

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?		<u>Brightree LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
	<u>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>	<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>	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
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? _____	

Filed on _____
MM / DD / YYYY

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)?

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

☒ 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 Monthly Fees	2,174.00		2,174.00
8/15/2018		Invoice #IBHH-0126169	Month End Billing	25.00		25.00
8/15/2018		Invoice #IBHH-0126116	UPAYA Monthly Fees	2,174.00		2,174.00
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
Date
Amount Due
Amount Paid

Curae Health
9/7/2018
\$4,373.00



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

Bill To
Curae Health
1721 MidPark Rd
B200
Knoxville TN 37921

Invoice

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

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
Total Amount Due					2,174.00 \$2,174.00

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-0126116
Amount Due	\$2,174.00
Amount Paid	

Please Enter Your Credit Card Information

Type: _____
Credit Card #: _____
Expiration Date: _____ Month _____ Year
Signature: _____



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

Bill To
Curae Health
1721 MidPark Rd
B200
Knoxville TN 37921

Invoice

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

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 25.00
Amount Due \$25.00

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Atlanta, GA 30392-1233

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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: _____



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

Invoice

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 Identi...	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
Total Amount Due					2,174.00
					\$2,174.00

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 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: _____

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: (6717894)
BRIGHTREE LLC
1735 NORTH BROWN
ROAD,SUITE 500
LAWRENCEVILLE, GA
30043

Claim No: 30
Original Filed
Date: 09/13/2018
Original Entered
Date: 09/13/2018

Status:
Filed by: CR
Entered by: Intake2
Modified:

Amount claimed: \$4373.00

History:

[Details](#) [30-1](#) 09/13/2018 Claim #30 filed by BRIGHTREE LLC, Amount claimed: \$4373.00 (Intake2)

Description: (30-1) SERVICES PERFORMED

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*	\$4373.00
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		
Administrative		