


UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Curae Health, Inc., et al. Debtor.	Chapter 11 Case No. 18-05665	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.) Abbott Diabetes Division of Abbott Laboratories, Inc.	Name of debtor: (The entity owing money or property) Curae Health, Inc. Amory Regional Medical Center, Inc. Batesville Regional Medical Center, Inc. Clarksdale Regional Medical Center, Inc. Amory Regional Physicians, LLC Batesville Regional Physicians, LLC Clarksdale Regional Physicians, LLC	THIS SPACE IS FOR COURT USE ONLY
Name and addresses where notices should be sent: Kohner, Mann & Kailas, S.C. 4650 N. Port Washington Rd. Milwaukee, WI 53212 Telephone number: 414-962-5110 Email: evonhelms@kmksc.com	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if your address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor:	Check this box if this claim amends a previously filed claim. Claim number (if known): 58 Filed on: October 1, 2018	
1. Basis for claim: Goods sold Services performed Other (describe briefly)	2. Date debt was incurred: August 10, 2018	
3. Date goods were received by debtor: August 14, 2018		
4. Total amount of claim as of the date the debt was incurred: \$4,478.40		

<p>Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.</p>	
<p>5. Brief description of claim (attach any additional information):</p> <p>Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:</p> <p>Shipment date of goods:</p> <p>Place of delivery of goods:</p> <p>Method of delivery of goods:</p> <p>Name of carrier of goods:</p> <p>Value of goods:</p> <p>Whether the value of goods listed in this claim relates to services and goods:</p> <p>The percentage of value related to services and the percentage of value related to goods:</p> <p>Whether claimant has filed any other claim against debtor relating to goods underlying this claim:</p> <p><u>Attach supporting materials required by field 8 and instructions below.</u></p>	
<p>6. Credits, setoffs, and counterclaims:</p> <p>All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.</p> <p>This claim is subject to setoff or counterclaim as follows:</p>	<p>7. Assignment:</p> <p>Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.</p>
<p>8. Supporting documents: <u>Attach redacted copies of supporting documents</u>, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.</p> <p><u>All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.</u></p> <p><u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u></p> <p><u>Do not send original documents. Attached documents may be destroyed after scanning.</u> If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>	
<p>9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.</p>	
<p>10. Signature:</p> <p>Check the appropriate box.</p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).</p> <p><input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).</p> <p>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.</p>	

66130571.3

Print name: Eric R. von Helms
Title: Attorney in Fact/Agent
Company: Kohner, Mann & Kailas, S.C.  1/4/2019
Address and telephone number (if different from notice (Signature) (Date)
address above):
4650 N. Port Washington Road
Milwaukee, WI 53212
Telephone number 414-962 Email: evonhelms@kmksc.com
5110

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the “value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor’s business.”

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court’s CM/ECF by **January 21, 2019**.

Claim.

A claim is the creditor’s right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual’s tax-identification, or financial-account number, only the initials of a minor’s name, and only the year of any person’s date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

**STATEMENT IN SUPPORT OF PROOF OF 503(b)(9) CLAIM
OF ABBOTT DIABETES DIVISION OF ABBOTT LABORATORIES INC.**

Abbott Diabetes Division of Abbott Laboratories Inc. (“Abbott”) submits its proof of 503(b)(9) claim (the “Claim”) in the bankruptcy proceedings of Debtor Curae Health Inc., (“Debtor”) pursuant to the requirements described in the Order Fixing Bar Dates for Filing Proofs of Claim, Approving 503(b)(9) Proof of Claim Form, and Approving the Form and Manner of Notice of the 503(b)(9) Claims Bar Date entered by the Court on December 10, 2018 (the “Order”).

Pursuant to Paragraph 2(a) of the Order, Abbott amends the proof of claim it submitted to the Court as Claim No. 58 on October 1, 2018 to provide all of the requirements for 503(b)(9) Claims as described in the Order.

The Claim is made in the amount of \$11,441.40, with \$4,478.40 of the amount of the Claim consisting of goods that the Debtor received within twenty days Debtor’s August 24, 2018 Petition Date (the “503(b)(9) Claim”).”

Attached to the Claim are the following documents as required pursuant to the terms of the Order:

- Invoice showing goods delivered to Debtor;
- Shipment date of goods to Debtor;
- Place of delivery of goods to Debtor;
- Method of delivery of goods to Debtor;
- Name of carrier of goods;
- Value of goods;
- Delivery receipts for delivery of goods to Debtor.

Abbott states that all of the value of the 503(b)(9) Claim is for goods, and that none of the 503(b)(9) Claim is for services and that Abbott has not filed any other claim against Debtor regarding the goods described in this Claim.

Abbott hereby certifies that all of the goods described in the Claim were sold to Debtor in the ordinary course of business. No portion of the Claim has been paid.



INVOICE

Abbott Diabetes Care Sales Corporation
Any questions please contact
Abbott Diabetes Care Customer Service at 1-800-537-3575

Page 1 of 1
Fed Tax ID 22-3890190
DUNS # 00-130-7602

Sold to Customer # 50279066
NORTHWEST MS MEDICAL
PO Box 1218
CLARKSDALE MS 38614-1218

Ship to Customer # 50279066
NORTHWEST MS MEDICAL
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Invoice # 609171664
Billing Date 08/10/2018
PO # 749-6783332
Payment Terms 15 days 2%, 30 net

Order # 109039945
Delivery # 510945994
Ship Date 08/10/2018

Table with 7 columns: Line, Product #, Product Description, Quantity UOM (Size), Unit Price, Extended Price, Tax. Row 10: 7093201, PXP STRIPS 100CT, 72 EA (1/EA), 62.20, 4,478.40, N.

(Qty) Batch # (72) 4E6N5H

Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by ADC to Customer are intended to reflect discounts or other reductions in price within the meaning set forth in the Social Security Act and may reflect a bundled discount pricing arrangement.

Summary table with 2 columns: Description, Amount. Rows: Extended Price (\$4,478.40), Shipping/Handling Charge (\$25.05), Shipping/Handling Credit (-\$25.05), Total Before Tax (\$4,478.40), Total Tax (\$0.00), Total (\$4,478.40).

Abbott Diabetes Care Sales Corp. of Alameda, California, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce.

If postmarked by 08/25/2018, cash discount is \$89.57

Terms specific to Freestyle Libre Pro: "For purchases of the FreeStyle Libre ProTM Flash Glucose Monitoring System and components thereof (#FreeStyle Libre Pro#), you agree that all such purchases (including those made through phone, fax, electronic data interchange (EDI), email and online) are subject to the FreeStyle Libre ProTM Flash Glucose Monitoring System Terms and Conditions located at e-Abbott.com, as amended from time to time."

PLEASE REMIT PAYMENT TO:

Abbott Laboratories
P.O Box 92679
Chicago, IL 60675-2679

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **451751283953**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 14, 2018 10:45
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	451751283953	Ship date:	Aug 10, 2018
		Weight:	12.6 lbs/5.7 kg

Recipient:	Shipper:
CLARKSDALE, MS US	Plainfield, IN US

Reference	0510945994
Purchase order number:	749-6783332
Shipment Id	451751283953

Thank you for choosing FedEx.

PO	Invoice	Invoice Date	Due date	Amount
749-6720310	608705109	4/26/2018	5/11/2018	\$3,816.00
749-6754343	608893139	6/18/2018	7/3/2018	\$165.60
749-6783332	609171664	8/10/2018	8/25/2018	\$4,478.40
ADC				\$8,460.00

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:** 01/21/2019
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (6753366) Abbott Diabetes Division of Abbott Laboratories Inc. c/o Kohner, Mann & Kailas, S.C. 4650 North Port Washington Road Milwaukee, Wisconsin 53212	Claim No: 58 <i>Original Filed</i> <i>Date:</i> 10/01/2018 <i>Original Entered</i> <i>Date:</i> 10/01/2018 <i>Last Amendment</i> <i>Filed:</i> 01/04/2019 <i>Last Amendment</i> <i>Entered:</i> 01/04/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> ERIC ROBERT VON HELMS <i>Modified:</i>
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Amount claimed: \$11441.40

Priority claimed: \$4478.40

History:

[Details](#) [58-1](#) 10/01/2018 Claim #58 filed by Abbott Diabetes Division of, Amount claimed: \$11441.40 (VON HELMS, ERIC)

[Details](#) [58-2](#) 01/04/2019 Amended Claim #58 filed by Abbott Diabetes Division of, Amount claimed: \$11441.40 (VON HELMS, ERIC)

Description: (58-1) goods sold
(58-2) goods sold with formal 503(b)(9) administrative claim

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*	\$11441.40
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	\$4478.40	
Administrative		