEC YORKTOWN
 EMERGENCY CENTER, LLC
 5835 Highway 6 N
 Houston, TX 77084 USA

INVOICE # RISI-18-1316
DATE 06/04/2018
DUE DATE 06/04/2018
TERMS Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Ultrasound Study	1	35.00	35.00
05/09/2018	Ultrasound Study	1	35.00	35.00
05/11/2018	Ultrasound Study	1	35.00	35.00
05/16/2018	Ultrasound Study	1	35.00	35.00
05/19/2018	Ultrasound Study	1	35.00	35.00
05/22/2018	Ultrasound Study	1	35.00	35.00
05/22/2018	Ultrasound Study	1	35.00	35.00
05/23/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/25/2018	Ultrasound Study	1	35.00	35.00
05/31/2018	On-Call Beeper Charges 744 Hours @ \$5.00/Hour	744	5.00	3,720.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE

\$4,070.00

Roshal Imaging Services Inc.

440 Cobia Drive, Suite 1302
 Katy, TX 77494-7159 US
 (832) 437-5266
 john@roshalimaging.com
 roshalimaging.com

INVOICE**BILL TO**

Mr. Cody Lister
 NEC YORKTOWN
 EMERGENCY CENTER, LLC
 5835 Highway 6 N
 Houston, TX 77084 USA

INVOICE # RISI-18-1388**DATE** 07/03/2018**DUE DATE** 07/03/2018**TERMS** Due on receipt

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/09/2018	Ultrasound Study	1	35.00	35.00
06/18/2018	Ultrasound Study	1	35.00	35.00
06/20/2018	Ultrasound Study	1	35.00	35.00
06/24/2018	Ultrasound Study	1	35.00	35.00
06/25/2018	Ultrasound Study	1	35.00	35.00
06/30/2018	On-Call Beeper Charges 720 Hours @ \$5.00/Hour	720	5.00	3,600.00

Make checks Payable to: ROSHAL IMAGING SERVICES Inc.

BALANCE DUE**\$3,775.00**