

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?	<u>LTC Rehab 2, 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? <u>Joshua Chesser</u> Name <u>231 Third Ave N</u> Number Street <u>Nashville</u> <u>TN</u> <u>37201</u> City State ZIP Code Contact phone <u>6157428555</u> Contact email <u>jchesser@smithcashion.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) 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) _____ 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

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
Accounts Receivable
as of 2018-10-02

LTC Rehab 2, LLC
Customer Balance Detail
All Transactions

Type	Date	Num		Amount	Balance	
Amory Regional Medical Clinic						
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	70,520.50	unpaid balance on pre-petition services rendered
Invoice	09/30/2018	730	September services (post petition)	28,773.75	28,773.75	unpaid balance on post-petition services rendered

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
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			
TOTAL CHARGES DUE: 45 Days From Receipt				\$ 24,386.25			

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	0
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	0

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
TOTAL CHARGES DUE: 45 Days From Receipt				\$ 23,100.00

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
TOTAL CHARGES DUE: 45 Days From Receipt			\$ 31,046.25

Notes:

Please Remit Payment To:

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

Total Pre-Petition: \$23,034.25

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: (6753717)
LTC Rehab 2, LLC
c/o Smith Cashion & Orr, PLC
231 Third Ave. N
Nashville, TN 37201

Claim No: 68
Original Filed
Date: 10/03/2018
Original Entered
Date: 10/03/2018

Status:
Filed by: AT
Entered by: JOSHUA K
CHESSER
Modified:

Amount claimed: \$70520.50

History:

[Details](#) [68-1](#) 10/03/2018 Claim #68 filed by LTC Rehab 2, LLC, Amount claimed: \$70520.50 (CHESSER, JOSHUA)

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*	\$70520.50
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		