

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

Debtor 1 Curae Health Inc.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05665

**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?** LTC Rehab 2, 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? \_\_\_\_\_

	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<b>3. Where should notices and payments to the creditor be sent?</b>  <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<u>Joshua Chesser</u> <small>Name</small>	_____ <small>Name</small>
	<u>231 Third Ave N</u> <small>Number Street</small>	_____ <small>Number Street</small>
	<u>Nashville TN 37201</u> <small>City State ZIP Code</small>	_____ <small>City State ZIP Code</small>
	Contact phone <u>6157428555</u>	Contact phone _____
	Contact email <u>jchesser@smithcashion.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
	_____	

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: \_\_\_\_\_

7. How much is the claim? \$ 70,520.50 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 10/03/2018  
MM / DD / YYYY

/s/ Joshua K. Chesser

Signature

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

Name Joshua K. Chesser  
First name Middle name Last name

Title Attorney for the Creditor

Company Smith Cashion & Orr, PLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 231 Third Ave N  
Number Street

Nashville TN 37201  
City State ZIP Code

Contact phone 6157428555 Email jchesser@smithcashion.com

**LTC Rehab 2, LLC**  
**Customer Balance Detail**  
All Transactions

Type	Date	Num		Amount	Balance	
<b>Amory Regional Medical Clinic</b>						
Balance	06/25/2018				26,080.00	
Invoice	06/30/2018	711	June services	24,386.25	50,466.25	
Payment	07/17/2018			-26,080.00	24,386.25	
Invoice	07/31/2018	720	July services	23,100.00	47,486.25	
Invoice	08/31/2018	729	August services	31,046.25	78,532.50	
Payment	10/02/2018	34326	Payment received for Aug 24-31 services	-8,012.00	<b>70,520.50</b>	<b>unpaid balance on pre-petition services rendered</b>
Invoice	09/30/2018	730	September services (post petition)	28,773.75	<b>28,773.75</b>	<b>unpaid balance on post-petition services rendered</b>

Amory Regional Medical Center

LTC REHAB 2 - STATEMENT OF SERVICES

June-18

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
TECH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASST	6	6.25	6.75	9	9.5	2	10	9.5	4	4.25	9.5	9.5	2.75	9	9.25	5.75	2.5	8	8	8.5	9	9.5	9.75	9.5	10	10	4.25	10	5.75	5.75	0	0	
THER	8	2	1	6.5	1	6	7.25	4.5	0	1.5	7	1.5	2.25	5	11.3	4	6.5	12.5	9.25	5.25	10	4.5	3	0	8.75	4	2.25	5.75	11.3	0	0	0	

TOTAL HOURS WORKED AT SELECT HOSPITAL		0	
TECH HOURS	0	CHARGES	\$ -
PTA / COTA HOURS	223.5	CHARGES	\$ 12,292.50
PT / OT / ST HOURS	151.75	CHARGES	\$ 11,381.25
TRAVEL HOURS	9.5	CHARGES	\$ 712.50
<b>TOTAL CHARGES DUE: 45 Days From Receipt</b>		<b>\$</b>	<b>24,386.25</b>

Notes:

**Please Remit Payment To:**

**LTC REHAB 2, LLC**  
**5703 Gulf Tech Drive**  
**Ocean Springs, MS 39564**

Amory Regional Medical Center

LTC REHAB 2 - STATEMENT OF SERVICES

July-18

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
TECH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASST	3.75	0	0	0	0	0	4	2	9	10	9.25	9.5	2.25	0	0	10	8	10	2	10	2.5	1	9	4	9	9	10.5	7.25	10.3	10.3	10	
THER	4.5	12.3	9.75	11	11.5	8.25	0	3.75	7.5	6.5	4.75	1	4.75	0	0	10	1.25	4.25	2.5	5.75	0	0	6.25	6	8.25	10	4	6.5	1	7.75	6.75	

TOTAL HOURS WORKED AT SELECT HOSPITAL		0
TECH HOURS	0	CHARGES \$ -
PTA / COTA HOURS	172.5	CHARGES \$ 9,487.50
PT / OT / ST HOURS	165.75	CHARGES \$ 12,431.25
TRAVEL HOURS	15.75	CHARGES \$ 1,181.25
<b>TOTAL CHARGES DUE: 45 Days From Receipt</b>		<b>\$ 23,100.00</b>

Notes:

**Please Remit Payment To:**  
**LTC REHAB 2, LLC**  
**5703 Gulf Tech Drive**  
**Ocean Springs, MS 39564**

Amory Regional Medical Center

LTC REHAB 2 - STATEMENT OF SERVICES

August-18

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
TECH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASST	10	9.75	1.5	4.75	5.5	10	3	15	12	8	6	4	8	9.5	11	12.5	8	4.75	6	20.3	10	8	8	8	4.25	8.25	8	10	8	8	8	8
THER	9.75	12	5.25	1	0	9.5	11.8	8.75	6	9	1	2.75	9	8.5	7.5	5.25	7.5	4.25	0	13.3	3.5	8	4	6.5	5	1	6.5	14.8	9	7.5	15.8	0

TOTAL HOURS WORKED AT SELECT HOSPITAL		0
TECH HOURS	0	CHARGES \$ -
PTA / COTA HOURS	258	CHARGES \$ 14,190.00
PT / OT / ST HOURS	213.5	CHARGES \$ 16,012.50
TRAVEL HOURS	11.25	CHARGES \$ 843.75
<b>TOTAL CHARGES DUE: 45 Days From Receipt</b>		<b>\$ 31,046.25</b>

Notes:

**Please Remit Payment To:**

**LTC REHAB 2, LLC**  
**5703 Gulf Tech Drive**  
**Ocean Springs, MS 39564**

Total Pre-Petition: \$23,034.25