

Fill in this information to identify the case:

Debtor 1 Curae Health Inc - Northwest Mississippi Medical

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05665

FILED
OCT 22 2018
U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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>Merry X-Ray Corporation</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)	Where should notices to the creditor be sent? <u>Merry X-ray Corporation</u> Name <u>8020 Tyler Blvd</u> Number Street <u>Mentor</u> <u>OH</u> <u>44060</u> City State ZIP Code Contact phone <u>440-701-1200</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
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: 5 7 6 9

7. How much is the claim? \$ 1747.24. 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.
goods sold

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: \$ 1747.24 (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: \$ 1747.24
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.

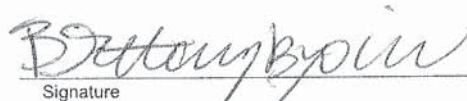
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/11/2018
MM / DD / YYYY


Signature

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

Name Brittany A Byomin
First name Middle name Last name

Title Credit & Collection Supervisor

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

Address 8020 Tyler Blvd
Number Street
Mentor OH 44060
City State ZIP Code

Contact phone 440-701-1200 Email carol.tamburro@merryxray.com



Customer Statement

DATE	ACCT.NO	PAGE
10/11/2018	1025769	1 of 1

^ Please Refer to above number
in all correspondence

BILL TO:

NORTHWEST MISSISSIPPI MEDICAL C
PO BOX 1218
CLARKSDALE MS 38614
USA

REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO CA 92123
USA

ANY QUESTION REGARDING THIS STATEMENT CALL: 866-326-1362

INVOICE DATE	SAP DOC. / INV.	BILLING REFERENCE	PURCHASE ORDER NO.	TERMS OF SALE	INVOICE AMOUNT	CURR	CASH/CRED. PROC.	OPEN AMOUNT
05/18/2018	8800264103	0090264302	749-6734624	Net 30 Days	549.98	USD	0.00	549.98
05/30/2018	8800269200	0090269558	749-6741785	Net 30 Days	129.83	USD	0.00	129.83
07/03/2018	8800289072	0090287366	749-6762431	Net 30 Days	33.43	USD	0.00	33.43
07/10/2018	8800291859	0090290259	749-6762431	Net 30 Days	1,034.00	USD	0.00	1,034.00

Balance As Of: 10/11/2018

JULY STATEMENT BALANCE 1,747.24

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE
0.00	0.00	0.00	1,067.43	679.81	1,747.24

INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
749-6734624			8800264103	05/18/2018	1025769
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	05/16/2018	30	Net 30 Days		06/17/2018

SOLD TO:1025769
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

BILL TO:
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

SHIP TO:2046533
NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614
USA
Pharm lic#01044

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 192237 Outbound Delivery: 80188323 Carrier: FEDEX GROUND Tracking No.: 439397797666 Carton Count: 1 Weight: 17.000 Ship Date: 05/18/2018		
1	CA	124071	DRYSTAR 8X10DT2 MAMFFDM E2RN6	\$527.12	\$527.12
1	001	FRT30	Freight	\$22.86	\$22.86
				SubTotal:	\$549.98
				Tax:	\$0.00
				Total:	\$549.98

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR
UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

Please note new Remit-To address

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
749-6734624	8800264103	05/18/2018	1025769	NORTHWEST MISSISSIPPI MEDICAL

BILLING REF: 90264302

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$549.98

INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
749-6741785			8800269200	05/30/2018	1025769
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	05/29/2018	30	Net 30 Days		06/29/2018

SOLD TO:1025769
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

BILL TO:
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

SHIP TO:2046533
NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614
USA
Pharm lic#01044

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 196234 Outbound Delivery: 80192269 Carrier: FEDEX GROUND Tracking No.: 443193798723 Carton Count: 1 Weight: 30.000 Ship Date: 05/30/2018		
1	CA	100903	7450 450 BANA SMOOTH RC2	\$102.71	\$102.71
1	001	FRT30	450304 Freight	\$27.12	\$27.12
				SubTotal:	\$129.83
				Tax:	\$0.00
				Total:	\$129.83

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PAGE: 1 OF 1

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REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
749-6741785	8800269200	05/30/2018	1025769	NORTHWEST MISSISSIPPI MEDICAL

BILLING REF: 90269558

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$129.83

INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
749-6762431			8800289072	07/03/2018	1025769
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
116	07/02/2018	30	Net 30 Days		08/02/2018

SOLD TO:1025769
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

BILL TO:
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

SHIP TO:2046533
NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614
USA
Pharm lic#01044

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
1	001	FRT30	<p>Sales Order No.: 208358 Outbound Delivery:</p> <p>Carrier: Tracking No.: Carton Count: Weight: 0.000</p> <p>Ship Date:</p> <p>Freight</p>	\$33.43	\$33.43
SubTotal:					\$33.43
Tax:					\$0.00
Total:					\$33.43

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PAGE: 1 OF 1

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Please note new Remit-To address

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REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
749-6762431	8800289072	07/03/2018	1025769	NORTHWEST MISSISSIPPI MEDICAL

BILLING REF: 90287366

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$33.43

INVOICE



PURCHASE ORDER		INVOICE/FID	INVOICE DATE	ACCOUNT NO
749-6762431		8800291859	07/10/2018	1025769
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS	DUE DATE
116	07/02/2018	30	Net 30 Days	08/09/2018

SOLD TO:1025769
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

BILL TO:
NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE MS 38614
USA

SHIP TO:2046533
NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614
USA
Pharm lic#01044

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
1	CA	112982	<p>Sales Order No.: 208358 Outbound Delivery: 80203678</p> <p>Carrier: FEDEX GROUND Tracking No.: 439397828073 Carton Count: 1 Weight: 52.000</p> <p>Ship Date: 07/10/2018</p> <p>DRYSTAR14X17 TM/DT1B 500SHT EKLYZ</p>	\$1,034.00	\$1,034.00
<p>SubTotal:</p> <p>Tax:</p> <p>Total:</p>					<p>\$1,034.00</p> <p>\$0.00</p> <p>\$1,034.00</p>

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Please note new Remit-To address

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REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
749-6762431	8800291859	07/10/2018	1025769	NORTHWEST MISSISSIPPI MEDICAL

BILLING REF: 90290259

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$1,034.00

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: (6768221)

Claim No: 101

Status:

MERRY X RAY

Original Filed

Filed by: CR

CORPORATION

Date: 10/22/2018

Entered by: Intake1

8020 TYLER BLVD

Original Entered

Modified:

MENTOR OH 44060

Date: 10/22/2018

Amount claimed: \$1747.24

History:

[Details](#)

[101-](#)

10/22/2018 Claim #101 filed by MERRY X RAY CORPORATION, Amount claimed: \$1747.24

[1](#)

(Intake1)

Description: (101-1) goods sold

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*	\$1747.24
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		