

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
 1/9/2019
 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?	<u>Philips Respironics 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? 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>Philips Respironics Inc</u>	_____
	Name	Name
	<u>c/o Marcy Hikida 22100 Bothell Everett Hwy Bothell, WA 98021</u>	_____
	Contact phone _____	Contact phone _____
	Contact email _____	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

<p>6. Do you have any number you use to identify the debtor?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<p style="text-align: right;">1459</p>
<p>7. How much is the claim?</p>	<p>\$ 1620.00</p>	<p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p>Goods and Services invoices are attached</p>	
<p>9. Is all or part of the claim secured?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<p>10. Is this claim based on a lease?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<p>11. Is this claim subject to a right of setoff?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <i>Check all that apply.</i>	Amount entitled to priority
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<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 1/9/2019
MM / DD / YYYY

/s/ Joshua Nicholson

Signature

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

Name Joshua Nicholson

First name Middle name Last name

Title Senior Credit Analyst

Company Philips

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

Address 511 Union Street, Suite 900

Number Street

Nashville, TN 37219

City State ZIP Code

Contact phone 629-215-7265 Email joshua.nicholson@philips.com



Remit to:
 Respironics, Inc
 P.O. Box 405740
 Atlanta, GA 30384-5740

Wire Transfer Information:
 Bank: Bank of America
 Swift: BOFAUS3N
 Account: 4426863322
 Wire ABA: 026009593
 ACH ABA: 111000012

Invoice 942755767

INVOICE DATE: 08/22/2018
CUSTOMER ACCOUNT: 10121459
 ORDER NUMBER: 519609675
 ORDER DATE: 08/21/2018
 CUSTOMER PO: 749-6785711
 DATE SHIPPED: 08/22/2018
 CARRIER: FFF
 PAYMENT TERMS: Net 30 days
 SHIPPING PLANT: RIYW
 INVOICE DUE DATE: 09/21/2018
 CURRENCY: USD

From ORU: 164728
 Phone: 1-724-387-5200
 Fax: 1-724-387-5014
 Toll Free: 1-800-345-6443

BILL TO:

Curae Health Inc.,
 d/b/a Northwest Mississippi Medical Ctr
 PO Box 1218
 Clarksdale MS 38614-1218

SHIP TO:

Curae Health Inc
 d/b/a Northwest Mississippi Medical Ctr
 1970 Hospital Dr
 Clarksdale MS 38614

ORDER QTY	SHIP QTY	BACKUOM ORDER QTY	ITEM NUMBER	DESCRIPTION SERIAL NUMBERS	UNIT LIST PRICE	UNIT PRICE	EXTENDED PRICE
10	10	0 EA	1104940	S/M/L/XL PICO NASAL MASK FITPACK W/HGR	247.62	81.00	810.00
10	10	0 EA	1094051	WISP MASK, FABRIC FRAME, W/ HDGR, DOM	214.29	81.00	810.00



Remit to:
 Respiroincs, Inc
 P.O. Box 405740
 Atlanta, GA 30384-5740

INVOICE NUMBER: 942755767
INVOICE DATE: 08/22/2018
CUSTOMER ACCOUNT: 10121459

From ORU: 164728
 Phone: 1-724-387-5200

ORDER QTY	SHIP QTY	BACKUOM ORDER QTY	ITEM NUMBER	DESCRIPTION SERIAL NUMBERS	UNIT LIST PRICE	UNIT PRICE	EXTENDED PRICE
THANK YOU FOR SHARING YOUR BUSINESS WITH US.					MATERIAL AMOUNT		1,620.00
<p>Dealers located in the United States are not permitted to re-sell, rent, or in any other way distribute Respiroincs products outside the United States.</p> <p>When Unit Price is less than Unit List Price for any product or service, the difference reflects that a discount has been provided for such product or service.</p> <p>IMPORTANT NOTICE: U.S. healthcare providers are reminded that if the transactions herein include a discount (including a rebate or other price reduction), you must fully and accurately report such discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, as may be required by state of federal law.</p> <p>Customer will report immediately to Respiroincs any event of which Customer becomes aware that suggests that any Respiroincs product, for any reason: (a) may have caused or contributed to a death or serious injury or (b) has malfunctioned and such malfunctions would be likely to cause or contribute to a death or serious injury if the malfunction were to occur again, and to report to Respiroincs all complaints received from customers regarding the identity, quality, performance, reliability, safety, effectiveness or labels or instructions for use of the products.</p> <p>Customer shall at all times comply with all applicable statutes, laws and regulations, as well as policies of any accreditation organization to which Customer is subject, relating to Respiroincs-initiated field actions, recalls and device tracking.</p> <p>Certifications regarding Anti-Kickback Statute Compliance. Each party certifies that it will comply with the Anti-Kickback Statute in the performance of this Agreement. Each party further certifies that Philips Respiroincs has made its Code of Conduct, including its Anti-Kickback Statute policies and procedures, available to Buyer via the Philips Respiroincs website at www.philips.com/PRIhealthcarecompliance</p>					SALES TAX VAT MISC. CHARGES FREIGHT\HANDLING		0.00
DUE DATE: 09/21/2018					INVOICE TOTAL		1,620.00

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> (6818123) Philips Respironics Inc c/o Marcy Hikida 22100 Bothell Everett Hwy Bothell, WA 98021</p>	<p>Claim No: 172 <i>Original Filed</i> <i>Date:</i> 01/09/2019 <i>Original Entered</i> <i>Date:</i> 01/09/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> admin <i>Modified:</i></p>
---	---	--

Amount claimed: \$1620.00

History:

[Details](#) [172-](#) 01/09/2019 Claim #172 filed by Philips Respironics Inc, Amount claimed: \$1620.00 (admin)
 1

Description:

Remarks: (172-1) Account Number (last 4 digits):1459

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*	\$1620.00
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		