

**Fill in this information to identify the case:**

Debtor 1 Curae Health Inc.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE  
Case number: 18-05665

FILED

U.S. Bankruptcy Court  
MIDDLE DISTRICT OF TENNESSEE

9/24/2018

MATTHEW T. LOUGHNEY, Clerk

**Official Form 410  
Proof of Claim**

04/16

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

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

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

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

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>LABORATORY CORP OF AMERICA</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>LabCorp, Laboratory Corporation of America, Laboratory Corporation of America Holdings</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>LABORATORY CORP OF AMERICA</u>  Name <u>PO BOX 12140</u> <u>BURLINGTON, NC 27216-2140</u>  Contact phone <u>8592520093</u> Contact email <u>kwhitmer@lexlaw.us</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____  Name _____  Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>11</u> Filed on <u>09/05/2018</u> MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

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

<b>6. Do you have any number you use to identify the debtor?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">2120</div></div>
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <span style="border-bottom: 1px solid black; padding: 0 20px;">122800.74</span></div><div style="width: 55%;"><b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
<b>8. What is the basis of the claim?</b>	<p>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 healthcare information.</p> <p style="margin-left: 40px;"><span style="border-bottom: 1px solid black; display: inline-block; width: 300px;">lab services rendered</span></p>
<b>9. Is all or part of the claim secured?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div><div style="width: 80%;"><b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;"></span></div></div> <p style="margin-left: 40px;"><b>Basis for perfection:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 300px;"></span></p> <p>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.)</p> <div style="margin-left: 40px;"><b>Value of property:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">\$</span></div> <div style="margin-left: 40px;"><b>Amount of the claim that is secured:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">\$</span></div> <div style="margin-left: 40px;"><b>Amount of the claim that is unsecured:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">\$</span> (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div style="margin-left: 40px; margin-top: 20px;"><b>Amount necessary to cure any default as of the date of the petition:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">\$</span></div> <div style="margin-left: 40px; margin-top: 10px;"><b>Annual Interest Rate</b> (when case was filed) <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.</div><div style="width: 100px; border-bottom: 1px solid black;"></div></div>
<b>11. Is this claim subject to a right of setoff?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:</div><div style="width: 250px; border-bottom: 1px solid black;"></div></div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$2,850* 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 \$12,850*) 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

### Part 3: Sign Below

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

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

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

Check the appropriate box:

- ☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 9/24/2018  
MM / DD / YYYY

/s/ Karen L Whitmer  
\_\_\_\_\_  
Signature

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

Name	<u>Karen L Whitmer</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Laboratory Corporation of America</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>c/o Johnson Legal Network, PLLC, 535 Wel</u>		
	Number Street		
	<u>Lexington, KY 40503</u>		
	City State ZIP Code		
Contact phone	<u>8592520093</u>	Email	<u>kwhitmer@lexlaw.us</u>

JBTI

LCBS

09-19-18

Client Bill Detail List

08:19:33

HL

More:

Client Number : 23002120 Report to Name1 : TRILAKES MEDICAL CENTER

Paying Account : 23002120 Bill to Name1 : TRILAKES MEDICAL CENTER

Bill : 60137158 Bill Date : 09-01-18 Billed Amount : 15.00

Percent : Disc Amount : 0.00 Balance : 15.00

Search On : F P=Product S=Specimen H=Paternity F=Special C=Cash A=Adjustment

Spec. / Case Number : 0 Specimen Invoice Date : 00-00-0000

Sel	Date	Transaction	Description	Tax Cd	Amount
-	09-01-18	Special Charge	INFECTION CONTROL RPTS		15.00
-					0.00
-					0.00
-					0.00
-					0.00
-					0.00
-					0.00
-					0.00
-					0.00
-					0.00

F3=EXIT F6=SPECINQ F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE F11=REFUND F13=FIXPMT  
 F14=SPCLCHG F15=PRDCHG F16=SPECCASE F17=TESTS F18=ARCH F19=MULTADJ F20=REPRMNT

Tran: \_\_\_\_\_

*W/o pre-petition \$15.00*

JCBB

LCBS

HL

Client Bill Balances List

09-12-18

11:26:53

More:

Client Account: 23001410 Report to Name1: TRILAKES MEDICAL CENTER

Corp Account : Bill to Name1 : TRILAKES MEDICAL CENTER

O ("O"pen or "A"ll)

Client BalanceClient PaymentsClient Adjustments

192.96

0.00

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59838763	Y	09-01-18	162.75	162.75
-	60238883	N		30.21	30.21

\$152.68

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

pre-petition \$152.68

JCBB

LCBS

HL

Client Bill Balances List

09-12-18

11:27:23

More:

Client Account: 23001420 Report to Name1: TRILAKES MEDICAL CENTER

Corp Account : Bill to Name1 : TRILAKES MEDICAL CENTER

0 ("O"pen or "A"ll)

Client Balance

670.00

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59838764	Y	09-01-18	630.00	630.00
-	60297064	N		40.00	40.00

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

*pre-petition \$630.00*

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JCBB

LCBS

HL

Client Account: 23004600

Corp Account :

Client Bill Balances List

Report to Name1: PANOLA MED CTR-EMPLOYEE HEALTH

Bill to Name1 : PANOLA MED CTR-EMPLOYEE HEALTH

O ("O"pen or "A"ll)

09-12-18

11:27:47

More:

Client Balance

318.97

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59838792	Y	09-01-18	270.40	270.40
-	60238888	N		48.57	48.57

254.21

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

pre-petition \$254.21

JCBB

LCBS

HL

09-12-18

11:28:13

More:

Client Account: 23500700 Report to Name1: GILMORE MEMORIAL REG MED CTR

Corp Account : Bill to Name1 : GILMORE MEMORIAL REG MED CTR

O ("O"pen or "A"ll)

Client BalanceClient PaymentsClient Adjustments

595.44

0.00

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59838967	Y	09-01-18	583.95	583.95
-	60285473	N		11.49	11.49

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

*pre-petition \$583.95*



JCBB

LCBS

HL

Client Account: 23003950

Corp Account :

Client Bill Balances List

Report to Name1: TRILAKES-NON COC TOX

Bill to Name1 : TRILAKES MEDICAL CENTER

O ("O"pen or "A"ll)

09-12-18

11:27:39

More:

Client Balance

3,245.21

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59838786	Y	09-01-18	2,776.20	2,776.20
-	60163848	N		469.01	469.01

*2696.80*

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

*pre-petition \$2696.80*

JCBB

LCBS

HL

Client Account: 23005260

Corp Account :

Client Bill Balances List

Report to Name1: PANOLA MEDICAL CENTER

Bill to Name1 : LABORATORY

0 ("O"pen or "A"ll)

09-12-18

11:27:55

More:

Client Balance

9,669.16

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	58843574	Y	04-28-18	14,043.25	4.89
-	59838799	Y	09-01-18	8,371.71	8,371.71
-	60163861	N		1,302.34	1,302.34

*7,701.49*

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

*pre-petition \$ 7,701.49*

JCBB

LCBS

HL

Client Bill Balances List

09-12-18

11:28:21

More:

Client Account: 23501685 Report to Name1: GILMORE MEMORIAL HOSPITAL

Corp Account : Bill to Name1 : GILMORE MEMORIAL HOSPITAL

O ("O"pen or "A"ll)

Client Balance

5,487.31

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
—	59838970	Y	09-01-18	4,143.24	4,143.24
—	60164016	N		1,344.07	1,344.07

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

*pre-petition \$3890.38*

JCBB

LCBS

HL

Client Account: 23350007

Corp Account :

Client Bill Balances List

09-12-18

11:28:04

More:

Report to Name1: N.W. MISS. REGIONAL MED. CNT.

Bill to Name1 : N.W. MISS. REGIONAL MED. CNT.

O ("O"pen or "A"ll)

Client Balance

14,168.89

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
—	59838848	Y	09-01-18	12,043.24	12,043.24
—	60163904	N		2,125.65	2,125.65

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE  
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: \_\_\_\_\_

\$ 17042.73 — 23350005

\$ 651.90 — 23350015

\$ 3786.76 — 23350030

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 \$11,481.39

pre-petition

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

**Judge:** Charles M Walker

**Chapter:** 11

**Office:** Nashville

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (6718283)  
LABORATORY CORP OF  
AMERICA  
PO BOX 12140  
BURLINGTON, NC 27216-  
2140

**Claim No:** 11  
*Original Filed*  
*Date:* 09/05/2018  
*Original Entered*  
*Date:* 09/05/2018  
*Last Amendment*  
*Filed:* 09/24/2018  
*Last Amendment*  
*Entered:* 09/24/2018

*Status:*  
*Filed by:* CR  
*Entered by:* admin  
*Modified:* 09/24/2018

Amount claimed: \$122800.74

### *History:*

[Details](#) [11-1](#) 09/05/2018 Claim #11 filed by LABORATORY CORP OF AMERICA, Amount claimed: \$95394.84 (admin)

[Details](#) [11-2](#) 09/24/2018 Amended Claim #11 filed by LABORATORY CORP OF AMERICA, Amount claimed: \$122800.74 (admin)

### *Description:*

*Remarks:* (11-1) Account Number (last 4 digits):1410  
(11-2) Account Number (last 4 digits):2120

## Claims Register Summary

**Case Name:** Curae Health Inc.

**Case Number:** 3:18-bk-05665

**Chapter:** 11

**Date Filed:** 08/24/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$122800.74
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		