

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

Debtor 1	Curae Health Inc.
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number:	<b>18-05665</b>

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 10/16/2018  
 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**

<b>1. Who is the current creditor?</b>	GE HEALTHCARE DIAGNOSTIC IMAGING _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> GE HEALTHCARE DIAGNOSTIC IMAGING _____ Name c/o Michael B. Bach, Authorized Agent 25 Whitney Drive, Suite 106 Milford, OH 45150  Contact phone <u>513-247-7407</u> Contact email <u>michaelb@dehaan-bach.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name  Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/>	No	
	<input checked="" type="checkbox"/>	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	8822
<b>7. How much is the claim?</b>	\$	15552.10	<b>Does this amount include interest or other charges?</b> <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).
<b>8. What is the basis of the claim?</b>	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.  goods and services _____		
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/>	No	
	<input type="checkbox"/>	Yes. The claim is secured by a lien on property.	
		<b>Nature of property:</b> <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: _____	
		<b>Basis for perfection:</b> _____	
		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.)	
		<b>Value of property:</b>	\$ _____
		<b>Amount of the claim that is secured:</b>	\$ _____
		<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
		<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____
		<b>Annual Interest Rate</b> (when case was filed)	_____ %
		<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/>	No	
	<input type="checkbox"/>	Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<b>11. Is this claim subject to a right of setoff?</b>	<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:	<b>Amount entitled to priority</b>
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 10/16/2018  
MM / DD / YYYY

/s/ Michael B. Bach

Signature

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

Name	<u>Michael B. Bach</u>		
	First name	Middle name	Last name
Title	<u>Authorized Agent</u>		
Company	<u>DeHaan &amp; Bach, LPA</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>25 Whitney Drive, Suite 106</u>		
	Number	Street	
	<u>Milford, OH 45150</u>		
Contact phone	City	State	ZIP Code
	<u>513-247-7407</u>		
	Email	<u>michaelb@dehaan-bach.com</u>	

CustNo	CustName	PNVIG	P21	Equipment/Service	Ship to Customer Address	Ship to Cust/Sales Order Number	Outstanding Amt	Outstanding	Outstanding	InvDt	Order Due Dt
8822	MERIT HEALTH GILMORE MEMORIAL	6001096944		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,087.10	\$ 2,087.10	\$ 2,087.10	8/1/2018	8/31/2018
8822	MERIT HEALTH GILMORE MEMORIAL	6001079623		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,087.10	\$ 2,087.10	\$ 2,087.10	7/1/2018	7/31/2018
8822	MERIT HEALTH GILMORE MEMORIAL	6001051211		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,087.10	\$ 2,087.10	\$ 2,087.10	6/1/2018	7/1/2018
8822	MERIT HEALTH GILMORE MEMORIAL	6001032033		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,087.10	\$ 2,087.10	\$ 2,087.10	5/1/2018	5/31/2018
8822	MERIT HEALTH GILMORE MEMORIAL	6001014367		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,030.26	\$ 2,030.26	\$ 2,030.26	4/1/2018	5/1/2018
8822	MERIT HEALTH GILMORE MEMORIAL	6000983429		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,030.26	\$ 2,030.26	\$ 2,030.26	3/1/2018	3/31/2018
8822	MERIT HEALTH GILMORE MEMORIAL	6000701690		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-192778352983	\$ 402.33	\$ 402.33	\$ 402.33	3/1/2017	4/3/2017
8822	MERIT HEALTH GILMORE MEMORIAL	6000725062		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-192778352983	\$ 653.75	\$ 653.75	\$ 653.75	3/1/2017	5/1/2017
1030	MERIT HEALTH GILMORE MEMORIAL	6001118956		Diagnostic Imaging Service	MERIT HEALTH GILMORE MEMORIAL, 1105 EARL FRYE BLVD	AMORY 1-208778621422	\$ 2,087.10	\$ 2,087.10	\$ 2,087.10	9/1/2018	10/1/2018
							\$ 15,552.10				

# 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:* (6764609)      **Claim No:** 90      *Status:*  
 GE HEALTHCARE      *Original Filed*      *Filed by:* CR  
 DIAGNOSTIC IMAGING      *Date:* 10/16/2018      *Entered by:* admin  
 c/o Michael B. Bach, Authorized      *Original Entered*      *Modified:*  
 Agent      *Date:* 10/16/2018  
 25 Whitney Drive, Suite 106  
 Milford, OH 45150

Amount claimed: \$15552.10

*History:*

[Details](#)    [90-1](#) 10/16/2018 Claim #90 filed by GE HEALTHCARE DIAGNOSTIC IMAGING, Amount claimed: \$15552.10 (admin)

*Description:*

*Remarks:* (90-1) Account Number (last 4 digits):8822

## 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>	\$15552.10
<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.**

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