

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
 10/24/2018
 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>Samuel K Heafner</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?	Where should payments to the creditor be sent? (if different)
	<u>Samuel K Heafner</u>	_____
	Name	Name
	<u>226 Westmoreland Circle Batesville, MS 38606</u>	_____
	Contact phone <u>662-934-5382</u>	Contact phone _____
	Contact email <u>lisaheafner@hotmail.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: _____

7. How much is the claim? \$ 2305.28
 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.
 Refund for Excess payment for services performed before insurance filed _____

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 10/24/2018
MM / DD / YYYY

/s/ Samuel K Heafner

Signature

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

Name Samuel K Heafner
First name Middle name Last name

Title _____

Company _____

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

226 Westmoreland Circle
Number Street
Batesville, MS 38606

Contact phone 662-934-5382 Email lisaheafner@hotmail.com
City State ZIP Code

PANOLA MEDICAL CENTER
 303 MEDICAL CENTER DR
 BATESVILLE MS
 38606-0001
 662-563-5611

PATIENT NAME ACCOUNT NO. ADMIT DATE DIS. DATE PAGE
 HEAFNER SAMUEL K 5111082 8/03/18 8/03/18 1

5106717 GUARANTOR NAME/ADDR. F/C INS. CO/PLANS POLICY #
 HEAFNER SAMUEL K BC BCBS MS YAQ867408481M
 226 WESTMORELAND CIR MISC CO 1121414
 BATESVILLE MS 38606-8457

AGE DR. NAME
 59 HAIRE WILLIAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
8/03/18	0000000			1502.26CR	
8/03/18	0000000			2530.66CR	
8/06/18	0000000			1502.26	
8/20/18	0000001			2920.05CR	
8/20/18	0000000			.00	
8/03/18	4260016	1	1883.77	1883.77	70450
8/03/18	4280134	1	1261.66	1261.66	72050

** SUMMARY OF CHARGES **
 ** TOTAL CHARGES ** 3145.43
 ** TOTAL PAYMENTS ** 2530.66CR
 ** TOTAL ADJUSTMENTS ** 2920.05CR
 ** TOTAL AMOUNT DUE ** 2305.28CR

PLEASE SAVE THIS INFORMATION FOR PERSONAL USE.

Patient: SAMUEL K HEAFNER

Date of Service: 08/03/2018

Subscriber ID: 867408481M

Provider: BATESVILLE REGIONAL MEDICAL CE

Claim Number: 822183086

Total Charges for This Visit: \$3,145.43

What You Owe This Provider: \$225.38

Medical Services	Provider Charges	Allowed	Deductible	Benefits Paid	What You Owe This Provider
Hospital Expense	\$1,883.77	\$134.98	\$134.98	\$.00	\$134.98
Hospital Expense	\$1,261.66	\$90.40	\$90.40	\$.00	\$90.40
Totals	\$3,145.43	\$225.38	\$225.38	\$.00	\$225.38

Because you used the services of a network provider, you are not responsible for the payment of the difference between the allowed amount and the provider charges. You are responsible for the payment of your copay/co-insurance and deductible amounts for covered services. You are also responsible for payment of any non-covered charges.

As of 10/23/2018, \$422.38 of patient's \$5,000.00 deductible for 2018 has been met.

Appeal Procedures

You may request the diagnosis codes, the treatment codes, and the corresponding meanings of the codes for your claim. If you disagree with our decision on this claim, you may request a review within 180 days. You must follow the instructions in the "Appeal Procedures" provision of your benefit plan. If your Plan is subject to ERISA, you have rights under Section 502(a) of ERISA. If this EOB indicates that a denial was based on a medical necessity exclusion or limitation, you have the right to pertinent documents and an explanation of such determination free of charge upon written request. If you appeal, we will review our decision and provide a full and fair review of your claim. You may provide us with information that relates to your claim. If we continue to deny the service requested, you may have a right to have our decision reviewed by independent healthcare professionals as to the medical necessity (experimental or investigational), appropriateness, healthcare setting, level of care or effectiveness of the service or treatment by submitting a request for external review within four months of this notice to the Office of Insurance Commissioner, Mississippi Insurance Department, Attn: Life and Health Actuarial Division, P.O.Box 79, Jackson, MS 39205, 601-359-3569. If you have a medical condition that would seriously jeopardize your life and health, you may request an expedited external review. Additionally, a consumer assistance program may be available to assist you at: Health Help Mississippi, 800 North President Street, Jackson, MS 39202 877-314-3843.

If you have a question about the myBlue website, please call our Member Customer Service Center at 601-664-4590 or 1-800-942-0278, Monday-Friday, 8:00 am to 4:30 pm.

BATESVILLE REGIONAL
MEDICAL
303 MEDICAL CENTER DR
BATESVILLE, MS 38606
(662) 563-5611

SALE

MID: 2851 Store: 0001 Term: 0005
REF#: 00000005
Batch #: 308 RRN: 821521426800
08/03/18 16:55:05
Trans ID: 0803MPXKAXW2C
APPR CODE: 065514
MASTERCARD Swiped
*****0715 **/**

AMOUNT \$2,530.66

APPROVED

RUSSELLVILLE
HOSPITAL INC

CUSTOMER COPY

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> (6769654)	Claim No: 106
Samuel K Heafner	<i>Original Filed</i>
226 Westmoreland Circle	<i>Date:</i> 10/24/2018
Batesville, MS 38606	<i>Original Entered</i>
	<i>Date:</i> 10/24/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$2305.28

History:

[Details](#) [106-1](#) 10/24/2018 Claim #106 filed by Samuel K Heafner, Amount claimed: \$2305.28 (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*	\$2305.28
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		