

Fill in this information to identify the case:

Debtor 1 <u>Curae Health Inc.</u>
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
10/16/2018
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															
1. Who is the current creditor?	<u>GE HEALTHCARE IITS USA CORP</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)	<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><u>GE HEALTHCARE IITS USA CORP</u></td> <td>_____</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>c/o Michael B. Bach, Authorized Agent 25 Whitney Drive, Suite 106 Milford, OH 45150</td> <td></td> </tr> <tr> <td>Contact phone <u>513-247-7407</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>michaelb@dehaan-bach.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)	<u>GE HEALTHCARE IITS USA CORP</u>	_____	Name	Name	c/o Michael B. Bach, Authorized Agent 25 Whitney Drive, Suite 106 Milford, OH 45150		Contact phone <u>513-247-7407</u>	Contact phone _____	Contact email <u>michaelb@dehaan-bach.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)													
<u>GE HEALTHCARE IITS USA CORP</u>	_____														
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c/o Michael B. Bach, Authorized Agent 25 Whitney Drive, Suite 106 Milford, OH 45150															
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Contact email <u>michaelb@dehaan-bach.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? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8059

7. How much is the claim? \$ 101223.98 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 healthcare information.
goods and services

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)?	<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 10/16/2018
MM / DD / YYYY

/s/ Michael B. Bach

Signature

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

Name Michael B. Bach

First name Middle name Last name

Title Authorized Agent

Company DeHaan & Bach, LPA

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

Address 25 Whitney Drive, Suite 106

Number Street

Milford, OH 45150

City State ZIP Code

Contact phone 513-247-7407 Email michaelb@dehaan-bach.com

Customer Number: 8059 Customer Name: CLARKSDALE REGIONAL MEDICAL CENTER INC
 Delin: USD Billd Currency: USD Customer Balance: Functional Currency: Func. Customer Balance: Total Open Items: Total Selected Amount:

Invoice Date	Invoice No	Customer No	IC Name	PO	Due Date	Original Amt.	Outstanding	RN
13-Oct-2017	0A-26280	8059	GE HEALTHCARE INTS USA CORP DEFAULT		13-Oct-2017	-9,910.98	-9,910.98	
08-Nov-2017	030516986	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	08-Dec-2017	144.74	144.74	
13-Dec-2017	030524146	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	12-Jan-2018	144.74	144.74	
19-Jan-2018	030535558	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	18-Feb-2018	144.74	144.74	
08-Feb-2018	030540518	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	10-Mar-2018	144.74	144.74	
07-Mar-2018	030548596	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	06-Apr-2018	144.74	144.74	
06-Apr-2018	030556237	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	06-May-2018	2,212.12	2,212.12	
18-Apr-2018	030560927	8059	GE HEALTHCARE INTS USA CORP DEFAULT		18-May-2018	-2,898.54	-2,898.54	
30-Apr-2018	030561158	8059	GE HEALTHCARE INTS USA CORP DEFAULT		30-May-2018	-2,898.54	-2,898.54	
09-May-2018	030564813	8059	GE HEALTHCARE INTS USA CORP SERV	829-5886133S	08-Jun-2018	44,682.84	44,682.84	
09-May-2018	030564914	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	08-Jun-2018	2,110.82	2,110.82	
07-Jun-2018	030569651	8059	GE HEALTHCARE INTS USA CORP SERV	749-6737917C	07-Jul-2018	24,832.50	24,832.50	
07-Jun-2018	030572122	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	07-Jul-2018	2,110.82	2,110.82	
29-Jun-2018	030578559	8059	GE HEALTHCARE INTS USA CORP SERV		29-Jul-2018	2,898.54	2,898.54	
31-Jul-2018	OC-43059	8059	GE HEALTHCARE INTS USA CORP DEFAULT		31-Jul-2018	19.06	19.06	
06-Jul-2018	030580790	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	05-Aug-2018	2,110.82	2,110.82	
06-Jul-2018	030582998	8059	GE HEALTHCARE INTS USA CORP SERV	749-6756882	05-Aug-2018	33,120.00	33,120.00	
08-Aug-2018	030584722	8059	GE HEALTHCARE INTS USA CORP SERV	829-6184730CE	07-Sep-2018	2,110.82	2,110.82	

101,223.98

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: (6764630) **Claim No:** 97 *Status:*
 GE HEALTHCARE IITS USA *Original Filed* *Filed by:* CR
 CORP *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: \$101223.98

History:

[Details](#) [97-1](#) 10/16/2018 Claim #97 filed by GE HEALTHCARE IITS USA CORP, Amount claimed: \$101223.98 (admin)

Description:

Remarks: (97-1) Account Number (last 4 digits):8059

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*	\$101223.98
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		