

Fill in this information to identify the case:

Debtor 1 Curae Health, Inc et al
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court, for the: Middle District of Tennessee
 Case number 18-05665

FILED
 DEC 27 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. Do not send redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after 30 days 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, under 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 the date of the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Divergent Medical Tech, Inc</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?	Where should notices to the creditor be sent? <u>Divergent Medical Tech, Inc</u> <u>Dean Trivisani</u> Name <u>5 Fir Court Suite 1A</u> Number Street <u>Oakland</u> <u>NJ</u> <u>07436</u> City State ZIP Code Contact phone <u>201-644-0844</u> Contact email <u>dtrivisani@divergentmedical.com</u>	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?	<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: 0064

7. How much is the claim? \$ 814.30 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: \$ _____ (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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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

12/17/2018
MM / DD / YYYY

Signature

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

Name

Dean

First name

Middle name

TRIVISANI

Last name

Title

President

Company

Divergent Medical Technologies Inc

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

Address

5 FIR Court Suite 1A

Number

Street

Oakland

City

NJ

State

07436

ZIP Code

Contact phone

201-644-0844

Email dtrivisani@divergent-medical.com



Divergent Medical Technologies, LLC
5 Fir Court Suite 1A
Oakland, NJ 07436

Invoice

Phone 201-644-0844

Date 5/21/2018
Invoice # 7492-C

Bill To

749 902 Accounting
Northwest Mississippi RMC
Accounting Dept
PO Box 1218
Clarksdale, MS 38614

Ship To

749 Clarksdale Curae Stores
Northwest Mississippi RMC
1970 Hospital Drive
Clarksdale, MS 38614

P.O. No.	Terms	Rep	Ship Date	Customer #	Kit Number	GPO Affiliation
749-6737018	Net 30	HPG	5/21/2018	0138	27101-27200	CHSSPC,LLC

Qty	Item	Description	Price Each	Amount
1	CKD-1003-A01	KIT A2. Mother Baby Positive ID Kit - matched numbered sterile clamp and 4-part numbered ID bands (c/w INSERT style label), ID card c/w numbered stick-on labels, & instructions. FedEx Package 1 Tracking #: 781055527981	407.15	407.15

Total	\$407.15
Pymnts/Credits	\$0.00
Balance Due	\$407.15

Thank you for your business.

PO Number: 749-6737018
PO Date: 05/21/2018

Vendor:

DIVERGENT MEDICAL TECHNOLOGIES LLC
5 FIR COURT
SUITE A
OAKLAND, NJ 07436

Phone: 877-651-0060
Fax: 12016510110

Ship To:

749 CLARKSDALE CURAE STORES
NORTHWEST MISSISSIPPI MEDICAL CTR
1970 HOSPITAL DRIVE
CLARKSDALE, MS 38614
CLINE

Phone: 662-624-3435

Fax: 662-624-3397

Bill To:

749 902 CURAE ACCOUNTING
NORTHWEST MISSISSIPPI MEDICAL CTR
PO BOX 1218
CLARKSDALE, MS 38614

Phone: 662-624-3435

Fax:

Vendor Code: 620030044

PO Type:

PO Status: Draft

Customer No:

Comment:

PLEASE SEND FAX CONFIRMATIONS OF PRICING TO 662-624-3397.
PLEASE SHIP OUR PACKAGES FED EX GROUND USING OUR OPTFREIGHT
ACCOUNT#284667914

Composed By: VAIASHA MUSKIN

Terms: DISCRETIONARY 60 DAYS

FOB: DESTINATION

Delivery Date: 05/28/2018

Tax ID Number: 81-5064755

Line Modified	Vendor Catalog	Mfr Catalog	Order Quantity	Item Number	Description	Charge Dept Sub-Ledger	Price Discount	Tax Amount Sub-Project	Est. Price w/o Tax
1	CKD-1003-A01	CKD-1003-A01	1	EX 184529	KIT MOTHER/BABY 5 POINT IDENTIFIER INSERT STYLE	7497080020	\$ 497.15	\$0.00	\$ 497.15
PO Sub Total:						\$497.15	Tax Total:		\$497.15
						\$0	Purchase Order Total:		\$497.15

Signature(s):

27101-27220

RECEIVED

a Shupet
5/21/18



Divergent Medical Technologies, LLC
5 Fir Court Suite 1A
Oakland, NJ 07436

Invoice

Phone 201-644-0844

Date 7/24/2018
Invoice # 7801-C

Bill To

749 902 Accounting
Northwest Mississippi RMC
Accounting Dept
PO Box 1218
Clarksdale, MS 38614

Ship To

749 Clarksdale Curae Stores
Northwest Mississippi RMC
1970 Hospital Drive
Clarksdale, MS 38614

P.O. No.	Terms	Rep	Ship Date	Customer #	Kit Number	GPO Affiliation
749-6769931	Net 30	HPG	7/24/2018	0138	82101-82200	CHSSPC, LLC

Qty	Item	Description	Price Each	Amount
1	CKD-1003-A01	KIT A2. Mother Baby Positive ID Kit - matched numbered sterile clamp and 4-part numbered ID bands (c/w INSERT style label), ID card c/w numbered stick-on labels, & instructions.	407.15	407.15
Total				\$407.15
Pymnts/Credits				\$0.00
Balance Due				\$407.15

Thank you for your business.

PO Number: 749-6769931
PO Date: 07/16/2018

Vendor: DIVERGENT MEDICAL TECHNOLOGIES LLC 55 FIR COURT SUITE A OAKLAND, NJ 07436 Phone: 877-651-0060 Fax: 12016510110		Ship To: 749 CLARKSDALE CURAE STORES NORTHWEST MISSISSIPPI MEDICAL CTR 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614 GLN: Phone: 662-624-3435 Fax: 662-624-3397		Bill To: 749 902 CURAE ACCOUNTING NORTHWEST MISSISSIPPI MEDICAL CTR PO BOX 1218 CLARKSDALE, MS 38614 Phone: 662-624-3435 Fax:						
Vendor Code: 620030044 PO Type: PO Status: On Order Customer No:		Comment: PLEASE SEND FAX CONFIRMATIONS OF PRICING TO 662-624-3397. PLEASE SHIP OUR PACKAGES FED EX GROUND USING OUR OPTIFREIGHT ACCOUNT#284687914		Composed By: YATASHA MUSKIN Terms: DISCRETIONARY 60 DAYS FOB: DESTINATION Delivery Date: 07/23/2018 Tax ID Number: 81-5064755						
Line	Modified	Vendor Catalog	Mfr Catalog	Order Quantity	Item Number	Description	Charge Dept. Sub-Ledger	Price Discount	Tax Amount Sub-Project	Ext. Price w/o Tax
1		CKD-1003-A01	CKD-1003-A01	1 BX	184529	KIT MOTHER/BABY 5 POINT IDENTIFIER INSERT STYLE	7497080020	\$ 407.15	\$0.00	\$ 407.15
PO Sub Total:				\$407.15	Tax Total:		\$0	Purchase Order Total:		\$407.15

82101-82200

Signature(s):



Shipment Receipt

Address Information

Ship to:

Northwest Mississippi Medical Ctr
749 Clarksdale Curae Stores
1970 Hospital Drive

CLARKSDALE, MS
38614
US
662-624-3435

Ship from:

Dean Trivisani
Divergent Medical Technologies, LLC
207 Ramapo Valley Rd

Oakland, NJ
07436
US
2016510100

Shipment Information:

Tracking no.: 772800752408
Ship date: 07/24/2018
Estimated shipping charges: 0.00

Package Information

Pricing option: FedEx Standard Rate
Service type: FedEx 2Day
Package type: Your Packaging
Number of packages: 1
Total weight: 8 LBS
Declared Value: 407.00 USD
Special Services: Direct signature required
Pickup/Drop-off: Contact FedEx for courier pickup

Billing Information:

Bill transportation to: Third party
Your reference:
P.O. no.: 749-6769931
Invoice no.:
Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

CONF #
G-MVA 471



December 17, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **772800752408**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DR CLARKSDALE, MS 38614
Signed for by:	K.TAYLOR	Delivery date:	Jul 26, 2018 08:51
Service type:	FedEx 2Day		
Special Handling:	Deliver Weekday		
	Direct Signature Required		

Shipping Information:

Tracking number:	772800752408	Ship date:	Jul 24, 2018
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Recipient:

Northwest Mississippi Medical Ctr
749 Clarksdale Curae Stores
1970 Hospital Drive
CLARKSDALE, MS 38614 US

Shipper:

Dean Trivisani
Divergent Medical Technologies, LLC
207 Ramapo Valley Rd
OAKLAND, NJ 07436 US

Thank you for choosing FedEx.

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):**

<i>Creditor:</i> (6811455)	Claim No: 153	<i>Status:</i>
DIVERGENT MEDICAL TECH	<i>Original Filed</i>	<i>Filed by:</i> CR
INC	<i>Date:</i> 12/27/2018	<i>Entered by:</i> Intake3
DEAN TRIVISANI	<i>Original Entered</i>	<i>Modified:</i>
5 FIR COURT SUITE 1A	<i>Date:</i> 12/27/2018	
OAKLAND NJ 07436		

Amount claimed: \$814.30

History:

[Details](#) [153-1](#) 12/27/2018 Claim #153 filed by DIVERGENT MEDICAL TECH INC, Amount claimed: \$814.30 (Intake3)

Description: (153-1) 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*	\$814.30
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		