

Fill in this information to identify the case:

Debtor 1	Curae Health Inc.
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
 1/3/2019
 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?	PharMEDium LLC	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Gilmore Memorial Regional Medical Center
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)
	PharMEDium LLC	29104 Network Place
	Name	Name
	150 North Field Drive Suite 350 Lake Forest, IL 60045	Chicago, IL 60673-1291
	Contact phone 847-457-2300	Contact phone 847-457-2300
	Contact email ar@pharmedium.com	Contact email ar@pharmedium.com
	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: 8983

7. How much is the claim? \$ 455.76 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.
Product (drugs ordered by the hospital Pharmacy)

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 1/3/2019
MM / DD / YYYY

/s/ Sanjeev Bahl

Signature

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

Name Sanjeev Bahl

First name Middle name Last name

Title Vice President Quality

Company PharMEDium LLC

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

Address 150 North Field Suite 350

Number Street

Lake Forest, IL 60045

City State ZIP Code

Contact phone 847-457-2256 Email sbahl@pharmedium.com

Invoice



Invoice	A2145086
Date	1/23/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC
 29104 Network Place
 Chicago IL 60673-1291

Bill To:

GILMORE MEMORIAL REG MED CTR
 INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY HMA INC
 AMORY MS 38821

Ship To: DEA#: FA6858546

GILMORE MEMORIAL REG MED CTR
 DELIVER TO INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY REG MED CTR INC
 AMORY MS 38821

Purchase Order No.		Customer ID	Pharmacy License No.	222 Number	Order Number		
011718		518983			WEB02077729		
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price
1	CA24	2K2432	71019-182-01	2 g Magnesium Sulfate (Preservative Free) added to 0.9		\$116.64	\$116.64

Thank you for your order

Remarks:

Subtotal	\$116.64
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$116.64

Invoices paid beyond the due date are subject to a Late Payment Service Fee

Contact PharMEDium at: 800-523-7749

Cleveland DEA Reg#:RP0305119

Memphis DEA Reg#:RP0371613

Dayton DEA Reg#:RP0494182

Accounts Receivable
 Fax: 847-234-1278
 E-mail: ar@pharmedium.com
 Federal Tax ID#: 05-0577086

Customer Service
 Fax: 847-234-1363
 E-mail: customerservice@pharmedium.com

Invoice



Invoice	A2158278
Date	2/20/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC
 29104 Network Place
 Chicago IL 60673-1291

Bill To:

GILMORE MEMORIAL REG MED CTR
 INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY HMA INC
 AMORY MS 38821

Ship To:

DEA#: FA6858546

GILMORE MEMORIAL REG MED CTR
 DELIVER TO INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY REG MED CTR INC
 AMORY MS 38821

Purchase Order No.		Customer ID	Pharmacy License No.	222 Number	Order Number		
021318		518983			WEB02091972		
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price
1	CA24	2K2432	71019-182-01	2 g Magnesium Sulfate (Preservative Free) added to 0.9		\$116.64	\$116.64

Thank you for your order

Remarks:

Subtotal	\$116.64
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
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Invoice



Invoice	A2170222
Date	3/27/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC
 29104 Network Place
 Chicago IL 60673-1291

Bill To:

GILMORE MEMORIAL REG MED CTR
 INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY HMA INC
 AMORY MS 38821

Ship To: DEA#: FA6858546

GILMORE MEMORIAL REG MED CTR
 DELIVER TO INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY REG MED CTR INC
 AMORY MS 38821

Purchase Order No.		Customer ID		Pharmacy License No.		222 Number	Order Number	
031918		518983					WEB02102594	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA24	2K2432	71019-182-01	2 g Magnesium Sulfate (Preservative Free) added to 0.9		\$116.64	\$116.64	

Thank you for your order

Remarks:

Subtotal	\$116.64
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$116.64

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 E-mail: customerservice@pharmedium.com

Invoice



Invoice	A2213251
Date	8/13/2018
Page	1
Terms	Net 30

Remit To:

PharMEDium Services, LLC
 29104 Network Place
 Chicago IL 60673-1291

Bill To:

GILMORE MEMORIAL REG MED CTR
 INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY HMA INC
 AMORY MS 38821

Ship To:

DEA#: FA6858546

GILMORE MEMORIAL REG MED CTR
 DELIVER TO INPATIENT PHARMACY
 1105 EARL FRYE BLVD
 AMORY REG MED CTR INC
 AMORY MS 38821

Purchase Order No.		Customer ID		Pharmacy License No.		222 Number	Order Number	
071718		518983					WEB02135045	
QTY	QTY UM	Item Number	NDC#	Description	Ship Method	Unit Price	Ext. Price	
1	CA24	2K2411	71019-183-01	2 g Magnesium Sulfate (Preservative Free) added to 5%		\$105.84	\$105.84	

Thank you for your order

Remarks:

Subtotal	\$105.84
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$105.84

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Cleveland DEA Reg#:RP0305119

Memphis DEA Reg#:RP0371613

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Customer Service
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 E-mail: customerservice@pharmedium.com

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> (6815099) PharMEDium LLC 150 North Field Drive Suite 350 Lake Forest, IL 60045</p>	<p>Claim No: 164 <i>Original Filed</i> Date: 01/03/2019 <i>Original Entered</i> Date: 01/03/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> admin <i>Modified:</i></p>
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Amount claimed: \$455.76

History:

[Details](#) [164](#)- 01/03/2019 Claim #164 filed by PharMEDium LLC, Amount claimed: \$455.76 (admin)
1

Description:

Remarks: (164-1) Account Number (last 4 digits):8983

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*	\$455.76
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		