

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
 10/22/2018
 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?	COOK MEDICAL INCORPORATED 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?	<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>COOK MEDICAL INCORPORATED</td> <td></td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td></td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>22988 NETWORK PLACE CHICAGO, IL 60673</td> <td></td> </tr> <tr> <td>Contact phone</td> <td>Contact phone</td> </tr> <tr> <td>1-800-457-4500</td> <td></td> </tr> <tr> <td>Contact email</td> <td>Contact email</td> </tr> <tr> <td>customersupport@cookmedical.com</td> <td></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)	COOK MEDICAL INCORPORATED		Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		Name	Name	22988 NETWORK PLACE CHICAGO, IL 60673		Contact phone	Contact phone	1-800-457-4500		Contact email	Contact email	customersupport@cookmedical.com		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)																			
COOK MEDICAL INCORPORATED																					
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customersupport@cookmedical.com																					
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>\$ <u>11738.27</u></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.</p> <p style="text-align: center;"><u>Goods sold</u></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.</p> <p>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) _____ %</p> <p><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 10/22/2018
MM / DD / YYYY

/s/ Leila Anne Hatton

Signature

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

Name Leila Anne Hatton
First name Middle name Last name

Title AR Coordinator

Company Cook Medical

Address 1025 West Acuff Road
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street
Bloomington, IN 47404
City State ZIP Code

Contact phone 1-800-457-4500 Email leila.hatton@cookmedical.com

CUSTOMER STATEMENT



SOLD TO

REMIT TO

NORTHWEST MISSISSIPPI MED CTR
 829 902 ACCOUNTING
 PO BOX 1218
 CLARKSDALE, MS 38614-1218
 USA

COOK MEDICAL, LLC
 22988 NETWORK PLACE
 CHICAGO, IL 60673-1229

Page: 1

Request Invoice Copies at:
 InvoiceRequests@cookmedical.com
 Phone # 800-457-4500

Account: C22750
 Statement Date: 10/18/2018

Credit Limit: 0
 Currency: USD

Payment Terms:
 Net 0 Days

Date	Document	PO Number	Debits	Credits
3/12/2018	V16695952	749-6688201	30.49	
3/29/2018	V16765105	749-6701641	260.20	
4/5/2018	V16793170	749-6707028	34.99	
4/27/2018	V16874466	749-6721646	350.20	
5/15/2018	V16935775	749-6733007	159.50	
6/18/2018	V17056952	749-6753896	13.01	
7/3/2018	V17111616	749-6762997	350.20	
7/30/2018	V17208862	749-6777750	60.00	
8/23/2018	V17301873	749-6791272	350.20	
[REDACTED]				

Account: C22750 Statement Balance 1,613.29 0.00

Statement Aging:

Days overdue:	Current	1 To 30 Days	31 To 60 Days	61 To 90 Days	Over 90 Days	Balance
Aged amounts:	0.00	354.70	60.00	350.20	848.39	1,613.29

CUSTOMER STATEMENT



SOLD TO

REMIT TO

RUSSELLVILLE HOSPITAL
 ACCOUNTS PAYABLE
 PO BOX 1089
 RUSSELLVILLE, AL 35653
 USA

COOK MEDICAL, LLC
 22988 NETWORK PLACE
 CHICAGO, IL 60673-1229

Page: 1

Request Invoice Copies at:
 InvoiceRequests@cookmedical.com
 Phone # 800-457-4500

Account: C41217 **Credit Limit: 0** **Payment Terms:**
 Statement Date: 10/18/2018 Currency: USD CCPPO

Date	Document	PO Number	Debits	Credits
7/13/2017	V15746675	12820	189.29	
9/8/2017	V15992029	12102	48.18	
9/11/2017	V15997334	12102	15.81	
9/14/2017	V16014993	12102	19.49	
9/22/2017	V16050924	12102	20.09	
9/28/2017	V16077601	13187	167.71	
10/4/2017	V16098647	13172	193.89	
10/5/2017	V16104929	13040	232.49	
11/2/2017	V16224760	13358	116.64	
11/6/2017	V16233241	13358	29.48	
2/6/2018	V16572982	13823	243.35	
2/7/2018	V16579650	13839	298.83	
5/2/2018	V16889807	14216	96.24	

Account: C41217 Statement Balance 1,671.49 0.00

Statement Aging:

Days overdue:	Current	1 To 30 Days	31 To 60 Days	61 To 90 Days	Over 90 Days	Balance
Aged amounts:	0.00	0.00	0.00	0.00	1,671.49	1,671.49

CUSTOMER STATEMENT



SOLD TO

REMIT TO

GILMORE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE DEPT.
 1105 EARL FRYE BLVD
 AMORY, MS 38821-5500
 USA

COOK MEDICAL, LLC
 22988 NETWORK PLACE
 CHICAGO, IL 60673-1229

Page: 1

Request Invoice Copies at:
 InvoiceRequests@cookmedical.com
 Phone # 800-457-4500

Account: C22744
 Statement Date: 9/18/2018

Credit Limit: 10,000
 Currency: USD

Payment Terms:
 No Terms

Date	Document	PO Number	Debits	Credits
3/27/2018	V16754666	00137	1,242.50	
4/3/2018	V16783319	00305	216.00	
4/6/2018	V16794905	00326	435.00	
4/25/2018	V16865312	00593	358.10	
4/26/2018	V16869439	00414	435.00	
5/14/2018	V16929965	00760	435.00	
5/14/2018	V16934155	00795	792.50	
5/25/2018	V16978561	00928	322.39	
6/6/2018	V17013946	01020	435.00	
6/18/2018	V17058197	01160	249.00	
6/25/2018	V17083654	01273	435.00	
7/2/2018	V17110757	01375	216.00	
7/5/2018	V17120653	01409	249.00	
7/13/2018	V17150239	01487	415.00	
7/19/2018	V17168805	01487	435.00	
7/19/2018	V17171070	01566	490.00	
7/20/2018	V17174979	01512	435.00	
8/6/2018	V17237371	01755	238.50	
8/9/2018	V17248817	01670	105.00	
8/13/2018	V17264463	01847	225.00	
8/20/2018	V17290030	01933	294.00	
8/27/2018	V17300000	01997	435.00	

Account: C22744 Statement Balance 9,327.99 0.00

Statement Aging:

Days overdue:	Current	1 To 30 Days	31 To 60 Days	61 To 90 Days	Over 90 Days	Balance
Aged amounts:	1,164.00	1,003.50	2,240.00	1,006.39	3,914.10	9,327.99

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> (6718020)	Claim No: 100
COOK MEDICAL	<i>Original Filed</i>
INCORPORATED	<i>Date:</i> 10/22/2018
22988 NETWORK PLACE	<i>Original Entered</i>
CHICAGO, IL 60673	<i>Date:</i> 10/22/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$11738.27

History:

[Details](#) [100-](#) 10/22/2018 Claim #100 filed by COOK MEDICAL INCORPORATED, Amount claimed: \$11738.27 (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*	\$11738.27
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		