

Fill in this information to identify the case:

Debtor 1 <u>Curae Health Inc.</u>
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
9/19/2018
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>Mid South Nuclear Physics Services</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>Mid South Nuclear Physics Services</u>	
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>Mid South Nuclear Physics Services</u> Name PO Box 446 Hernando, MS 38632 Hernando, MS 38632 Contact phone <u>9014881537</u> Contact email <u>Jason@msnuclearservices.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ 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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><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: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 24400.00</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<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>_____ services performed _____</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>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: _____</p> <p>Basis for perfection: _____</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> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
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 9/19/2018
MM / DD / YYYY

/s/ Jason Smith

Signature

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

Name Jason Smith

First name Middle name Last name

Title CEO

Company Mid South Nuclear Physics Services

Identify the corporate servicer as the company if the authorized agent is a servicer

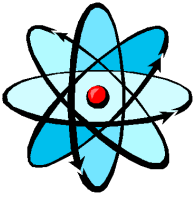
Address 203 Malone Road South

Number Street

Hernando, MS 38632

City State ZIP Code

Contact phone 9014881537 Email jason@msnuclearservices.com



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
10/31/2017	122

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

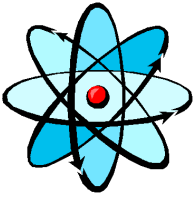
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	10/31/2017	10/16/2017

Item	Description	Amount
Joint Commission	Annual performance testing on Nuclear Medicine Equipment	1,865.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging October 16, 2017	95.00
Quarterly HP Services(Stan...	Perform quarterly required regulatory testing	500.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging October 24, 2017	60.00

We appreciate your prompt payment.

Total	\$2,520.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
7/31/2018	493

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

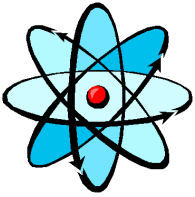
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	7/31/2018	7/23/2018

Item	Description	Amount
Quarterly HP Services(Stan...	Perform quarterly required regulatory testing	550.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	60.00

We appreciate your prompt payment.

Total	\$610.00
--------------	----------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
7/31/2018	497

Bill To
Merit Health Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory, MS 38821

Ship To
Merit Health Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory, MS 38821

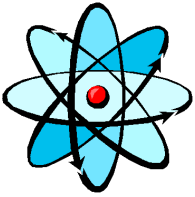
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	7/31/2018	7/30/2018

Item	Description	Amount
Quarterly HP Services (Pre...	Perform Quarterly Regulatory required testing and Comprehensive Radiation Safety Audit	650.00
RSO	Fee for performing Radiation Safety Officer duties at facility	750.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	100.00

We appreciate your prompt payment.

Total	\$1,500.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
8/14/2018	516

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

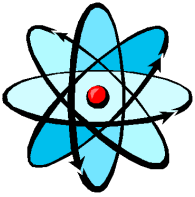
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	8/14/2018	8/2/2018

Item	Description	Amount
X-Ray Unit Surveys	X-Ray Unit Surveys \$245 each	1,470.00
CT Survey	CT Survey on ACR Accredited Unit: G.E. LightSpeed VCT	1,350.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	300.00

We appreciate your prompt payment.

Total	\$3,120.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
11/22/2017	143

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

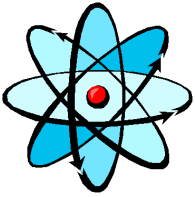
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	11/22/2017	8/1/2017

Item	Description	Amount
X-Ray Unit Surveys	6 X-Ray Unit Surveys \$245 each	1,470.00
CT Survey	CT Survey on ACR Accredited Unit: G.E. LightSpeed VCT	1,350.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	300.00

We appreciate your prompt payment.

Total	\$3,120.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
1/31/2018	262

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

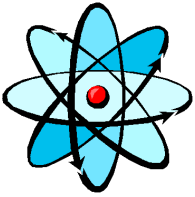
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	1/31/2018	1/22/2018

Item	Description	Amount
Quarterly HP Services(Stan...	Perform quarterly required regulatory testing	550.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	60.00

We appreciate your prompt payment.

Total	\$610.00
--------------	----------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
2/28/2018	319

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

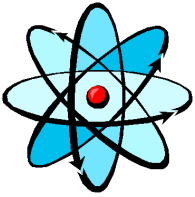
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	2/28/2018	2/6/2018

Item	Description	Amount
Digital Mammography Surv...	Digital Mammography Survey: Lorad Selenia	1,325.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	300.00

We appreciate your prompt payment.

Total	\$1,625.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
4/30/2018	366

Bill To
Merit Health Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory, MS 38821

Ship To
Merit Health Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory, MS 38821

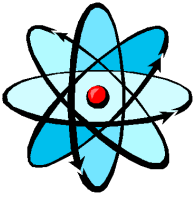
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	4/30/2018	2/7/2018

Item	Description	Amount
X-Ray Unit Surveys	X-Ray Unit Surveys \$225 each x 8	1,800.00
MRI Unit Survey	MRI Unit Survey: GE Signa 1.5 T	1,100.00
Digital Mammography Surv...	Digital Mammography Survey: Lorad Selenia	1,325.00
Ultrasound Machine Survey	Ultrasound Machine Survey: Siemens Acuson	350.00
Ultrasound Machine Survey	Ultrasound Machine Survey: GE Logiq	350.00
CT Annual Inspection - ACR	CT Annual Inspection - 3 year ACR accreditation survey Philips Ingenuity CT Scanner	1,800.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	300.00

We appreciate your prompt payment.

Total	\$7,025.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
4/30/2018	368

Bill To
Northwest MS Medical Center Accounts Payable 1970 Hospital Drive Clarksdale, MS 38614

Ship To
Northwest MS Medical Center 1970 Hospital Drive Clarksdale, MS 38614

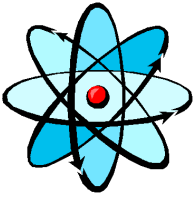
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	4/30/2018	4/16/2018

Item	Description	Amount
Quarterly HP Services (Pre...	Perform Quarterly Regulatory required testing and Comprehensive Radiation Safety Audit	975.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	105.00

We appreciate your prompt payment.

Total	\$1,080.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
4/30/2018	369

Bill To
Batesville Regional Medical Center, Inc. Robin Myrick, Accounts Payable 303 Medical Center Drive Batesville, MS 38608

Ship To
Batesville Regional Medical Center, Inc. 303 Medical Center Drive Batesville, MS 38608

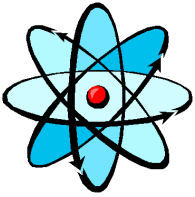
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	4/30/2018	4/23/2018

Item	Description	Amount
Quarterly HP Services(Stan...	Perform quarterly required regulatory testing	550.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	60.00

We appreciate your prompt payment.

Total	\$610.00
--------------	----------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
4/30/2018	373

Bill To
Merit Health Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory, MS 38821

Ship To
Merit Health Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory, MS 38821

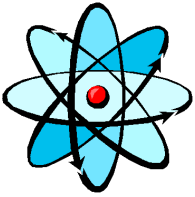
P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	4/30/2018	4/23/2018

Item	Description	Amount
Quarterly HP Services(Stan...	Perform quarterly required regulatory testing	650.00
RSO	Fee for performing Radiation Safety Officer duties at facility	750.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	100.00

We appreciate your prompt payment.

Total	\$1,500.00
--------------	------------

Please submit payment to P.O. Box 446



Mid South Nuclear Physics Services, LLC

P.O. Box 446
Hernando, MS 38632-0446

Invoice

Date	Invoice #
7/31/2018	492

Bill To
Northwest MS Medical Center Accounts Payable 1970 Hospital Drive Clarksdale, MS 38614

Ship To
Northwest MS Medical Center 1970 Hospital Drive Clarksdale, MS 38614

P.O. No.	Terms	Due Date	Date of Service
	Due on receipt	7/31/2018	7/16/2018

Item	Description	Amount
Quarterly HP Services (Pre...	Perform Quarterly Regulatory required testing and Comprehensive Radiation Safety Audit	975.00
Travel	Travel Time billed at \$52.00 per hour and federal mileage rate plus meals and lodging	105.00

We appreciate your prompt payment.

Total	\$1,080.00
--------------	------------

Please submit payment to P.O. Box 446

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: (6742625) **Claim No:** 42 *Status:*
Mid South Nuclear Physics *Original Filed* *Filed by:* CR
Services *Date:* 09/19/2018 *Entered by:* admin
PO Box 446 *Original Entered* *Modified:*
Hernando, MS 38632 *Date:* 09/19/2018

Amount claimed: \$24400.00

History:

[Details](#) [42-1](#) 09/19/2018 Claim #42 filed by Mid South Nuclear Physics Services, Amount claimed: \$24400.00 (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*	\$24400.00
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		