

Fill in this information to identify the case:

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

**FILED**

**SEP 26 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>MedWorks of Mississippi, LLC (d/b/a MedWorks)</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)	<b>Where should notices to the creditor be sent?</b>  <u>Medworks</u> Name <u>7630 Commerce Lane</u> Number Street <u>Trussville</u> <u>Al</u> <u>35173</u> City State ZIP Code  Contact phone <u>6013165852</u> Contact email <u>ccolbert@medworkswweb.com</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 _____ Number Street _____ City State ZIP Code  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) _____ <div style="text-align: right;">Filed on _____ MM / DD / YYYY</div>	
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? ☒ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 19,261.58. 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.

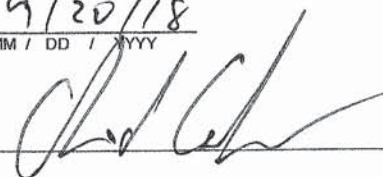
I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date

9/20/18  
MM / DD / YYYY

Signature



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

Name	Warren	Chad	Colbert
	First name	Middle name	Last name
Title	VP of Business Operations/COO		
Company	MedWorks		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1041 B Lake Village Circle		
	Number	Street	
	Brandon	MS	39047
	City	State	ZIP Code
Contact phone	601-316-5852		Email ccolbert@medworkswb.com

ATON, AL 35015 US  
(205) 655-7001  
info@medworkswest.com

# INVOICE

INVOICE # 8261  
DATE 09/05/2018  
DUE DATE 10/20/2018  
TERMS NET 45

**BILL TO**  
Clarksdale Regional Medical  
Center  
1970 Hospital Drive  
Clarksdale, MS 38614

Please detach top portion and return with your payment.

This page includes itemization of fees included in amount on line 7.

SERVICED	ACTIVITY	QTY	RATE	AMOUNT
09/05/2018	<b>Late fees</b> 5% Late fee for past Due Invoice #7935 in the amount of \$3585.00	1	537.75	537.75
09/05/2018	<b>Late fees</b> 5% Late fee for past Due Invoice #8008 in the amount of \$3255.00	1	325.50	325.50
09/05/2018	<b>Late fees</b> 5% Late fee for past Due Invoice #8085 in the amount of \$3615.00	1	180.75	180.75

Late fees will be assessed on invoices not paid per terms of contract.

**BALANCE DUE**

**\$1,044.00**

Aiton, AL 35015 US  
(205) 655-7001  
info@medworksweb.com

# INVOICE

INVOICE # 8260  
DATE 09/04/2018  
DUE DATE 10/19/2018  
TERMS NET 45

**BILL TO**  
Clarksdale Regional Medical  
Center  
1970 Hospital Drive  
Clarksdale, MS 38614

Please detach top portion and return with your payment.

SERVICED	ACTIVITY	QTY	RATE	AMOUNT
08/28/2018	<b>Nuc. Med. Service</b> Nuclear Medicine Diagnostic Services-First 23 days of August	1	4,822.58	4,822.58

Late fees will be assessed on invoices not paid per terms of contract.

**BALANCE DUE**

**\$4,822.58**

ATON, AL 35015 US  
(205) 655-7001  
info@medworkswest.com

# INVOICE

INVOICE # 8152  
DATE 08/01/2018  
DUE DATE 08/31/2018  
TERMS Net 30

**BILL TO**  
Clarksdale Regional Medical  
Center  
1970 Hospital Drive  
Clarksdale, MS 38614

Please detach top portion and return with your payment.

SERVICED	ACTIVITY	QTY	RATE	AMOUNT
07/02/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
07/02/2018	Overtime Overtime	0.50	90.00	45.00
07/03/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
07/09/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
07/10/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	5.25	60.00	315.00
07/16/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
07/17/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
07/23/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
07/24/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	3	60.00	180.00

Late fees will be assessed on invoices not paid per terms of contract.

**BALANCE DUE**

**\$2,940.00**



AITON, AL 35015 US  
(205) 655-7001  
info@medworksworld.com

# INVOICE

INVOICE # 8085  
DATE 07/02/2018  
DUE DATE 08/01/2018  
TERMS Net 30

BILL TO  
Clarksdale Regional Medical  
Center  
1970 Hospital Drive  
Clarksdale, MS 38614

Please detach top portion and return with your payment.

SERVICED	ACTIVITY	QTY	RATE	AMOUNT
06/04/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
06/05/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
06/11/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
06/12/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	5.50	60.00	330.00
06/13/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4.50	60.00	270.00
06/18/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
06/19/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
06/25/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
06/26/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
06/26/2018	Overtime Overtime	1.50	90.00	135.00

Late fees will be assessed on invoices not paid per terms of contract.

BALANCE DUE

**\$3,615.00**

Alton, AL 35015 US  
(205) 655-7001  
info@medworkswest.com

# INVOICE

INVOICE # 8008  
DATE 06/01/2018  
DUE DATE 07/01/2018  
TERMS Net 30

BILL TO  
Clarksdale Regional Medical  
Center  
1970 Hospital Drive  
Clarksdale, MS 38614

Please detach top portion and return with your payment.

SERVICED	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
05/07/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
05/08/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	5	60.00	300.00
05/14/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
05/14/2018	Overtime Overtime	0.50	90.00	45.00
05/15/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
05/21/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
05/22/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4.50	60.00	270.00
05/29/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00

Late fees will be assessed on invoices not paid per terms of contract.

BALANCE DUE

**\$3,255.00**



Aiton, AL 35015 US  
(205) 655-7001  
info@medworksweb.com

# INVOICE

INVOICE # 7935  
DATE 05/01/2018  
DUE DATE 05/31/2018  
TERMS Net 30

**BILL TO**  
Clarksdale Regional Medical  
Center  
1970 Hospital Drive  
Clarksdale, MS 38614

Please detach top portion and return with your payment.

SERVICED	ACTIVITY	QTY	RATE	AMOUNT
04/02/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
04/03/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
04/05/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	3	60.00	180.00
04/09/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
04/10/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
04/16/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
04/17/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
04/23/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00
04/23/2018	Overtime Overtime	0.50	90.00	45.00
04/24/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	4	60.00	240.00
04/30/2018	Nuc. Tech. Nuclear Technologist Hourly Rate	8	60.00	480.00

Late fees will be assessed on invoices not paid per terms of contract.

**BALANCE DUE**

**\$3,585.00**

# 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:* (6748583)  
MEDWORKS OF MISSISSIPPI  
LLC DBA MEDWORKS  
MEDWORKS  
7630 COMMERCE LANE  
TRUSSVILLE AL 35173

**Claim No:** 53  
*Original Filed*  
*Date:* 09/26/2018  
*Original Entered*  
*Date:* 09/26/2018

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

Amount claimed: \$19261.58

*History:*

[Details](#) [53-1](#) 09/26/2018 Claim #53 filed by MEDWORKS OF MISSISSIPPI LLC DBA MEDWORKS,  
Amount claimed: \$19261.58 (Intake2)

*Description:* (53-1) 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

<b>Total Amount Claimed*</b>	\$19261.58
<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.**

	Claimed	Allowed
Secured		
Priority		
Administrative		