

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
 10/15/2018
 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?	DEEP SOUTH PHYSICS PLLC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>George M Harrison</u>														
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)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>DEEP SOUTH PHYSICS PLLC</td> <td></td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>111 NAPOLEON DRIVE BRANDON, MS 39047</td> <td></td> </tr> <tr> <td>Contact phone <u>6016138076</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>mharrison88@hotmail.com</u></td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	DEEP SOUTH PHYSICS PLLC		Name	Name	111 NAPOLEON DRIVE BRANDON, MS 39047		Contact phone <u>6016138076</u>	Contact phone _____	Contact email <u>mharrison88@hotmail.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)													
DEEP SOUTH PHYSICS PLLC															
Name	Name														
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Contact email <u>mharrison88@hotmail.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?	<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?	<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: _____
7. How much is the claim?	\$ 4730.13 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).
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 healthcare information. Services Performed _____
9. Is all or part of the claim secured?	<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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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 10/15/2018
MM / DD / YYYY

/s/ George M Harrison

Signature

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

Name	<u>George M Harrison</u>		
	First name	Middle name	Last name
Title	<u>President</u>		
Company	<u>Deep south Physics</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>111 napoleon dr.</u>		
	Number	Street	
	<u>brandon,</u>	<u>MS 39047</u>	
Contact phone	City	State	ZIP Code
	<u>6016138076</u>		
	Email	<u>mharrison88@hotmail.com</u>	

Northwest MS Medical Center

CARM

Philips Veradius

SN

7/12/2018

Physics Survey

Deep South Physics

SUMMARY OF FINDINGS

Unit I.D. Philips Veradius
Generator Model

	PASS/FAIL	COMMENTS
Mechanical Checks	PASS	
Field Size Indicator Accuracy	PASS	
Fluoro HVL	PASS	
Fluoro kVp accuracy	PASS	
Fluoro output at TT	PASS	
Fluoro Resolution	PASS	

SURVEYED BY: Mike Harrison M.S.
Certified Diagnostic Physicist

DATE: 07/12/18

MECHANICAL/SAFETY CHECKS

Electrical Cables OK	OK
Column Movement SMOOTH	OK
Column Locks	
Vertical	OK
Transverse	OK
Longitudinal	OK
Tube Rotation Smooth	OK
Collimator Rotation	OK
Collimator Movement	OK
Control Panel	
Lights	OK
X-ray Warning Labels	OK
Audible Alarm	OK
Visual Alarm	OK
Aprons available	OK
Audio/Visual Contact With Patient	OK
Exposure Switch location limits operator to control booth	OK
Fluoro exposure limited to 5 minutes before reset	OK
Fluoro locked out unless Image intensifier is locked into position	OK
	PASS

FLUOROSCOPIC HALF VALUE LAYER

ROOM NUMBER ----->	Philips Veradius
SOURCE TO CHAMBER DISTANCE -->	65 cm
kVp (80 kVp) ----->	80
mA ----->	4.67
Source to Image Distance	95 cm
FILTRATION MATERIAL ----->	ALLOY

EXPOSURE (open)		R/min	0.80
	MEASURED HVL	4.72	mm Al
			PASS

FLUORO KVP VS OUTPUT

And MODE OPERATION

** 30 CM ABOVE TABLE

ROOM ID	Philips Veradius	
Source to Chambe	65	cm

Mode:		NORMAL FLUORO							
Measured	SET								
kvp	KVP	R/MIN	mA		Mode	FOV	kvp	ma	R/min
46.725	50	0.06	0.7		NORMAL	4	6	8.1	4.77
57.238	60	0.31	2.1		MAG 1	6	7	8.3	6.94
66.286	70	1.12	4.6		MAG 2	9	7	8.3	8.24
75.437	80	1.70	4.7						
85.865	90	2.36	4.8						
94.938	100	3.15	4.9						
103.598	110	4.06	5		ma Linearity				
112.426	120	5.07	5		ma	kv	r/min		
112.066	ABC	5.08	5		0	0	0.00		
113.349	Boost	16.33	17		0	0	0.00		
					0	0	0.00		
					0	0	0.00		
					0	0	0.00		



FLUORO KVP ACCURACY LOW AND HIGH CONTRAST RESOLUTION

ROOM NUMBER
SOURCE TO IMAGE DISTANCE
SOURCE TO CHAMBER DISTANCE
IMAGE INTENSIFIER DIAMETER
FLUORO KVP (MAX)
FLUORO mA (IF KNOWN)

Philips Veradius
95 cm
65 cm
NORMAL
120
5

MAXIMUM OUTPUT WITH BEAM BLOCK	(ABS)	R/MIN
MAXIMUM OUTPUT WITH BEAM BLOCK	Manual	2.38
	Boost	2.37
	mA	7.65

kVp set	kVp measured	%error	PASS/FAIL	mA	R/MIN
50	46.72	-6.55%	PASS	0.73	0.1
60	57.24	-4.60%	PASS	2.06	0.3
70	66.29	-5.31%	PASS	4.57	1.1
80	75.44	-5.70%	PASS	4.67	1.7
90	85.86	-4.59%	PASS	4.78	2.4
100	94.94	-5.06%	PASS	4.89	3.1
110	103.60	-5.82%	PASS	5.00	4.1
120	112.43	-6.31%	PASS	5.00	5.1
	MEAN	-5.49%			
PASS/FAIL---->			PASS	PASS/FAIL---->	PASS

LOW CONTRAST RESOLUTION

FOV	mm @ 1%
Norm	PASS
mag 1	PASS
mag 2	PASS

HIGH CONTRAST RESOLUTION

FOV	lp/mm
Norm	PASS
MAG 1	PASS
MAG 2	PASS
RESOLUTION PASS/FAIL----->	PASS

ROOM NUMBER			Philips Veradius		
SOURCE TO IMAGE DISTANCE			95 cm		
SOURCE TO CHAMBER DISTANCE			65 cm		
IMAGE INTENSIFIER DIAMETER			NORMAL		
FLUORO KVP (MAX)			120		
FLUORO mA (IF KNOWN)			7.7		
			R/MIN		
MAXIMUM OUTPUT WITH BEAM BLOCK			abc	2.38	
MAXIMUM OUTPUT WITH BEAM BLOCK			MANUAL	2.37	
			Boost	7.65	
kVp set	kVp measured	%error	mA	R/MIN	
50	46.72	-7%	PASS	0.73	0.06
60	57.24	-5%	PASS	2.06	0.31
70	66.29	-5%	PASS	4.57	1.12
80	75.44	-6%	PASS	4.67	1.70
90	85.86	-5%	PASS	4.78	2.36
100	94.94	-5%	PASS	4.89	3.15
110	103.60	-6%	PASS	5.00	4.06
120	112.43	-6%	PASS	5.00	5.07

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> (6718054)	Claim No: 87	<i>Status:</i>
DEEP SOUTH PHYSICS PLLC	<i>Original Filed</i>	<i>Filed by:</i> CR
111 NAPOLEON DRIVE	<i>Date:</i> 10/15/2018	<i>Entered by:</i> admin
BRANDON, MS 39047	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 10/15/2018	

Amount claimed: \$4730.13

History:

[Details](#) [87-1](#) 10/15/2018 Claim #87 filed by DEEP SOUTH PHYSICS PLLC, Amount claimed: \$4730.13 (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*	\$4730.13
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		