

Fill in this information to identify the case:

Debtor 1 Core Health (Gilmore Memorial Hosp)  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: Middle District of Tennessee  
 Case number 3:18-bk-05665

FILED

OCT 23 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?

Bio Merieux, Inc  
 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?

☒ No

☐ 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?

Bio Merieux, Inc  
 Name  
100 Rodolphe Street  
 Number Street  
Durham, N.C. 27712  
 City State ZIP Code

Contact phone

919-479-3571

Contact email

clay.cheston@biomerieux.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ 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?

☒ No

☐ 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: 2477

7. How much is the claim? \$ 3,655.40 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

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)?

☒ 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 16 2018  
MM / DD / YYYY

Signature

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

Name

CLARY O'Henry Cheston  
First name Middle name Last name

Title

Sr. Credit Analyst

Company

Bio Merieux, Inc

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

Address

100 Rodolphe St  
Number Street

Durham  
City

N.C. 27712  
State ZIP Code

Contact phone

919-479-3571

Email clary.cheston@biomerieux.com

DEFAULT--MERIT HLTH GILMORE MEM - 0001012477-0021					
Overdue:				Total:	
\$ 3,655.40				\$ 3,655.40	
					Statement of Account for Bankruptcy 10-16-18

Inv #	Flex 6	Original Invoice #	Bill Date	Order Type	Due Date	Amount	Tracking Number	PO Number	Reference#
1212003307-001	1212003307	1212003307	06-26-18	YOR	07-26-18	265.00	138487473083396	01278	0105356927
1212004195-001	1212004195	1212004195	06-27-18	YOR	07-27-18	232.00	138487473093869	01278	0105356927
1212016056-001	1212016056	1212016056	07-18-18	YOR	08-17-18	600.20	451253051388	01536	0105405118
1212018764-001	1212018764	1212018764	07-24-18	YOR	08-23-18	979.00	451253081656	01602	0105419479
1212026845-001	1212026845	1212026845	08-07-18	YOR	09-06-18	1,579.20	451253162149	01769	0105448903

**3,655.40**

**INVOICE**  
1212018764



**ORIGINAL**  
Page 1 / 1

**BILLING ADDRESS 1012477**  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Phone 6622566218  
Fax 6012563133

**SOLD-TO ADDRESS 1012477**  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
24-JUL-2018	1212018764	01602	1012477
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
24-JUL-2018	105419479	30 DAYS NET	
<b>TOTAL</b>		979.00	USD

**SHIPPING ADDRESS 1012477**  
MERIT HLTH GILMORE MEM  
PO# 01602  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
51	259790 BACT/ALERT SN (PLASTIC)	1 ST	265.00 Batch: 1051204 Delivery: 8006612973 / Date: 24-JUL-2018	265.00 Expiry Date: 24-MAY-2019	1 Country of Origin: US	265.00
81	410851 BACT/ALERT FA PLUS (PLASTIC)	1 ST	232.00 Batch: 4051066 Delivery: 8006612973 / Date: 24-JUL-2018	232.00 Expiry Date: 04-MAY-2019	1 Country of Origin: US	232.00
83	21341 GN TEST KIT VTK2 20CARDS	10 ST	48.20 Batch: 2410587403 Delivery: 8006612991 / Date: 24-JUL-2018	48.20 Expiry Date: 06-JUL-2019	1 Country of Origin: US	482.00

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

**Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA**

<b>NET PRICE</b>	<b>979.00</b>
<b>TOTAL</b>	<b>979.00 USD</b>

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.





INVOICE  
1212004195



ORIGINAL

Page 1 / 1

BILLING ADDRESS 1012477  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Phone 6622566218  
Fax 6012563133

SOLD-TO ADDRESS 1012477  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
27-JUN-2018	1212004195	01278	1012477
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
25-JUN-2018	105356927	30 DAYS NET	
TOTAL		232.00	USD

SHIPPING ADDRESS 1012477  
MERIT HLTH GILMORE MEM  
PO# 01278  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
71	410851	1 ST	232.00	232.00	1	232.00
	BACT/ALERT FA PLUS (PLASTIC)		Batch: 4051126	Expiry Date: 10-MAY-2019	Country of Origin: US	
	Delivery: 8006498930 / Date: 27-JUN-2018					

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

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Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	232.00
TOTAL	232.00 USD

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INVOICE  
1212003307



ORIGINAL  
Page 1 / 1

BILLING ADDRESS 1012477  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Phone 6622566218  
Fax 6012563133

SOLD-TO ADDRESS 1012477  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
26-JUN-2018	1212003307	01278	1012477
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
25-JUN-2018	105356927	30 DAYS NET	
TOTAL		265.00	USD

SHIPPING ADDRESS 1012477  
MERIT HLTH GILMORE MEM  
PO# 01278  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
51	259790 BACT/ALERT SN (PLASTIC)	1 ST	265.00 Batch: 1050868 Delivery: 8006490499 / Date: 26-JUN-2018	265.00 Expiry Date: 18-APR-2019	1 Country of Origin: US	265.00

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

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Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	265.00
TOTAL	265.00 USD

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**INVOICE**  
**1212026845**



**ORIGINAL**  
Page 1 / 1

**BILLING ADDRESS 1012477**  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

**Phone** 6622566218  
**Fax** 6012563133

INVOICE DATE	INVOICE #	PO #	CUSTOMER
07-AUG-2018	1212026845	01769	1012477
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
07-AUG-2018	105448903	30 DAYS NET	
<b>TOTAL</b>		1,579.20	USD

**SOLD-TO ADDRESS 1012477**  
MERIT HLTH GILMORE MEM  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

**SHIPPING ADDRESS 1012477**  
MERIT HLTH GILMORE MEM  
PO# 01769  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
51	259790 BACT/ALERT SN (PLASTIC)	1 ST	265.00 Batch: 1051324 Delivery: 8006675724 / Date: 07-AUG-2018	265.00 Expiry Date: 05-JUN-2019	1 Country of Origin: US	265.00
81	410851 BACT/ALERT FA PLUS (PLASTIC)	1 ST	232.00 Batch: 4051302 Delivery: 8006675724 / Date: 07-AUG-2018	232.00 Expiry Date: 01-JUN-2019	1 Country of Origin: US	232.00
83	21342 GP TEST KIT VTK2 20CARDS	10 ST	48.20 Batch: 2420776103 Delivery: 8006675735 / Date: 07-AUG-2018	48.20 Expiry Date: 11-JAN-2020	1 Country of Origin: US	482.00
91	415670 AST-GP75 TEST KIT 20 CARDS	10 ST	60.02 Batch: 2750781403 Delivery: 8006675735 / Date: 07-AUG-2018	60.02 Expiry Date: 16-JAN-2020	1 Country of Origin: US	600.20

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

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**Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA**

<b>NET PRICE</b>	<b>1,579.20</b>
<b>TOTAL</b>	<b>1,579.20 USD</b>

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October 16, 2018

United States Bankruptcy Court Middle District of Tennessee  
Clerk of the Court  
701 Broadway Room 170  
Nashville, TN 37219

Re: Case No. 3:18-bk-05665      Curae Health Inc. –Gilmore Memorial  
1012477

Dear Sir:

Attached is our original Proof of Claim, supporting documents, as well as a copy of the Proof of Claim and a self-addressed stamped envelope. Please process our claim, and return a date/time stamped copy of the Proof of Claim back to my attention in the self-addressed stamped envelope provided.

Sincerely,

Clary Cheston  
Credit Analyst

Attachment – Proof of Claim

# 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:* (6756642)  
BIOMERIEUX INC  
100 RUDOLPHE ST  
DURHAM NC 27712

**Claim No:** 105  
*Original Filed*  
*Date:* 10/23/2018  
*Original Entered*  
*Date:* 10/23/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake1  
*Modified:*

Amount claimed: \$3655.40

*History:*

[Details](#) [105-1](#) 10/23/2018 Claim #105 filed by BIOMERIEUX INC, Amount claimed: \$3655.40 (Intake1)

*Description:* (105-1) Goods

*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

<b>Total Amount Claimed*</b>	\$3655.40
<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
Secured		
Priority		
Administrative		