

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

Debtor 1 Curae Health  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: Middle District of Tennessee  
 Case number 3:18-bk-05665

**FILED**

SEP 13 2018

U.S. BANKRUPTCY COURT  
 MIDDLE DISTRICT OF TN

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? Brightree LLC  
 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?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Brightree LLC</u>                  Name  <u>1735 N. Brown Rd. Suite 500</u>                  Number Street  <u>Lawrenceville, GA 30043</u>                  City State ZIP Code                  Contact phone <u>678)243-1800</u>                  Contact email <u>AR@Brightree.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Brightree LLC</u>                  Name  <u>1735 N. Brown Rd. Suite 500</u>                  Number Street  <u>Lawrenceville, GA 30043</u>                  City State ZIP Code                  Contact phone <u>678)243-1800</u>                  Contact email <u>AR@Brightree.com</u></p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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4. Does this claim amend one already filed?  
 No  
 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?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

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

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: H 3 7 9

7. How much is the claim? \$ 4,373.00. Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

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

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

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

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

No

Yes. Check one:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- 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).
- 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).
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- Other. Specify subsection of 11 U.S.C. § 507(a)(    ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 09/07/2018  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Marian K Newcomer  
First name Middle name Last name

Title AR Manager

Company Brightree LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1735 N. Brown Rd S-500  
Number Street

Lawrenceville GA 30043  
City State ZIP Code

Contact phone (678) 243-3553 Email mnewcomer@brightree.com



# Statement

Date

9/7/2018

Brightree Home Health & Hospice LLC  
 1735 North Brown Road  
 Suite 500  
 Lawrenceville GA 30043  
 888-598-7797

**Bill To**

Curae Health  
 1721 MidPark Rd  
 B200  
 Knoxville TN 37921

BT Account #	AR Rep	User Count
HOH379	Cassidy, Lisa	0

Date	Remittan...	Description	Memo	Charge	Payment	Open A...
7/15/2018		Invoice #IBHH-0125788	UPAYA	2,174.00		2,174.00
8/15/2018		Invoice #IBHH-0126169	Monthly Fees	25.00		25.00
8/15/2018		Invoice #IBHH-0126116	Month End Billing	2,174.00		2,174.00
			UPAYA			
			Monthly Fees			
Current	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Amount Due	
2,199.00	2,174.00	0.00	0.00	0.00	\$4,373.00	

Brightree LLC

P O Box 101513  
 Atlanta GA 30392-1513

**Remittance Slip**

Customer	Curae Health
Date	9/7/2018
Amount Due	\$4,373.00
Amount Paid	



Brightree Home Health & Hospice LLC  
 1735 North Brown Road  
 Suite 500  
 Lawrenceville GA 30043  
 888-598-7797  
 AR@brightree.com

# Invoice

**Date** 8/15/2018  
**Invoice #** IBHH-0126116  
**Terms** Net 30  
**Due Date** 9/14/2018  
**Subsidiary** Brightree Home Health  
**PO #**  
**BT Account #** HOH379  
**Period** September 2018

**Bill To**  
 Curae Health  
 1721 MidPark Rd  
 B200  
 Knoxville TN 37921

Item	Description	Billing Ident...	QTY	Rate	Amount
Monthly Subscription Fee - Home	Monthly Subscription Fee - Home Health		1	1,800.00	1,800.00
Integrated Scanning and Photo	Integrated Scanning and Photo		1	150.00	150.00
SHP Oasis Interface	SHP Oasis Interface		1	100.00	100.00
CareAnyware eClaims (Claims)	CareAnyware eClaims (Claims)		1	99.00	99.00
CareAnyware eClaims (Remits)	CareAnyware eClaims (Remits)		1	25.00	25.00
<b>Total Amount Due</b>					<b>2,174.00</b> <b>\$2,174.00</b>

PO Box 101233  
 Atlanta, GA 30392-1233

For questions, please contact your AR Specialist at  
 888-598-7797 or AR@brightree.com

Thank you! We appreciate your business.

### Remittance Slip

**Customer** Curae Health  
**Invoice #** IBHH-0126116  
**Amount Due** \$2,174.00  
**Amount Paid** \_\_\_\_\_

### Please Enter Your Credit Card Information

Type: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Month \_\_\_\_\_ Year  
 Signature: \_\_\_\_\_



# Invoice

Brightree Home Health & Hospice LLC  
 1735 North Brown Road  
 Suite 500  
 Lawrenceville GA 30043  
 888-598-7797  
 AR@brightree.com

Date: 8/15/2018  
 Invoice #: IBHH-0126169  
 Terms: Net 30  
 Due Date: 9/14/2018  
 Subsidiary: Brightree Home Health  
 PO #: HOH379  
 BT Account #: Aug 2018  
 Period:

**Bill To**  
 Curae Health  
 1721 MidPark Rd  
 B200  
 Knoxville TN 37921

Item	Description	Billing Ident.	QTY	Rate	Amount
HHP - eClaims Remits Excess	June 2018 - HHP - eClaims (Remits) - Excess Fee - Total Claims = 401		1	25.00	25.00

**Total Amount Due** 25.00  
 \$25.00

PO Box 101233  
 Atlanta, GA 30392-1233

For questions, please contact your AR Specialist at 888-598-7797 or AR@brightree.com

Thank you! We appreciate your business.

**Remittance Slip**

Customer: Curae Health  
 Invoice #: IBHH-0126169  
 Amount Due: \$25.00  
 Amount Paid: \_\_\_\_\_

**Please Enter Your Credit Card Information**

Type: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Month \_\_\_\_\_ Year  
 Signature: \_\_\_\_\_



# Invoice

Brighttree Home Health & Hospice LLC  
 1735 North Brown Road  
 Suite 500  
 Lawrenceville GA 30043  
 888-598-7797  
 AR@brighttree.com

Date: 7/15/2018  
 Invoice #: IBHH-0125788  
 Terms: Net 30  
 Due Date: 8/14/2018  
 Subsidiary: Brighttree Home Health  
 PO #:   
 BT Account #: HOH379  
 Period:

**Bill To**  
 Curae Health  
 1721 MidPark Rd  
 B200  
 Knoxville TN 37921

Item	Description	Billing Identifi...	QTY	Rate	Amount
Monthly Subscription Fee - Home	Monthly Subscription Fee - Home Health		1	1,800.00	1,800.00
Integrated Scanning and Photo	Integrated Scanning and Photo		1	150.00	150.00
SHP Oasis Interface	SHP Oasis Interface		1	100.00	100.00
CareAnyware eClaims (Claims)	CareAnyware eClaims (Claims)		1	99.00	99.00
CareAnyware eClaims (Remits)	CareAnyware eClaims (Remits)		1	25.00	25.00
<b>Total Amount Due</b>					<b>2,174.00</b>
<b>Amount Due</b>					<b>\$2,174.00</b>

PO Box 101233  
 Atlanta, GA 30392-1233

For questions, please contact your AR Specialist at 888-598-7797 or AR@brighttree.com

Thank you! We appreciate your business.

**Remittance Slip**

Customer: Curae Health  
 Invoice #: IBHH-0125788  
 Amount Due: \$2,174.00  
 Amount Paid: \_\_\_\_\_

Please Enter Your Credit Card Information  
 Type: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Month \_\_\_\_\_ Year  
 Signature: \_\_\_\_\_