

Fill in this information to identify the case:

Debtor 1	Curae Health Inc.
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
 10/11/2018
 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?	Sherry A Sullivan	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Sherry Sullivan
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)
	Sherry A Sullivan	
	Name	Name
	14 Edgarwood Rd Batesville, MS 38606-7278	
	Contact phone 662-934-9851	Contact phone _____
	Contact email sherry@cablone.net	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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>\$ 487.00</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. Creditor pd for health services provided by debtor when required copay was zero. See attached documents _____</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. 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) _____ % <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 10/11/2018
MM / DD / YYYY

/s/ Sherry A Sullivan

Signature

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

Name Sherry A Sullivan

First name Middle name Last name

Title Creditor

Company _____

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

Address 14 Edgarwood Rd

Number Street

Batesville, MS 38606-7278

City State ZIP Code

Contact phone 662-934-9851 Email sherry@cableone.net

RECEIPT

FACILITY: PANOLA MEDICAL CENTER

RECEIPT # 0000316

ACCOUNT: SULLIVAN SHERRY A

RECEIVED BY - CLERK: PMCEHAWKE

DEPOSITOR CODE:

PAYMENT METHOD	CHECK/DEBIT/CREDIT CARD NUMBER
<input type="checkbox"/> Cash Payment	Misc. Cash Code:
<input checked="" type="checkbox"/> Personal Check Payment	Check #: 9237
<input type="checkbox"/> Credit Card Payment	Credit Card:
<input type="checkbox"/> Debit Card Payment	Comments:

CREDIT CARD DETAILS

Authorized Name on Credit Card:

Confirmation/Auth Number:

Expiration Date:

TRANSACTION DATE: 2018-08-23

AMOUNT PAID \$ 487.00

Patient Name	Patient #	History#	Transaction Amt.	Transaction Date	Current Balance
SULLIVAN SHERRY A	5113063	000109924	487.00	2018-08-23	487.00



GREENSBORO SMALL GROUP
 PO BOX 740800
 ATLANTA, GA 30374-0800
www.myuhc.com



Address Change? Please contact your employer's benefit department:
 267HSEPRG1001001-01579-01
 SHERRY SULLIVAN
 14 EDGARWOOD RD
 BATESVILLE MS 38606-7278

Member ID
 ██████████9398

Statement Period
 03/28/18 - 09/23/18

THIS IS NOT A BILL

Medical claims where payments are not needed from you:

Claims for **SHERRY** Processed between **03/28/18** to **09/23/18**

Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid	Copay	Applied to Deductible
-----------------	---------------	----------------	------------------	-------	-----------------------

08/23/18 services provided by 'PANOLA MEDICAL'

Claim Number: 0732821404901	\$584.25	-\$408.25	\$176.00	-\$176.00	...
-----------------------------	----------	-----------	----------	-----------	-----

- THIS CLAIM WAS PROCESSED ON 08/29/18.
- THE PLAN DISCOUNT SHOWN IS YOUR SAVINGS FOR USING A NETWORK PROVIDER. THE AMOUNT YOU OWE MAY INCLUDE YOUR COPAY, COINSURANCE, DEDUCTIBLE, PLUS ANY AMOUNT DUE IF YOU'VE REACHED YOUR BENEFIT LIMIT ON A COVERED SERVICE.

*I paid \$437.00 ck #9237
 10/11/18 - James Bailey said to have credit of \$437.00 but because Panola Med Ctr has filed
 bankruptcy they did not know when I might receive refund.*

Please see the next page for more information

Page 2 of 6

Customer Care 1-800-782-3740

UNG-06W8230-00045043-P

0000004172219-267HSEPRG10010010157902

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):	
<i>Creditor:</i> (6760711)	Claim No: 81	<i>Status:</i>
Sherry A Sullivan	<i>Original Filed</i>	<i>Filed by:</i> CR
14 Edgarwood Rd	<i>Date:</i> 10/11/2018	<i>Entered by:</i> admin
Batesville, MS 38606-7278	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 10/11/2018	

Amount claimed: \$487.00

History:

[Details](#) [81-1](#) 10/11/2018 Claim #81 filed by Sherry A Sullivan, Amount claimed: \$487.00 (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*	\$487.00
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		