

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
9/5/2018
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

1. Who is the current creditor?	<u>ADELPHI MEDICAL STAFFING, 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>ADELPHI MEDICAL STAFFING, LLC</u> Name <u>965 GENEVA WALK NW</u> <u>KENNESAW, GA 30152</u> Contact phone <u>470-839-6366</u> Contact email <u>tbuchanan@adelphimedicalstaffing.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ 96936.49</div><div>Does this amount include interest or other charges? <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>
8. What is the basis of the claim?	<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>physician services performed</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <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: _____</div> <div>Basis for perfection: _____</div> <div>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.)</div> <div><div>Value of property:</div><div>\$ _____</div><div>Amount of the claim that is secured:</div><div>\$ _____</div><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div><div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	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 checked="" 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).	\$ 12850.00
		<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 9/5/2018
MM / DD / YYYY

/s/ MEGEL TROUPE

Signature

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

Name	MEGEL TROUPE		
	First name	Middle name	Last name
Title	MANAGING PARTNER		
Company	ADELPHI MEDICAL STAFFING, LLC		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer 965 GENEVA WALK NW		
	Number Street KENNESAW, GA 30152		
	City State ZIP Code		
Contact phone	470-839-6366	Email	tbuchanan@adelphimedicalstaffing.com



STATEMENT

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

As At
Aug 24, 2018

Adelphi Medical Staffing, LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Date	Activity	Reference	Due Date	Invoice Amount	Payments	Balance USD
Jun 4, 2018	Invoice # AMS-10025		Jun 15, 2018	16,729.40	0.00	16,729.40
Jun 29, 2018	Invoice # AMS-10029		Jul 13, 2018	20,973.25	0.00	20,973.25
Jul 17, 2018	Invoice # AMS-10031		Jul 31, 2018	2,352.00	0.00	2,352.00
Jul 17, 2018	Invoice # AMS-10032		Jul 31, 2018	5,404.87	0.00	5,404.87
Jul 17, 2018	Invoice # AMS-10033		Jul 31, 2018	20,849.08	0.00	20,849.08
Aug 1, 2018	Invoice # AMS-10036		Aug 15, 2018	30,627.89	0.00	30,627.89

BALANCE DUE USD 96,936.49

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.

PAYMENT ADVICE

To: Adelphi Medical Staffing, LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Customer Northwest Mississippi Medical Center

Overdue	Current	Total USD Due
96,936.49	0.00	96,936.49

Amount Enclosed

Enter the amount you are paying above



OVERDUE INVOICE

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

Invoice Date
Jun 4, 2018


Invoice Number
AMS-10025

Adelphi Medical Staffing,
LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Description	Quantity	Unit Price	Amount USD
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 Gratis Hours	16.00	0.00	0.00
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 On-call Weekday	3.00	2,352.00	7,056.00
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 On-call Holiday	1.00	3,258.00	3,258.00
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 Call-Back	2.50	325.00	812.50
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 Call-Back Holiday	7.50	487.50	3,656.25
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 Overtime Hours	2.50	325.00	812.50
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 Mileage	651.00	0.55	354.80
Dr. Raelanda Smith-Peart - Period 05/25/2018 to 05/29/2018 Accommodations	1.00	779.35	779.35
TOTAL USD			16,729.40

Due Date: Jun 15, 2018

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.

	
PAYMENT ADVICE	
To: Adelphi Medical Staffing, LLC Attention: Tanya Buchanan 3651 Peachtree Pkwy Suite E439 Suwanee, GA 30024 +1 (470) 839-6366	
Customer	Northwest Mississippi Medical Center
Invoice Number	AMS-10025
Amount Due	16,729.40
Due Date	Jun 15, 2018
Amount Enclosed	<hr/>
	Enter the amount you are paying above



Adelphi Medical Staffing Timesheet

Phone: 470-839-6366

Fax: 678-257-2992

Email: tbuchanan@adelphimedicalstaffing.com

Provider Name:

Rae Smith - Peart

Provider Function:

Pediatric Hospitalist & Pediatric Consultant

Facility Name:

Northwest MS Reg. Med. Ctr.

Work Week:

5/25 - 5/29

Date	Reg. Hours	Overtime Hours	On Call/Pager	Call-Back	Notes
5/25/18	4	0.5		VOID 0.5	baby on CPAP/sepsis
5/26/18	4	1.75		VOID 1.75	scheduled C-section, medically complex mom
5/27/18	4	0.25			
5/28/18	4		7.5	2h+ 2.75h 2.75h	ED consult x2 (1 to ICU) 1 transfer to Memphis
5/29/18	—			2.5	called for preemie C-section, care past call time
TOTALS	16	2.5		10	*7.5 call-back holiday hours

Signature:

Rae Smith

Date:

5/29/18

Mileage 651 miles



HAMPTON INN CLARKSDALE
15000 NEW AFRICA RD
CLARKSDALE, MS 38614
United States of America
TELEPHONE 662-621-1717 • FAX 662-621-1715
Reservations
www.hilton.com or 1 800 HILTONS

Smith-Peart, Raelanda

Room No: 224/NKRU
Arrival Date: 5/24/2018 6:04:00 PM
Departure Date: 5/29/2018 9:01:00 AM
Adult/Child: 2/0
Cashier ID: SMADDOX3
Room Rate: 139.00
AL:
HH #
VAT #
Folio No/Che 69653 A

Confirmation Number: 93724888

HAMPTON INN CLARKSDALE 5/29/2018 9:00:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
5/24/2018	156073	GUEST ROOM	\$139.00
5/24/2018	156073	STATE TAX	\$9.73
5/24/2018	156073	CITY TAX	\$2.78
5/25/2018	156168	GUEST ROOM	\$149.00
5/25/2018	156168	STATE TAX	\$10.43
5/25/2018	156168	CITY TAX	\$2.98
5/26/2018	156279	GUEST ROOM	\$149.00
5/26/2018	156279	STATE TAX	\$10.43
5/26/2018	156279	CITY TAX	\$2.98
5/27/2018	156393	GUEST ROOM	\$139.00
5/27/2018	156393	STATE TAX	\$9.73
5/27/2018	156393	CITY TAX	\$2.78
5/28/2018	156482	GUEST ROOM	\$139.00
5/28/2018	156482	STATE TAX	\$9.73
5/28/2018	156482	CITY TAX	\$2.78
5/29/2018	156494	AX *1012	(\$779.35)
BALANCE			\$0.00

EXPENSE REPORT SUMMARY

	5/24/2018	5/25/2018	5/26/2018	5/27/2018
ROOM AND TAX	\$151.51	\$162.41	\$162.41	\$151.51
DAILY TOTAL	\$151.51	\$162.41	\$162.41	\$151.51

EXPENSE REPORT SUMMARY

	5/28/2018	STAY TOTAL
ROOM AND TAX	\$151.51	\$779.35
DAILY TOTAL	\$151.51	\$779.35

IF YOU SMOKE IN A NONSMOKING ROOM YOU WILL BE FINED \$250 DOLLARS.

CREDIT CARD DETAIL

APPR CODE	146605	MERCHANT ID	4230846560
CARD NUMBER	AX *1012	EXP DATE	05/23
TRANSACTION ID	156494	TRANS TYPE	Sale



OVERDUE INVOICE

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

Invoice Date
Jun 29, 2018

Invoice Number
AMS-10029

Adelphi Medical Staffing,
LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Description	Quantity	Unit Price	Amount USD
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 On-call Weekday	4.00	2,352.00	9,408.00
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 On-call Weekend	1.00	2,352.00	2,352.00
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 Overtime Hours	18.00	325.00	5,850.00
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 Call-Back	6.00	325.00	1,950.00
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 Rental Car	1.00	295.25	295.25
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 Gas Receipts	1.00	90.13	90.13
Dr. Raelanda Smith-Peart - Period 06/18/2018 to 06/24/2018 Accommodations	1.00	1,027.87	1,027.87
TOTAL USD			20,973.25

Due Date: Jul 13, 2018

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.



PAYMENT ADVICE

To: Adelphi Medical Staffing, LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Customer Northwest Mississippi Medical Center

Invoice Number AMS-10029

Amount Due **20,973.25**

Due Date Jul 13, 2018

Amount Enclosed

Enter the amount you are paying above


Adelphi Medical Staffing Timesheet

Phone: 470-839-6366

Fax: 678-257-2992

Email: tbuchanan@adelphimedicalstaffing.com

Provider Name: Rae Smith - Peart
Provider Function: Pediatric Hospitalist
Facility Name: Northwest Regional Med. Ctr.
Work Week: 6/17 - 6/24

Date	Reg. Hours	Overtime Hours	On Call/Pager	Call-Back	Notes
6/18	4	2.5	X		
6/19	4	3	X		
6/20	4	4.5	X		
6/21	4	6.5	X		
6/22	4	—	X	6	stat C-section @ 0300
6/23	4	1.5	X		
TOTALS	24	18		6	

Signature: [Signature] **Date:** 6/25/18

gas \$90.13

car rental \$295.25

1201 Ellis Ave
Jackson MS 39209

TIGER STOP

L328019057001

1201 ELLIS AVE

JACKSON

39209

MS

06/17/2018 644610562

01:53:00 PM

XXXX XXXX XXXX 3363

visa

SMITH/RAELANDA E

INVOICE 071183

AUTH 135114

PUMP# 4

REGULAR

PRICE/GAL

9.6686

\$2.599

FUEL TOTAL \$ 25.13

CREDIT \$ 25.13

Customer-activated Purchase/Capture

Sequence Number 07064

APPROVED 135114

Thank You For Shopping
with us

RaceTrac 185

2100 Hwy 43 South
Picayune, MS 39466
(601) 749-9544

For Guest Experience, Comments

Please Call 888.636.5589

Or go to racetrac.com

Tax Description	Qty	Amount
Prepay Fuel	Pump 9	\$45.00
	Sub Total	\$45.00
	Tax:	\$0.00

Total \$45.00

Debit: \$45.00
Change: \$0.00

* THIS IS A TEMPORARY AUTHORIZATION *

Authorization

Debit

Card Num : XXXXXXXXXXXX3363

Swiped

Terminal : JD28657032003

Approval : 093696

Sequence : 041061

USD\$ 45.00

REG: 2 CSH: Ballet, S TRAN: 153123

6/24/2018 2:28:57 PM

HOW ARE WE DOING?

WWW.TELLRACETRAC.COM

OR CALL 800.251.6970

BUY COFFEE GET FREE

SM DONUT EXP-10DAY

Circle K 2721529
610 S State St
Clarksdale, MS 38614
662-624-2117
044862
CK 2721529
610 S State St
Clarksdale MS 38614

PRE-AUTHORIZED RECEIPT

<CUSTOMER COPY>

Description	Qty	Amount
PREPAY CR #02		20.00
	Subtotal	20.00
	Tax	0.00
TOTAL		20.00
	PREAUTH \$	20.00

PREPAY Receipt

Visa USD\$20.00

Acct/Card #: XXXXXXXXXXXX3363

Entry Method: Swiped

Auth #: 092459

Resp Code: 000

Stan: 0119549107

Invoice #: 283216

SITE ID: 044862

TERMINAL ID: 001

CUSTOMER COPY

Thank you for
shopping with us!

1026229
7:17:52



HAMPTON INN CLARKSDALE
15000 NEW AFRICA RD
CLARKSDALE, MS 38614
United States of America
TELEPHONE 662-621-1717 • FAX 662-621-1715
Reservations
www.hilton.com or 1 800 HILTONS

SMITH-PEART, RAE LANDA

965 GENEVA WALK NW

KENNESAW GA 30152
UNITED STATES OF AMERICA

Room No: 201/NKRU
Arrival Date: 6/17/2018 3:56:00 PM
Departure Date: 6/24/2018 6:57:00 AM
Adult/Child: 1/0
Cashier ID: SMADDOX3
Room Rate: 129.00
AL:
HH #
VAT #
Folio No/Che 69693 A

Confirmation Number: 97036697

HAMPTON INN CLARKSDALE 6/27/2018 5:44:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
6/17/2018	158035	GUEST ROOM	\$129.00
6/17/2018	158035	STATE TAX	\$9.03
6/17/2018	158035	CITY TAX	\$2.58
6/18/2018	158133	GUEST ROOM	\$129.00
6/18/2018	158133	STATE TAX	\$9.03
6/18/2018	158133	CITY TAX	\$2.58
6/19/2018	158218	GUEST ROOM	\$129.00
6/19/2018	158218	STATE TAX	\$9.03
6/19/2018	158218	CITY TAX	\$2.58
6/20/2018	158331	GUEST ROOM	\$129.00
6/20/2018	158331	STATE TAX	\$9.03
6/20/2018	158331	CITY TAX	\$2.58
6/21/2018	158440	GUEST ROOM	\$129.00
6/21/2018	158440	STATE TAX	\$9.03
6/21/2018	158440	CITY TAX	\$2.58
6/22/2018	158510	GUEST ROOM	\$149.00
6/22/2018	158510	STATE TAX	\$10.43
6/22/2018	158510	CITY TAX	\$2.98
6/23/2018	158607	GUEST ROOM	\$149.00
6/23/2018	158607	STATE TAX	\$10.43
6/23/2018	158607	CITY TAX	\$2.98

SMITH-PEART, RAE LANDA
965 GENEVA WALK NW
KENNESAW GA 30152
UNITED STATES OF AMERICA

Room No: 201/NKRU
Arrival Date: 6/17/2018 3:56:00 PM
Departure Date: 6/24/2018 6:57:00 AM
Adult/Child: 1/0
Cashier ID: SMADDOX3
Room Rate: 129.00
AL:
HH #
VAT #
Folio No/Che 69693 A

Confirmation Number: 97036697

HAMPTON INN CLARKSDALE 6/27/2018 5:44:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
6/24/2018	158643	AX *1012	(\$1,027.87)
BALANCE			\$0.00

EXPENSE REPORT SUMMARY

	6/17/2018	6/18/2018	6/19/2018	6/20/2018
ROOM AND TAX	\$140.61	\$140.61	\$140.61	\$140.61
DAILY TOTAL	\$140.61	\$140.61	\$140.61	\$140.61
EXPENSE REPORT SUMMARY				
	6/21/2018	6/22/2018	6/23/2018	STAY TOTAL
ROOM AND TAX	\$140.61	\$162.41	\$162.41	\$1,027.87
DAILY TOTAL	\$140.61	\$162.41	\$162.41	\$1,027.87

IF YOU SMOKE IN A NONSMOKING ROOM YOU WILL BE FINED \$250 DOLLARS.

CREDIT CARD DETAIL

APPR CODE	115389	MERCHANT ID	4230846560
CARD NUMBER	AX *1012	EXP DATE	05/23
TRANSACTION ID	158643	TRANS TYPE	Sale

From: Dr. Rae Smith, MD
To: [Tanya Buchanan](#)
Subject: Fwd: ENTERPRISE Rental Agreement [REDACTED]
Date: Tuesday, June 26, 2018 10:52:17 AM

----- Forwarded message -----

From: <DoNotReply@erac.com>

Date: Monday, June 25, 2018

To: [REDACTED]



RA #: 2M48SK

Renter: SMITH,RAE

Dates & Times		Location
Pickup		
Jun 16, 2018 10:00 AM		783 MEMORIAL BLVD STE A PICAYUNE, MS 39466-4631 6017985172
Return		
Jun 25, 2018 10:00 AM		783 MEMORIAL BLVD STE A PICAYUNE, MS 39466-4631 6017985172

Vehicle	
Make/Model: CHEV/IMPA	
Color: BLACK	
Mileage: 848	
Fuel Out: Full	Fuel In: Full
License: DFLI04	
Unit #: 7P0KY4	

Charges	Price/Unit	Total
TIME & DISTANCE 06/16 - 06/23	1 @ \$189.99/WEEK	\$189.99
TIME & DISTANCE 06/23 - 06/25	2 @ \$38.00/DAY	\$76.00
MOTOR VEHICLE RENTAL TAX	6.0000%	\$15.96
RENTAL SALES TAX	5.0000%	\$13.30
Total Charges:		\$295.25
Refund To:		VISA xxxx3363 \$200.00
Charge To:		VISA xxxx3363 \$495.25

2018-06-25 11:35:16

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Live healthy. Love Life. Be Plexus.,
Dr. Rae



OVERDUE INVOICE

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

Invoice Date
Jul 17, 2018

Invoice Number
AMS-10031

Adelphi Medical Staffing,
LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Description	Quantity	Unit Price	Amount USD
Dr. Raelanda Smith-Peart - Period 06/22/2018 to 06/23/2018 On-call Weekday - ENTRY WAS NOT INCLUDED WITH INVOICE AMS-10029	1.00	2,352.00	2,352.00
TOTAL USD			2,352.00

Due Date: Jul 31, 2018

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.

PAYMENT ADVICE	
To: Adelphi Medical Staffing, LLC Attention: Tanya Buchanan 3651 Peachtree Pkwy Suite E439 Suwanee, GA 30024 +1 (470) 839-6366	Customer Northwest Mississippi Medical Center Invoice Number AMS-10031 Amount Due 2,352.00 Due Date Jul 31, 2018 Amount Enclosed _____ Enter the amount you are paying above


Adelphi Medical Staffing Timesheet

Phone: 470-839-6366

Fax: 678-257-2992

Email: tbuchanan@adelphimedicalstaffing.com

Provider Name: Rae Smith - Peart
Provider Function: Pediatric Hospitalist
Facility Name: Northwest Regional Med. Ctr.
Work Week: 6/17 - 6/24

Date	Reg. Hours	Overtime Hours	On Call/Pager	Call-Back	Notes
6/18	4	2.5	X		
6/19	4	3	X		
6/20	4	4.5	X		
6/21	4	6.5	X		
6/22	4	—	X	6	stat C-section @ 0300
6/23	4	1.5	X		
TOTALS	24	18		6	

Signature: [Signature] **Date:** 6/25/18

gas \$90.13

car rental \$295.25



OVERDUE INVOICE

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

Invoice Date
Jul 17, 2018

Invoice Number
AMS-10032

Adelphi Medical Staffing,
LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Description	Quantity	Unit Price	Amount USD
Dr. Raelanda Smith-Peart - Period 07/03/2018 to 07/05/2018 On-call Weekday	2.00	2,352.00	4,704.00
Dr. Raelanda Smith-Peart - Period 07/03/2018 to 07/05/2018 Rental Car	1.00	184.67	184.67
Dr. Raelanda Smith-Peart - Period 07/03/2018 to 07/05/2018 Gas Receipts	1.00	61.67	61.67
Dr. Raelanda Smith-Peart - Period 07/03/2018 to 07/05/2018 Accommodations	1.00	454.53	454.53
TOTAL USD			5,404.87

Due Date: Jul 31, 2018

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.



PAYMENT ADVICE

To: Adelphi Medical Staffing, LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Customer Northwest Mississippi Medical Center

Invoice Number AMS-10032

Amount Due **5,404.87**

Due Date Jul 31, 2018

Amount Enclosed

Enter the amount you are paying above



Adelphi Medical Staffing Timesheet

Phone: 470-839-6366

Fax: 678-257-2992

Email: tbuchanan@adelphimedicalstaffing.com

Provider Name: Rae Smith - Pearl, MD
Provider Function: Pediatric Hospitalist
Facility Name: Northwest Regional Medical Center
Work Week: 7/3 & 7/4/18

Date	Reg. Hours	Overtime Hours	On Call/Pager	Call-Back	Notes
7/3/18	4	—	✓	—	
7/4/18	4	—	✓	—	
TOTALS	8	—	✓	—	

Signature: Rae Smith Date: 7/5/18



HAMPTON INN CLARKSDALE
15000 NEW AFRICA RD
CLARKSDALE, MS 38614
United States of America
TELEPHONE 662-621-1717 • FAX 662-621-1715
Reservations
www.hilton.com or 1 800 HILTONS

SMITH-PEART, RAE LANDA

965 GENEVA WALK NW

KENNESAW GA 30152
UNITED STATES OF AMERICA

Room No: 312/NQRU
Arrival Date: 7/2/2018 10:44:00 PM
Departure Date: 7/5/2018 9:00:00 AM
Adult/Child: 1/0
Cashier ID: TTILLMON
Room Rate: 139.00
AL:
HH #
VAT #
Folio No/Che 69694 A

Confirmation Number: 97040473

HAMPTON INN CLARKSDALE 7/5/2018 9:00:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
7/2/2018	159390	GUEST ROOM	\$139.00
7/2/2018	159390	STATE TAX	\$9.73
7/2/2018	159390	CITY TAX	\$2.78
7/3/2018	159459	GUEST ROOM	\$139.00
7/3/2018	159459	STATE TAX	\$9.73
7/3/2018	159459	CITY TAX	\$2.78
7/4/2018	159527	GUEST ROOM	\$139.00
7/4/2018	159527	STATE TAX	\$9.73
7/4/2018	159527	CITY TAX	\$2.78
7/5/2018	159550	AX *1012	(\$454.53)
BALANCE			\$0.00

EXPENSE REPORT SUMMARY

	7/2/2018	7/3/2018	7/4/2018	STAY TOTAL
ROOM AND TAX	\$151.51	\$151.51	\$151.51	\$454.53
DAILY TOTAL	\$151.51	\$151.51	\$151.51	\$454.53

IF YOU SMOKE IN A NONSMOKING ROOM YOU WILL BE FINED \$250 DOLLARS.

CREDIT CARD DETAIL

APPR CODE	113335	MERCHANT ID	4230846560
CARD NUMBER	AX *1012	EXP DATE	05/23
TRANSACTION ID	159550	TRANS TYPE	Sale



Rental Agreement Summary

RA #: [REDACTED]
Renter: RAE SMITH-PEART



Dates & Times



Location

Pickup

Jul 2, 2018

4:15 PM

783 MEMORIAL BLVD STE
A
PICAYUNE, MS
39466-4631
6017985172

Return

Jul 5, 2018

4:38 PM

783 MEMORIAL BLVD STE
A
PICAYUNE, MS
39466-4631
6017985172



Vehicle

Make/Model: CHEV/EQUI
Color: \$WHITE
Mileage: 693
Fuel In: Empty
License: JGA0743
Unit #: 7QH2B5

Fuel Out: 1/2

Vehicle #: J6305142



Charges

Price/Unit

Total

TIME & DISTANCE	3 @ \$49.99 / DAY	\$149.97
07/02/2018 - 07/05/2018		
FUEL SERVICE		\$15.33
OPTION		
MOTOR VEHICLE	6.0000%	\$9.00
RENTAL TAX		
RENTAL SALES TAX	5.0000%	\$7.50

Less Deposits: (\$366.47)

Refund Due: \$184.67

Refund To: VISA [REDACTED]

07/05/2018 4:40 PM

SITE: 7174
TRACE: 3742
Merch#: 28927382031
SALE
visa
*****3353
Entry Method: S
Invoice#: 219031
Auth.#: 172501
CARD AMT: \$ 30.35
APPROVED 172501

Welcome to Shell

SHELL
1100 HWY 43 E
PICAYUNE, MS
39466
PUMP# 3
REGULAR 9.791G
PRICE/GAL \$2.349

FUEL TOTAL \$ 23.00

CREDIT \$ 23.00

XXXX XXXX XXXX 0143
VISA
Swiped
APPROVED
AUTH # 414500
INU # 640383

Local Store Discount
Join Fuel Rewards
and save every day!
Fuel rewards members
save up to \$.10/gal
after every 5 gal
fill-up w/ Shell
U-Power Nitro+
through 9/2.
Terms/cond apply.

Please come again

PMP: 1
PRIO: UNLEAD
PRICE/GAL: \$2.509
NET/GAL: \$2.509
QTY(GAL): 11.531
FUEL TOTAL: \$30.35
NET TOTAL: \$30.35

Watts and
Airheads
Buy 1
Get 1 Free

Save \$.05 per gallon
with your
MURPHY VISA CARD

FOR A CHANCE TO
WIN \$100 OF GAS
Go to:
tellmurphyusa.com

SURVEY CODE:
350 303 000 713

Tran #7174-20130703-1-2-1279

67 Regular(11
ons 10.658
ce/Gal \$2.629
Sale \$28.00
Balance \$8.00
opping Card \$28.00
*****9633
AA
h: 758807
rvt:
count: \$0.32



OVERDUE INVOICE

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

Invoice Date
Jul 17, 2018

Invoice Number
AMS-10033

Adelphi Medical Staffing,
LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Description	Quantity	Unit Price	Amount USD
Dr. Raelanda Smith-Peart - Period 07/09/2018 to 07/13/2018 On-call Weekday	4.00	2,352.00	9,408.00
Dr. Raelanda Smith-Peart - Period 07/09/2018 to 07/13/2018 Overtime Hours	18.25	325.00	5,931.25
Dr. Raelanda Smith-Peart - Period 07/09/2018 to 07/13/2018 Call-Back	13.50	325.00	4,387.50
Dr. Raelanda Smith-Peart - Period 07/09/2018 to 07/13/2018 Rental Car	1.00	273.62	273.62
Dr. Raelanda Smith-Peart - Period 07/09/2018 to 07/13/2018 Gas Receipts	1.00	118.41	118.41
Dr. Raelanda Smith-Peart - Period 07/09/2018 to 07/13/2018 Accommodations	1.00	730.30	730.30
TOTAL USD			20,849.08

Due Date: Jul 31, 2018

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.



PAYMENT ADVICE

To: Adelphi Medical Staffing, LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Customer Northwest Mississippi Medical Center

Invoice Number AMS-10033

Amount Due **20,849.08**

Due Date Jul 31, 2018

Amount Enclosed

Enter the amount you are paying above



Adelphi Medical Staffing Timesheet

Phone: 470-839-6366

Fax: 678-257-2992

Email: tbuchanan@adelphimedicalstaffing.com

Provider Name: Rae Smith-Pearl
Provider Function: Pediatric Hospitalist
Facility Name: Northwest Regional Medical Center
Work Week: 7/9/18

Date	Reg. Hours	Overtime Hours	On Call/Pager	Call-Back	Notes
7/9	4	4.5	✓	4	late C-section 9PM
7/10	4	5	✓	3	census from 3 to 7
7/11	4	4	✓	6.5	late C-section, late new SVD, not suber; level 2 care of
7/12	4	4.75	✓	0	
7/13	—	check out	—	—	
TOTALS	16	18.25	—	13.5	

Signature: Rae Smith-Pearl Date: 7/15/18



HAMPTON INN CLARKSDALE
 15000 NEW AFRICA RD
 CLARKSDALE, MS 38614
 United States of America
 TELEPHONE 662-621-1717 • FAX 662-621-1715
 Reservations
 www.hilton.com or 1 800 HILTONS

SMITH, RAE LANDA
 965 GENEVA WALK
 KENNESAW GA 30152
 UNITED STATES OF AMERICA

Room No: 214/NQRU
 Arrival Date: 7/8/2018 5:40:00 PM
 Departure Date: 7/13/2018 7:41:00 AM
 Adult/Child: 1/0
 Cashier ID: TTILLMON
 Room Rate: 134.00
 AL:
 HH #
 VAT #
 Folio No/Che 70372 A

Confirmation Number: 53751576

HAMPTON INN CLARKSDALE 7/16/2018 6:20:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
7/8/2018	159902	GUEST ROOM	\$134.00
7/8/2018	159902	STATE TAX	\$9.38
7/8/2018	159902	CITY TAX	\$2.68
7/9/2018	159965	GUEST ROOM	\$134.00
7/9/2018	159965	STATE TAX	\$9.38
7/9/2018	159965	CITY TAX	\$2.68
7/10/2018	160034	GUEST ROOM	\$134.00
7/10/2018	160034	STATE TAX	\$9.38
7/10/2018	160034	CITY TAX	\$2.68
7/11/2018	160124	GUEST ROOM	\$134.00
7/11/2018	160124	STATE TAX	\$9.38
7/11/2018	160124	CITY TAX	\$2.68
7/12/2018	160224	GUEST ROOM	\$134.00
7/12/2018	160224	STATE TAX	\$9.38
7/12/2018	160224	CITY TAX	\$2.68
7/13/2018	160252	AX *1012	(\$730.30)
BALANCE			\$0.00

EXPENSE REPORT SUMMARY

	7/8/2018	7/9/2018	7/10/2018	7/11/2018
ROOM AND TAX	\$146.06	\$146.06	\$146.06	\$146.06
DAILY TOTAL	\$146.06	\$146.06	\$146.06	\$146.06

EXPENSE REPORT SUMMARY

	7/12/2018	STAY TOTAL
ROOM AND TAX	\$146.06	\$730.30
DAILY TOTAL	\$146.06	\$730.30

IF YOU SMOKE IN A NONSMOKING ROOM YOU WILL BE FINED \$250 DOLLARS.

CREDIT CARD DETAIL

APPR CODE	182839	MERCHANT ID	4230846560
CARD NUMBER	AX *1012	EXP DATE	05/23
TRANSACTION ID	160252	TRANS TYPE	Sale



Rental Agreement Summary

RA #: 2TS10R
Renter: RAE SMITH-PEART



Dates & Times



Location

Pickup

Jul 8, 2018

12:01 PM

500 S MORRISON BLVD
STE B
HAMMOND, LA 70403-3712
9853454100

Intended Return

Jul 14, 2018

11:13 AM

One Way Rental

500 S MORRISON BLVD
STE B
HAMMOND, LA 70403-3712
9853454100

Actual Return

Jul 14, 2018

11:13 AM

783 MEMORIAL BLVD STE
A
PICAYUNE, MS
39466-4631
6017985172



Vehicle

Make/Model: NISN/SENT
Color: SILVER
Mileage: 676
Fuel In: 1/4
License: N483214
Unit #: 7PS4R5

Fuel Out: 1/2

Vehicle #: HY387247



Charges

Price/Unit

Total

TIME & DISTANCE	1 @ \$227.99 / W	\$227.99
07/08/2018 - 07/14/2018		
FUEL SERVICE		\$18.06
OPTION		
AUTOMOBILE RENTAL	3.0000%	\$7.29
TAX		
VEHICLE LICENSE	6 @ \$0.38 / DAY	\$2.28
RECOVERY FEE		
LOUISIANA STATE	4.4500%	\$10.83
SALES TAX		
PARISH TAX	5.0000%	\$12.17
ADJUSTMENT	1 @ (\$5.00) / RENTAL	(\$5.00)

Less Deposits: (\$508.94)

Refund Due: \$235.32

Refund To: [REDACTED]

07/14/2018 11:19 AM

SUPERSTORE, 192
WY 43 N.
E, MS 39466

07/13/2018 6:20:28 PM
ter: 1 Trans #: 4541 Op ID: 2149
Your cashier: Connie

PRINT *** REPRINT *** REPRINT ***

REG CA PUMP# 8
GAL @ \$2.519/GAL \$3.00 99

Subtotal = \$3.00
Tax = \$0.00

Total = \$3.00

PRINT *** REPRINT *** REPRINT ***

Change Due = \$0.00

\$3.00

FREE ICE FILL
PURCHASE OF KEITH'S COOLER
FIRST TIME ON US

RaceTrac 243

1975 S. Railroad Avenue
Hammond, LA 70403
(985) 419-2337

For Guest Experience, Comments
Please Call 888.636.5589
Or go to racetrac.com

Tax Description	Qty	Amount
Prepay Fuel	Pump 3	\$50.00
Sub Total		\$50.00
Tax		\$0.00

Total \$50.00

Debit: \$50.00
Change \$0.00

*** THIS IS A TEMPORARY AUTHORIZATION ***

Authorization

MasterCard

Card Num : XXXXXXXXXX

Chip Read

Terminal : JD22029032003

Approval : 021902

Sequence : 036503

USD\$ 50.00

Mode: Issuer

AID: A0000000042203

TVR: 0000088000

IAD:

0114601001220000000000000000000000FF

TSI: E800

ARC: 00

TC: D1DC2415F60B6A67

PIN Bypassed

I agree to pay the above Total Amount
according to Card Issuer Agreement.

Signature Obtained Electronically

RaceTrac 266
1717 Shortcut Hwy.
Slidell, LA 70468
985-649-9587
For Guest Experience
Comments, Please
Call 888.636.5589 or
go to racetrac.com
Term: JD22314507001
Appr: 246273
Seq#: 002801

RaceTrac Rewards
XXXX163988
XXXXXXXXXXXXXXXXXXXX3195
Term: 684
PUMP No. 10
Grade: Unl-93
Gallons: 7.039 G
Price: \$2.919/Gal
Total Fuel: \$20.55
TOTAL SALE \$20.55

RaceTrac 243
1975 S. Railroad Ave
Hammond, LA 70403
(985) 419-2337
For Guest Experience
Comments, Please
Call 888.636.5589 or
go to racetrac.com

Term: JD22029032003
Appr: 021902
Seq#: 036503
PUMP No. 03
Grade: Unl-93
Gallons: 17.247 G
Price: \$2.899/Gal
Total Fuel: \$50.00
TOTAL SALE \$50.00
* THIS IS THE FINAL
SALE AMOUNT *

Capture

MasterCard
XXXXXXXXXXXX
Chip Read

USD\$ 50.00

Mode: Issuer
AID: A00000000042203
TVR: 0000088000
IAD:
01146010012200000000
00000000000000FF
TSI: E800
ARC: 00
TC: D1DC2415F60B6A67

07/08/2018 11:37:12

PIN Bypassed
HOW ARE WE DOING?
GUEST@RACETRAC.COM

Circle K 2723742
7442 Siwell Road
Jackson, MS 39272
601-373-3581
45773

CK 2723742
7442 Siwell Road
Jackson MS 39272

PRE-AUTHORIZED RECEIPT

Description	Qty	Amount
T BUD LT 250Z CN	1	4.99
CUSTOMER ID VERIFIED		
T GF VNGR & SLT SKNS	1	1.99
T JLINKS SWEET HOT BE	1	7.99
T JLinks Orig Strips	1	7.99
T CIR K NTRL WHLE ALM	1	4.49
T CIR K NTRL WHLE ALM	1	4.49
TV CIR K NTRL WHLE ALM	1	-4.49
T SMART WTR 1LTR	1	2.29
PREPAY CR #05		30.00

Subtotal 59.74
Tax 2.38

TOTAL 62.12

PREAUTH \$ 62.12

CLARKSDALE GAS MART, 1
435 S. STATE ST
CLARKSDALE, MS 38614

07/13/2018 7:52:53 AM
Register: 1 Trans #: 7308 Op ID: 2
Your cashier: OPEN

REGULAR CA PUMP#12
5.760 GAL @ \$ 2.579/GAL \$14.86 99

Subtotal = \$14.86
Tax = \$0.00

Total = \$14.86

Change Due = \$-0.14

Cash \$15.00

Footer

PREPAY Receipt
Visa USD\$62.12
acct/Card #: XXXXXXXXXXXX
Entry Method: Swiped
Auth #: 153053
Exp Code: 000
Acct #: 0161640970
Phone #: 377152
E ID: 45773
FINAL ID: 001
WANT COPY

ATURE
e to pay the amount charged
merchant for fuel merchandise
licable taxes



OVERDUE INVOICE

Northwest Mississippi Medical Center
1970 Hospital Dr
CLARKSDALE MS 38614
USA

Invoice Date
Aug 1, 2018

Invoice Number
AMS-10036

Adelphi Medical Staffing,
LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Description	Quantity	Unit Price	Amount USD
Dr. Raelanda Smith-Peart - Period 07/23/2018 to 07/27/2018 On-call Weekday	6.00	2,352.00	14,112.00
Dr. Raelanda Smith-Peart - Period 07/23/2018 to 07/27/2018 Overtime Hours	29.25	325.00	9,506.25
Dr. Raelanda Smith-Peart - Period 07/23/2018 to 07/29/2018 Call-Back	17.25	325.00	5,606.25
Dr. Raelanda Smith-Peart - Period 07/23/2018 to 07/29/2018 Rental Car	1.00	394.73	394.73
Dr. Raelanda Smith-Peart - Period 07/23/2018 to 07/29/2018 Gas Receipts	1.00	24.39	24.39
Dr. Raelanda Smith-Peart - Period 07/23/2018 to 07/29/2018 Accommodations	1.00	984.27	984.27
TOTAL USD			30,627.89

Due Date: Aug 15, 2018

Overdue balances will incur a 1% interest charge per month for invoices not paid within 30 days of the due date.



PAYMENT ADVICE

To: Adelphi Medical Staffing, LLC
Attention: Tanya Buchanan
3651 Peachtree Pkwy
Suite E439
Suwanee, GA 30024
+1 (470) 839-6366

Customer Northwest Mississippi Medical Center

Invoice Number AMS-10036

Amount Due **30,627.89**

Due Date Aug 15, 2018

Amount Enclosed

Enter the amount you are paying above



Adelphi Medical Staffing Timesheet

Phone: 470-839-6366

Fax: 678-257-2992

Email: tbuchanan@adelphimedicalstaffing.com

Provider Name: Rae Smith-Pearl
Provider Function: Pediatric Hospitalist
Facility Name: Northwest Medical Center
Work Week: 7/23/18

Date	Reg. Hours	Overtime Hours	On Call/Pager	Call-Back	Notes
7/23	4	2 1/4		5	
7/24	4	7 1/2		3	
7/25	4	2		/	
7/26	4	2		5	
7/27	4	7 1/2		/	
7/28	4	8		4 1/4	
TOTALS	24	29 1/4		17.25	

Signature: Rae Smith-Pearl

Date: 7/30/18

1405 HWY 43 N.
PICAYUNE MS 39466

Keith's Superstore #
00046465
1405 Hwy. 43 N.
Picayune, MS
07/29/2018 445684373
01:36:07 PM

XXXXXXXXXX [REDACTED]
VISA
INVOICE E/6591368
AUTH 143521

PUMP# 5
UNLEAD REG 3.209G
PRICE/GAL \$2.499

FUEL TOTAL \$ 8.02

CREDIT \$ 8.02

Swiped

Get rewarded on
every fill-up at
Chevron with a
Techron Advantage
card. See app
for details.

THANKS FOR CHOOSING KEITH'S SUPERSTORE

Circle K 2721529
CK 2721529
610 S State St
Clarksdale MS
38614

DATE 07/29/18 07:10
TRAN# 9091087
PUMP# 09
SERVICE LEVEL: SELF
PRODUCT: UNLD
GALLONS: 6.300
PRICE/G: \$ 2.599
FUEL SALE \$ 16.37
CREDIT \$16.37

Visa
XXXXXXXXXX [REDACTED]
Entry Method: Swiped
Auth #: 081020
Resp Code:
Stan: 0154797612
Invoice #: 363193
Store # 9918764
SITE ID: 044862
TERMINAL ID: 001

THANK YOU
COME BACK SOON



HAMPTON INN CLARKSDALE
15000 NEW AFRICA RD
CLARKSDALE, MS 38614
United States of America
TELEPHONE 662-621-1717 • FAX 662-621-1715
Reservations
www.hilton.com or 1 800 HILTONS

SMITH-PEART, RAE LANDA

965 GENEVA WALK

KENNESAW GA 30152
UNITED STATES OF AMERICA

Room No: 321/NQRU
Arrival Date: 7/22/2018 5:54:00 PM
Departure Date: 7/29/2018 7:05:00 AM
Adult/Child: 1/0
Cashier ID: DHILL9
Room Rate: 129.00
AL:
HH #
VAT #
Folio No/Che 69736 A

Confirmation Number: 94800861

HAMPTON INN CLARKSDALE 7/29/2018 7:05:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
7/22/2018	161252	GUEST ROOM	\$129.00
7/22/2018	161252	STATE TAX	\$9.03
7/22/2018	161252	CITY TAX	\$2.58
7/23/2018	161349	GUEST ROOM	\$129.00
7/23/2018	161349	STATE TAX	\$9.03
7/23/2018	161349	CITY TAX	\$2.58
7/24/2018	161444	GUEST ROOM	\$129.00
7/24/2018	161444	STATE TAX	\$9.03
7/24/2018	161444	CITY TAX	\$2.58
7/25/2018	161563	GUEST ROOM	\$129.00
7/25/2018	161563	STATE TAX	\$9.03
7/25/2018	161563	CITY TAX	\$2.58
7/26/2018	161693	GUEST ROOM	\$129.00
7/26/2018	161693	STATE TAX	\$9.03
7/26/2018	161693	CITY TAX	\$2.58
7/27/2018	161815	GUEST ROOM	\$129.00
7/27/2018	161815	STATE TAX	\$9.03
7/27/2018	161815	CITY TAX	\$2.58
7/28/2018	161921	GUEST ROOM	\$129.00
7/28/2018	161921	STATE TAX	\$9.03
7/28/2018	161921	CITY TAX	\$2.58

SMITH-PEART, RAE LANDA
965 GENEVA WALK
KENNESAW GA 30152
UNITED STATES OF AMERICA

Room No: 321/NQRU
Arrival Date: 7/22/2018 5:54:00 PM
Departure Date: 7/29/2018 7:05:00 AM
Adult/Child: 1/0
Cashier ID: DHILL9
Room Rate: 129.00
AL:
HH #
VAT #
Folio No/Che 69736 A

Confirmation Number: 94800861

HAMPTON INN CLARKSDALE 7/29/2018 7:05:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
7/29/2018	161947	AX *1000	(\$984.27)
BALANCE			\$0.00

EXPENSE REPORT SUMMARY

	7/22/2018	7/23/2018	7/24/2018	7/25/2018
ROOM AND TAX	\$140.61	\$140.61	\$140.61	\$140.61
DAILY TOTAL	\$140.61	\$140.61	\$140.61	\$140.61
EXPENSE REPORT SUMMARY				
	7/26/2018	7/27/2018	7/28/2018	STAY TOTAL
ROOM AND TAX	\$140.61	\$140.61	\$140.61	\$984.27
DAILY TOTAL	\$140.61	\$140.61	\$140.61	\$984.27

IF YOU SMOKE IN A NONSMOKING ROOM YOU WILL BE FINED \$250 DOLLARS.

CREDIT CARD DETAIL

APPR CODE	195837	MERCHANT ID	4230846560
CARD NUMBER		EXP DATE	10/22
TRANSACTION ID	161947	TRANS TYPE	Sale

----- Forwarded message -----

From: <DoNotReply@erac.com>

Date: Monday, July 30, 2018

Subject: ENTERPRISE Rental Agreement [REDACTED]



RA #: [REDACTED]

Renter: SMITH,RAE

Dates & Times	Location
Pickup Jul 20, 2018 12:52 PM	[REDACTED]
Return Jul 30, 2018 1:17 PM	[REDACTED]

Vehicle	
Make/Model: HYUN/ELAN	
Color: RED MED	
Mileage: 867	
Fuel Out: Full	Fuel In: 1/4
License: CFN3462	
Unit #: 7Q93H1	Vehicle #: JH246316

Charges	Price/Unit	Total
TIME & DISTANCE 07/20 - 07/27	1 @ \$204.99/WEEK	\$204.99
TIME & DISTANCE 07/27 - 07/30	3 @ \$41.00/DAY	\$123.00
FUEL SERVICE OPTION	1 @ \$30.66/RENTAL	\$30.66
MOTOR VEHICLE RENTAL TAX	6.0000%	\$19.68
RENTAL SALES TAX	5.0000%	\$16.40
Total Charges:		\$394.73
Refund To:		[REDACTED] \$169.34
Charge To:		[REDACTED] \$564.07

2018-07-30 14:18:55

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: (6733763)

Claim No: 19

Status:

ADELPHI MEDICAL

Original Filed

Filed by: CR

STAFFING, LLC

Date: 09/05/2018

Entered by: admin

965 GENEVA WALK NW

Original Entered

Modified:

KENNESAW, GA 30152

Date: 09/05/2018

Amount claimed: \$96936.49

Priority claimed: \$12850.00

History:

[Details](#) [19-1](#) 09/05/2018 Claim #19 filed by ADELPHI MEDICAL STAFFING, LLC, Amount claimed: \$96936.49 (admin)

Description:

Remarks:

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

Total Amount Claimed*	\$96936.49
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority	\$12850.00	
Administrative		