

**Fill in this information to identify the case:**

Debtor 1 \_\_\_\_\_  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
Case number \_\_\_\_\_

# 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?**

\_\_\_\_\_  
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?**

**Where should notices to the creditor be sent?**

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_

7. How much is the claim? \$\_\_\_\_\_ 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.

\_\_\_\_\_

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 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.

- 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:*

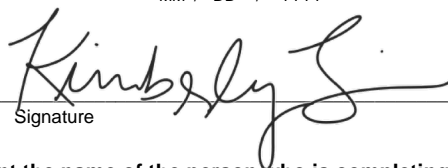
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 \_\_\_\_\_  
 MM / DD / YYYY

  
 \_\_\_\_\_  
 Signature

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

Name \_\_\_\_\_  
 First name Middle name Last name

Title \_\_\_\_\_

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

Address \_\_\_\_\_  
 Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

# Contract account Display: Additional Info



Contract Acct: 0663  Int. Acct Cat.: 01 IS-U Contract Account  
 Partner/Address: 6840 CAMPBELL FAMI... 580 FRIARS POINT RD / CLARKS...  Fix  
 Valid from: 12/18/2018

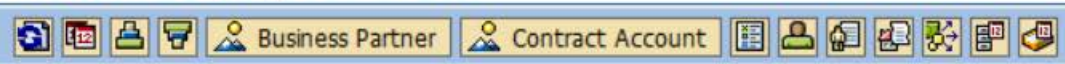
- General data
- Payments/Taxes
- Dunning/Correspondence
- Additional Info

## Bankruptcy/Lawsuit Case Information

Case Number	18-05665	Writeoff Amount	68.52
Filing Date	08/24/2018	Filing Status	Active <input type="checkbox"/>
Chapter code	BK03 <input type="checkbox"/>	Status Amount	

Chapter 11 Corporate/Business Reorg

## Account Display: Basic List



Partner 6840 / Company Code 0070  
 CAMPBELL FAMILY CLINIC  
 580 FRIARS POINT RD  
 CLARKSDALE MS 38614-9734

Navigation

- Receivables
- Down payments
- Totals
- Payment list
- Chronology

PostngDate	Text	Cur	Debit	CreditMemo	Curr.bal.	Down Pymt	CurrDwnPymt
04/16/2018	Payment Lot	USD		38.76-	0.00		
04/30/2018	IS-U Invoicing	USD	33.52		33.52		
05/25/2018	Payment Lot	USD		33.52-	0.00		
05/30/2018	IS-U Invoicing	USD	27.42		27.42		
06/26/2018	Payment Lot	USD		27.42-	0.00		
06/28/2018	IS-U Invoicing	USD	27.42		27.42		
07/18/2018	Payment Lot	USD		27.42-	0.00		
08/15/2018	IS-U Invoicing	USD	41.10		41.10		
09/14/2018	IS-U Invoicing	USD	27.42		68.52		
10/11/2018	IS-U Invoicing	USD	27.42		95.94		
10/15/2018	Payment Lot	USD		19.54-	76.40		
11/02/2018	Payment Lot	USD		27.42-	48.98		
11/14/2018	IS-U Invoicing	USD	37.50		86.48		
12/06/2018	Payment Lot	USD		37.50-	48.98		
12/13/2018	IS-U Invoicing	USD	74.90		123.88		
12/18/2018	Reversal	USD	37.50		161.38		
12/18/2018	Reversal	USD	27.42		188.80		
12/18/2018	Reversal	USD	19.54		208.34		
12/18/2018	IS-U inv. reversal	USD		74.90-	133.44		
12/18/2018	IS-U inv. reversal	USD		37.50-	95.94		
12/18/2018	IS-U inv. reversal	USD		27.42-	68.52		
12/18/2018	IS-U inv. reversal	USD		27.42-	41.10		
12/18/2018	IS-U Invoicing	USD	27.42		68.52		
12/18/2018	Write-Off	USD		68.52-	0.00		

# Contract account Display: Additional Info



Contract Acct: 2622    Int. Acct Cat.: 01    IS-U Contract Account

Partner/Address: 5338    GILMORE FITNE...    1111 EARL FRYE BLVD / AMORY ...    Fix

Valid from: 12/13/2018

- General data
- Payments/Taxes
- Dunning/Correspondence
- Additional Info**

## Bankruptcy/Lawsuit Case Information

Case Number	18-05665	Writeoff Amount	2104.69
Filing Date	08/24/2018	Filing Status	Active
Chapter code	BK03    Chapter 11 Corporate/Business Reorg	Status Amount	

## Account Display: Basic List



Partner 5338 / Company Code 0070  
 GILMORE FITNESS CENTER  
 1111 EARL FRYE BLVD  
 AMORY MS 38821-5516

Navigation

- Receivables
- Down payments
- Totals
- Payment list
- Chronology**

PostngDate	Text	Cur	Debit	CreditMemo	Curr.bal.	Down Pymt	CurrDwnPymt
05/23/2018	Payment Lot	USD		969.28-	631.24		
05/31/2018	Payment Lot	USD		631.24-	0.00		
06/20/2018	IS-U Invoicing	USD	831.47		831.47		
07/19/2018	IS-U Invoicing	USD	1,002.36		1,833.83		
07/24/2018	Payment Lot	USD		831.47-	1,002.36		
08/17/2018	IS-U Invoicing	USD	905.51		1,907.87		
08/24/2018	Payment Lot	USD		1,002.36-	905.51		
08/29/2018	Returns	USD	1,002.36		1,907.87		
09/19/2018	IS-U Invoicing	USD	867.43		2,775.30		
10/05/2018	Payment Lot	USD		1,507.87-	1,267.43		
10/17/2018	IS-U Invoicing	USD	817.61		2,085.04		
11/01/2018	Payment Lot	USD		817.61-	1,267.43		
11/19/2018	IS-U Invoicing	USD	1,304.93		2,572.36		
12/05/2018	Payment Lot	USD		1,304.93-	1,267.43		
12/13/2018	Reversal	USD	1,304.93		2,572.36		
12/13/2018	Reversal	USD	817.61		3,389.97		
12/13/2018	Reversal	USD	1,507.87		4,897.84		
12/13/2018	IS-U inv. reversal	USD		1,304.93-	3,592.91		
12/13/2018	IS-U inv. reversal	USD		817.61-	2,775.30		
12/13/2018	IS-U inv. reversal	USD		867.43-	1,907.87		
12/13/2018	IS-U Invoicing	USD	196.82		2,104.69		
12/13/2018	Reversal	USD	1,002.36		3,107.05		
12/13/2018	Write-Off	USD		2,104.69-	1,002.36		
12/13/2018	Payment Lot	USD		1,002.36-	0.00		

# Contract account Display: Additional Info



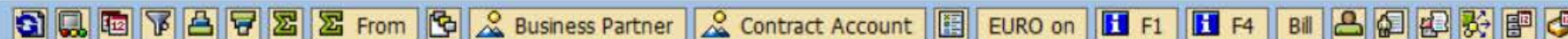
Contract Acct: 7070 Int. Acct Cat.: 01 IS-U Contract Account  
 Partner/Address: 2453 GILMORE MEMO... 1005 EARL FRYE BLVD / AMORY ...  Fix  
 Valid from: 12/20/2018

- General data
- Payments/Taxes
- Dunning/Correspondence
- Additional Info**

## Bankruptcy/Lawsuit Case Information

Case Number: 18-05665 Writeoff Amount: 22889.32  
 Filing Date: 08/24/2018 Filing Status: Active   
 Chapter code: BK03 Chapter 11 Corporate/Business Reorg Status Amount:

# Account Display: Basic List



Partner: 2453 / Company Code 0070  
 GILMORE MEMORIAL HOSP 97  
 1005 EARL FRYE BLVD  
 AMORY MS 38821

Navigation

- Receivables**
- Down payments
- Totals
- Payment list
- Chronology

Due Date	Post Dt.	Contract Acc	Doc Number	Sub Description	Amount	Doc.Ty	Main	Sub	Clr. Dt.	Clr. Doc	Stat	Coll.Step
08/28/2018	08/15/2018	7070	0011	Consumption Bill Receivable	5,665.59	IN	0100	1020	10/24/2018	9790	OO	
08/28/2018	08/15/2018	7070	0011	Consumption Bill Receivable	2,130.56	IN	0100	1020	10/24/2018	9790	OO	
08/28/2018	08/15/2018	7070	0011	Consumption Bill Receivable	545.73	IN	0100	1020	10/24/2018	9790	OO	
09/30/2018	08/29/2018	7070	0396	Payment Return	8,421.96	RK	0015	2020	10/24/2018	9790	OO	
09/30/2018	09/17/2018	7070	1371	Consumption Bill Receivable	5,585.37	IN	0100	1020	10/24/2018	9790	OO	
09/30/2018	09/17/2018	7070	1371	Consumption Bill Receivable	540.11	IN	0100	1020	10/24/2018	9790	OO	
10/24/2018	10/24/2018	7070	0275	STMS Bankruptcy WO	22,889.32	WO	0000	1010	10/24/2018	9790		

Receivables USD 0.00

# Contract account Display: Additional Info



Contract Acct: 5799    Int. Acct Cat.: 01    IS-U Contract Account

Partner/Address: 0012    NORTHWEST MI...    864 RITCHIE AVE / CLARKSDALE...    Fix

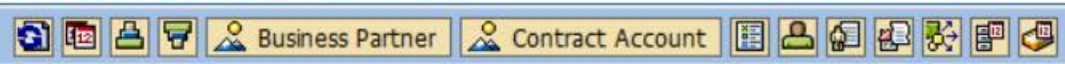
Valid from: 12/11/2018

- General data
- Payments/Taxes
- Dunning/Correspondence
- Additional Info

## Bankruptcy/Lawsuit Case Information

Case Number	18-05665	Writeoff Amount	336.75
Filing Date	08/24/2018	Filing Status	Active
Chapter code	BK03    Chapter 11 Corporate/Business Reorg	Status Amount	

## Account Display: Basic List



Partner    0012 / Company Code 0070  
 NORTHWEST MISSISSIPPI MEDICAL CENTER  
 864 RITCHIE AVE  
 CLARKSDALE MS 38614-7214

Navigation

- Receivables
- Down payments
- Totals
- Payment list
- Chronology

PostngDate	Text	Cur	Debit	CreditMemo	Curr.bal.	Down Pymt	CurrDwnPymt
02/28/2018	IS-U Invoicing	USD	28.36		178.18		
02/28/2018	IS-U inv. reversal	USD		28.36-	149.82		
02/28/2018	IS-U Invoicing	USD	28.36		178.18		
02/28/2018	Charge	USD	30.45		208.63		
03/09/2018	IS-U Invoicing	USD	25.63		234.26		
04/10/2018	IS-U Invoicing	USD	25.63		259.89		
04/24/2018	Request	USD		0.67-	259.22		
05/01/2018	Request	USD		0.34-	258.88		
05/01/2018	Request	USD		0.34-	258.54		
05/07/2018	IS-U Invoicing	USD	26.43		284.97		
06/08/2018	IS-U Invoicing	USD	25.63		310.60		
07/10/2018	IS-U Invoicing	USD	27.18		337.78		
08/07/2018	IS-U Invoicing	USD	26.31		364.09		
08/13/2018	Payment Lot	USD		54.29-	309.80		
10/08/2018	IS-U inv. reversal	USD		26.31-	283.49		
10/08/2018	IS-U inv. reversal	USD		27.18-	256.31		
10/11/2018	IS-U Invoicing	USD	107.71		364.02		
11/08/2018	IS-U Invoicing	USD	27.62		391.64		
12/11/2018	IS-U inv. reversal	USD		27.62-	364.02		
12/11/2018	IS-U inv. reversal	USD		107.71-	256.31		
12/11/2018	IS-U Invoicing	USD	25.63		281.94		
12/11/2018	IS-U Invoicing	USD	25.63		307.57		
12/11/2018	IS-U Invoicing	USD	29.18		336.75		
12/11/2018	Write-Off	USD		336.75-	0.00		

# Contract account Display: Additional Info



Contract Acct: 6725    Int. Acct Cat.: 01    IS-U Contract Account  
 Partner/Address: 0012    NORTHWEST MI... 864 RITCHIE AVE / CLARKSDALE...     Fix  
 Valid from: 12/20/2018

General data    Payments/Taxes    Dunning/Correspondence    **Additional Info**

## Bankruptcy/Lawsuit Case Information

Case Number: 18-05665    Writeoff Amount: 11127.01  
 Filing Date: 08/24/2018    Filing Status: Active   
 Chapter code: BK03     Chapter 11 Corporate/Business Reorg    Status Amount:

# Account Display: Basic List



Partner: 0012 / Company Code 0070  
 NORTHWEST MISSISSIPPI MEDICAL CENTER  
 864 RITCHIE AVE  
 CLARKSDALE MS 38614-7214

Navigation

Receivables    Down payments    Totals    Payment list    Chronology

Due Date	Post Dt.	Contract Acc	Doc Number	Sub Description	Amount	Doc.Ty	Main	Sub	Clr. Dt.	Clr. Doc	Stat	Coll.Step
08/28/2018	08/15/2018	6725	4465	Consumption Bill Receivable	4,718.58	IN	0100	1020	12/18/2018	3018	OO	
08/28/2018	08/15/2018	6725	4465	Consumption Bill Receivable	1,653.87	IN	0100	1020	12/18/2018	3018	OO	
09/30/2018	09/17/2018	6725	9285	Consumption Bill Receivable	3,251.21	IN	0100	1020	12/18/2018	3018	OO	
09/30/2018	09/17/2018	6725	9285	Consumption Bill Receivable	1,503.35	IN	0100	1020	12/18/2018	3018	OO	
12/18/2018	12/18/2018	6725	5038	GTMS Bankruptcy WO	11,127.01	WO	0000	1040	12/18/2018	3018		

Receivables    USD    0.00



# 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:** 01/21/2019  
**Trustee:**                              **Last Date to file (Govt):**

<p><i>Creditor:</i> (6809062)          ATMOS ENERGY CORPORATION          ATTN: BANKRUPTCY GROUP          PO BOX 650205          DALLAS, TX 75265-0205</p>	<p><b>Claim No: 147</b>  <i>Original Filed</i>          Date: 12/21/2018  <i>Original Entered</i>          Date: 12/21/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> KIMBERLY TORIO  <i>Modified:</i></p>
---	---	---

Amount claimed: \$36526.29

*History:*

[Details](#)    [147-1](#) 12/21/2018 Claim #147 filed by ATMOS ENERGY CORPORATION, Amount claimed: \$36526.29 (TORIO, KIMBERLY )

*Description:* (147-1) Natural Gas

*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>	\$36526.29
<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
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		