

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 3:18-bk-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?

SoftScript, Inc.

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? \_\_\_\_\_

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?

Brandon Phillips

Name

2215 Campus Drive

Number Street

El Segundo

CA

98024

City

State

ZIP Code

Contact phone 310-570-2052

Contact email bphillips@softscript.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

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? \$ 65,530.19 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.  
Transcription services provided.

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:

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.

☐ 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.

\$ \_\_\_\_\_

\* 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 10/12/2018

MM / DD / YYYY

Signature

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

Name

Gary

J.

Gorham

First name

Middle name

Last name

Title

Counsel

Company

Raskin Gorham Anderson Law LLP

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

Address

11333 Iowa Avenue

Number Street

Los Angeles

CA

90025

City

State

ZIP Code

Contact phone

310-202-5544

Email ggorham@raskinlawllp.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
3/31/2018	717729-1806

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	4/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 3/16/2018 and 3/31/2018				
Transcription Lines		34,468	0.125	4,308.50
STAT Lines		3,945	0.0625	246.56
Monthly Hosting Fee - March 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,755.06
Payments/Credits	-\$4,000.00
<b>Balance Due</b>	<b>\$755.06</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
4/15/2018	717729-1807

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	5/15/2018		
Description		Qty	Rate	Amount
Transcription Services Between 4/1/2018 and 4/15/2018				
Transcription Lines		35,146	0.125	4,393.25
STAT Lines		3,564	0.0625	222.75
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,616.00
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,616.00</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
4/30/2018	717729-1808

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	5/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 4/16/2018 and 4/30/2018				
Transcription Lines		40,174	0.125	5,021.75
Hosting Fee - May 2018		1	200.00	200.00
STAT Lines		3,949	0.0625	246.81
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$5,468.56
Payments/Credits	-\$5,000.00
<b>Balance Due</b>	<b>\$468.56</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
5/15/2018	717729-1809

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	6/14/2018		
Description		Qty	Rate	Amount
Transcription Services Between 5/1/2018 and 5/15/2018				
Transcription Lines		15,681	0.125	1,960.13
STAT Lines		75	0.0625	4.69
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$1,964.82
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,964.82</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
5/31/2018	717729-1810

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	6/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 5/16/2018 and 5/31/2018				
Transcription Lines		11,559	0.125	1,444.88
Monthly Hosting Fee - May 2018		1	200.00	200.00
STAT Lines		217	0.0625	13.56
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$1,658.44
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,658.44</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com





2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
6/15/2018	717729-1811

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	7/15/2018		
Description		Qty	Rate	Amount
Transcription Services Between 6/1/2018 and 6/15/2018				
Transcription Lines		13,550	0.125	1,693.75
STAT Lines		868	0.0625	54.25
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$1,748.00
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,748.00</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
6/30/2018	717729-1812

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	7/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 6/16/2018 and 6/30/2018				
Transcription Lines		11,086	0.125	1,385.75
Monthly Hosting Fee - June 2018		1	200.00	200.00
STAT Lines		496	0.0625	31.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total \$1,616.75

Payments/Credits \$0.00

**Balance Due \$1,616.75**

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
7/15/2018	717729-1813

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	8/14/2018		
Description		Qty	Rate	Amount
Transcription Services Between 7/1/2018 and 7/15/2018				
Transcription Lines		10,545	0.125	1,318.13
STAT Lines		504	0.0625	31.50
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$1,349.63
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,349.63</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
7/31/2018	717729-1814

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	8/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 7/16/2018 and 7/31/2018				
Transcription Lines		18,481	0.125	2,310.13
Hosting Fee - July 2018		1	200.00	200.00
STAT Lines		452	0.0625	28.25
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$2,538.38
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$2,538.38</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
8/15/2018	717729-1815

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	9/14/2018		
Description		Qty	Rate	Amount
Transcription Services Between 8/1/2018 and 8/15/2018				
Transcription Lines		14,387	0.125	1,798.38
STAT Lines		1,168	0.0625	73.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$1,871.38
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,871.38</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
8/31/2018	717729-1816

PANOLA MEDICAL CENTER  
ATTN: ROBIN MYRICK A/P  
303 MEDICAL CENTER DRIVE  
BATESVILLE, MS 38606

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	9/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 8/16/2018 and 8/31/2018				
Transcription Lines (8/16-8/23/18)		8,066	0.125	1,008.25
STAT Lines (8/16-8/23/18)		269	0.0625	16.81
Transcription Lines (8/24-8/31/18)		4,497	0.125	562.13
STAT Lines (8/24-8/31/18)		98	0.0625	6.13
Hosting Fee - August 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$1,793.32
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$1,793.32</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
3/31/2018	718730-1806

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	4/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 3/16/2018 and 3/31/2018				
Transcription Lines		48,756	0.125	6,094.50
Monthly Hosting Fee - March 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$6,294.50
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$6,294.50</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
4/15/2018	718730-1807

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	5/15/2018		
Description		Qty	Rate	Amount
Transcription Services Between 4/1/2018 and 4/15/2018				
Transcription Lines		33,571	0.125	4,196.38
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,196.38
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,196.38</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com





2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
4/30/2018	718730-1808

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	5/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 4/16/2018 and 4/30/2018				
Transcription Lines		32,657	0.125	4,082.13
Hosting Fee - May 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,282.13
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,282.13</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
5/15/2018	718730-1809

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	6/14/2018		
Description		Qty	Rate	Amount
Transcription Services Between 5/1/2018 and 5/15/2018				
Transcription Lines		39,045	0.125	4,880.63
STAT Lines		78	0.0625	4.88
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,885.51
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,885.51</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
5/31/2018	718730-1810

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	6/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 5/16/2018 and 5/31/2018				
Transcription Lines		42,979	0.125	5,372.38
Monthly Hosting Fee - May 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$5,572.38
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$5,572.38</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
6/15/2018	718730-1811

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	7/15/2018		
Description		Qty	Rate	Amount
Transcription Services Between 6/1/2018 and 6/15/2018				
Transcription Lines		36,201	0.125	4,525.13
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,525.13
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,525.13</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
6/30/2018	718730-1812

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	7/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 6/16/2018 and 6/30/2018				
Transcription Lines		38,693	0.125	4,836.63
Monthly Minimum Hosting Fee - June 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$5,036.63
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$5,036.63</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
7/15/2018	718730-1813

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	8/14/2018		
Description		Qty	Rate	Amount
Transcription Services Between 7/1/2018 and 7/15/2018				
Transcription Lines		25,592	0.125	3,199.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$3,199.00
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$3,199.00</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
7/31/2018	718730-1814

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	8/30/2018		
Description		Qty	Rate	Amount
Transcription Services Between 7/16/2018 and 7/31/2018				
Transcription Lines		32,651	0.125	4,081.38
Monthly Minimum Hosting Fee - July 2018		1	200.00	200.00
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,281.38
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,281.38</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



2215 Campus Drive, El Segundo CA 90245

## Invoice

Invoice Date	Invoice #
8/15/2018	718730-1815

GILMORE MEMORIAL HOSPITAL  
ATTN: ACCOUNTS PAYABLE  
1105 EARL FRYE BLVD  
AMORY, MS 38821

### REMIT PAYMENTS TO:

SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

P.O. No.	Terms	Past Due On		
N/A	Net 30	9/14/2018		
Description		Qty	Rate	Amount
Transcription Services Between 8/1/2018 and 8/15/2018				
Transcription Lines		37,361	0.125	4,670.13
Late charge applies at 5 % after past due date. Interest accrues at 1.5% per month on all overdue amounts. Please remit all payments payable to Softscript, Inc.				

Please remit payments to:  
SoftScript, Inc.  
FILE 1599  
1801 W OLYMPIC BLVD  
PASADENA, CA 91199-1599

Total	\$4,670.13
Payments/Credits	\$0.00
<b>Balance Due</b>	<b>\$4,670.13</b>

#### How to reach us:

Phone #	Fax #	Email	Web Site
310-451-2110	310.451.8603	ar@softscript.com	www.softscript.com



# 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:* (6763538)

**Claim No:** 86

*Status:*

SoftScript, Inc.

*Original Filed*

*Filed by:* CR

2215 Campus Drive

*Date:* 10/15/2018

*Entered by:* GARY J GORHAM

El Segundo, CA 98024

*Original Entered*

*Modified:*

*Date:* 10/15/2018

Amount claimed: \$65530.19

*History:*

[Details](#) [86-1](#) 10/15/2018 Claim #86 filed by SoftScript, Inc., Amount claimed: \$65530.19 (GORHAM, GARY )

*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

<b>Total Amount Claimed*</b>	\$65530.19
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		