

Fill in this information to identify the case:

Debtor 1 CURAE HEALTH, INC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE District of TENNESSEE

Case number 18-05665

**FILED**

JAN 09 2019

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. 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?

LESLIE LESLIE, APRN  
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?

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

Where should notices to the creditor be sent?

Leslie Leslie  
Name

102 County Rd 371  
Number Street

Water Valley MS 38965  
City State ZIP Code

Contact phone 731-431-0814

Contact email leslie.leslie41@gmail.com

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?

☒ 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? \$ 14,700.00 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.

services performed

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

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ 12,850.00  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

\* 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 01/01/2019  
 MM / DD / YYYY

Signature

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

Name LESLIE MARIE LESLIE  
 First name Middle name Last name  
 Title Advanced Practice RN  
 Company \_\_\_\_\_  
 Identify the corporate servicer as the company if the authorized agent is a servicer.  
 Address 102 County Road 371  
 Number Street  
WATER VALLEY MS 38965  
 City State ZIP Code  
 Contact phone 731-431-0714 Email leslie.leslie41@gmail.com

Re: Documents to support claim

Creditor: Leslie Leslie, APRN

Debtor: Curae Health, Inc

United States Bankruptcy Court for the Middle District of Tennessee

Case Number 18-05665

These are the 9 emails reflecting submission of services performed over 49 days at \$300/day or \$14,700. According to emails from Curae Health employee assigned to me, Leslie Leslie, APRN, all 49 days of worked were submitted for payment. A copy of a portion of the Employment agreement reflecting the amount per day of work is also included.

Sincerely,

Leslie Leslie, APRN

*Leslie Leslie, APRN*

Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

## days worked

4 messages

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Emily Cochran <Emily.Cochran@curaehealth.org>

Fri, May 4, 2018 at 7:23

Emily,  
Just letting you know I worked 5 days this week. Have a good weekend! thanks, Leslie

Emily Cochran <Emily.Cochran@curaehealth.org>  
To: Leslie Leslie <leslie.leslie41@gmail.com>

Mon, May 7, 2018 at 8:08 AM

Submitted

## Emily K. Cochran

Director of Clinic Business Office/Hospital Meaningful Use Analyst

303 Medical Center Drive | Batesville, MS 38606 | Phone: 662.712.1456 | Fax: 662.712.1483

Email: [Emily.Cochran@CuraeHealth.org](mailto:Emily.Cochran@CuraeHealth.org)

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From: Leslie Leslie <leslie.leslie41@gmail.com>  
Sent: Friday, May 04, 2018 7:24 AM  
To: Emily Cochran <Emily.Cochran@curaehealth.org>  
Subject: days worked

[External Email - This email originated outside of your organization]

Emily,  
Just letting you know I worked 5 days this week. Have a good weekend! thanks, Leslie

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Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahdickey@gmail.com>

Thu, Aug 16, 2018 at 10:02 AM

Sorry about all these forwards...Not sure how to forward both emails together. Leslie  
[Quoted text hidden]

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahdickey@gmail.com>

Thu, Aug 16, 2018 at 10:02 AM

[Quoted text hidden]





Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

## Days worked

4 messages

Legsley <leslie.leslie41@gmail.com>  
To: Emily Cochran <Emily.Cochran@curaehealth.org>

Fri, May 11, 2018 at 8:23

Emily,  
Just letting you know I worked five days this week. Have a good weekend! Thanks Leslie

Sent from my iPhone

Emily Cochran <Emily.Cochran@curaehealth.org>  
To: Legsley <leslie.leslie41@gmail.com>

Mon, May 14, 2018 at 8:12 AM

Submitting today.

Emily K. Cochran  
Director of Clinic Business Office/Hospital Meaningful Use Analyst  
303 Medical Center Drive | Batesville, MS 38606 | Phone: 662.712.1456 | Fax: 662.712.1483  
Email: Emily.Cochran@CuraeHealth.org

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-----Original Message-----

From: Legsley <leslie.leslie41@gmail.com>  
Sent: Friday, May 11, 2018 8:23 AM  
To: Emily Cochran <Emily.Cochran@curaehealth.org>  
Subject: Days worked

[External Email - This email originated outside of your organization]

Emily,  
Just letting you know I worked five days this week. Have a good weekend! Thanks Leslie

Sent from my iPhone

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Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahldickey@gmail.com>

Thu, Aug 16, 2018 at 10:02 AM

[Quoted text hidden]

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahldickey@gmail.com>

Thu, Aug 16, 2018 at 10:02 AM

[Quoted text hidden]

1/1/2019

Gmail - days worked



Leslie Leslie <leslie.leslie41@gmail.com>

days worked

4 messages

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Emily Cochran <Emily.Cochran@curahealth.org>

Fri, May 18, 2018 at 7:10 AM

Emily,  
Just letting you know I worked 5 days this week. Have a good weekend! thanks, Leslie

Emily Cochran <Emily.Cochran@curahealth.org>  
To: Leslie Leslie <leslie.leslie41@gmail.com>  
Cc: Renee Cole <Renee.Cole@curahealth.org>

Mon, May 21, 2018 at 8:31 AM

Submitting today.

*Emily K. Cochran*

Director of Clinic Business Office/Hospital Meaningful Use Analyst

303 Medical Center Drive | Batesville, MS 38606 | Phone: 662.712.1456 | Fax: 662.712.1483

Email: [Emily.Cochran@CuraHealth.org](mailto:Emily.Cochran@CuraHealth.org)

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From: Leslie Leslie <leslie.leslie41@gmail.com>  
Sent: Friday, May 18, 2018 7:11 AM  
To: Emily Cochran <Emily.Cochran@curahealth.org>  
Subject: days worked

[External Email - This email originated outside of your organization]

Emily,

Just letting you know I worked 5 days this week. Have a good weekend! thanks, Leslie

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Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahldickey@gmail.com>

Thu, Aug 16, 2018 at 10:03 AM

[Quoted text hidden]

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahldickey@gmail.com>

Thu, Aug 16, 2018 at 10:03 AM

[Quoted text hidden]



## 4 messages

Wed, May 30, 2018 at 1:07

Sent from my iPhone

Thu, May 31, 2018 at 8:21 AM

From: Legstey <lesle.legstey41@gmail.com>  
Sent: Wednesday, May 30, 2018 1:07 PM  
To: Emily Cochran <Emily.Cochran@curahealth.org>  
Subject: Days worked

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Thu, Aug 16, 2018 at 10:03 AM

Thu, Aug 16, 2018 at 10:04 AM

[Quoted text hidden]





Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

## Days worked

6 messages

Legsley &lt;leslie.leslie41@gmail.com&gt;

Wed, Jun 6, 2018 at 12:16

To: Emily Cochran &lt;Emily.Cochran@curaehealth.org&gt;

Emily,  
Just letting you know I worked five days last week. Have a good rest of the week! Leslie

Sent from my iPhone

Emily Cochran &lt;Emily.Cochran@curaehealth.org&gt;

Wed, Jun 6, 2018 at 3:11 PM

To: Legsley &lt;leslie.leslie41@gmail.com&gt;

Cc: Renee Cole &lt;Renee.Cole@curaehealth.org&gt;

Did you work Monday on Memorial day?

Emily K. Cochran  
Director of Clinic Business Office/Hospital Meaningful Use Analyst  
303 Medical Center Drive | Batesville, MS 38606 | Phone: 662.712.1456 | Fax: 662.712.1483  
Email: Emily.Cochran@CuraeHealth.org  
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-----Original Message-----

From: Legsley &lt;leslie.leslie41@gmail.com&gt;

Sent: Wednesday, June 06, 2018 12:17 PM

To: Emily Cochran &lt;Emily.Cochran@curaehealth.org&gt;

Subject: Days worked

[External Email - This email originated outside of your organization]

Emily,  
Just letting you know I worked five days last week. Have a good rest of the week! Leslie

Sent from my iPhone

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Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

Wed, Jun 6, 2018 at 7:51 PM

To: Emily Cochran &lt;Emily.Cochran@curaehealth.org&gt;

Cc: Renee Cole &lt;Renee.Cole@curaehealth.org&gt;

Yes ma'am I did. thanks, Leslie  
[Quoted text hidden]

Emily Cochran &lt;Emily.Cochran@curaehealth.org&gt;

Wed, Jun 6, 2018 at 8:03 PM

To: Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

Cc: Renee Cole &lt;Renee.Cole@curaehealth.org&gt;

Renee told me. I submitted it earlier. Thanks.

Sent from my Samsung Galaxy smartphone.  
[Quoted text hidden]

Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

Thu, Aug 16, 2018 at 10:04 AM

To: Sarah Dickey &lt;sarahdickey@gmail.com&gt;

[Quoted text hidden]

Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

Thu, Aug 16, 2018 at 10:05 AM

To: Sarah Dickey &lt;sarahdickey@gmail.com&gt;

[Quoted text hidden]

1/1/2019

Gmail - days worked



Leslie Leslie <leslie.leslie41@gmail.com>

days worked  
3 messages

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Emily Cochran <Emily.Cochran@curaehealth.org>

Fri, Jun 8, 2018 at 8:14

Emily,  
Just letting you know I worked 5 days this week. Have a good weekend! Leslie

Emily Cochran <Emily.Cochran@curaehealth.org>  
To: Leslie Leslie <leslie.leslie41@gmail.com>

Fri, Jun 8, 2018 at 4:08 PM

Submitted

*Emily K. Cochran*

Director of Clinic Business Office/Hospital Meaningful Use Analyst

303 Medical Center Drive | Batesville, MS 38606 | Phone: 662.712.1436 | Fax: 662.712.1483

Email: [Emily.Cochran@CuraeHealth.org](mailto:Emily.Cochran@CuraeHealth.org)

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From: Leslie Leslie <leslie.leslie41@gmail.com>  
Sent: Friday, June 08, 2018 8:15 AM  
To: Emily Cochran <Emily.Cochran@curaehealth.org>  
Subject: days worked

[External Email - This email originated outside of your organization]

Emily,  
Just letting you know I worked 5 days this week. Have a good weekend! Leslie

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Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahldickey@gmail.com>

Thu, Aug 16, 2018 at 10:05

[Quoted text hidden]



Leslie Leslie &lt;leslie.leslie41@gmail.com&gt;

days worked  
4 messages

Fri, Jun 15, 2018 at 8:10

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Emily Cochran <Emily.Cochran@curaehealth.org>

Emily,  
Just letting you know I worked 5 days this week. Thanks and have a good weekend! Leslie

Fri, Jun 15, 2018 at 1:30 PM

Emily Cochran <Emily.Cochran@curaehealth.org>  
To: Leslie Leslie <leslie.leslie41@gmail.com>  
Cc: Renee Cole <Renee.Cole@curaehealth.org>

Submitting today. A schedule needs to be sent to Ms. Lynn for this month on the days you're working I guess because it isn't reflected on the call schedule.

*Emily K. Cochran*

Director of Clinic Business Office

303 Medical Center Drive | Batesville, MS 38806 | Phone: 662.712.1456 | Fax: 662.712.1483

Email: [Emily.Cochran@CuraeHealth.org](mailto:Emily.Cochran@CuraeHealth.org)

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From: Leslie Leslie <leslie.leslie41@gmail.com>  
Sent: Friday, June 15, 2018 8:11 AM  
To: Emily Cochran <Emily.Cochran@curaehealth.org>  
Subject: days worked

[External Email - This email originated outside of your organization]

Emily,

Just letting you know I worked 5 days this week. Thanks and have a good weekend! Leslie

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Fri, Jun 15, 2018 at 2:23

Renee Cole <Renee.Cole@curaehealth.org>  
To: Emily Cochran <Emily.Cochran@curaehealth.org>, Leslie Leslie <leslie.leslie41@gmail.com>

I will take care of this

From: Emily Cochran  
Sent: Friday, June 15, 2018 1:30 PM  
To: Leslie Leslie <leslie.leslie41@gmail.com>  
Cc: Renee Cole <Renee.Cole@curaehealth.org>  
Subject: RE: days worked

[Quoted text hidden]  
[Quoted text hidden]

Thu, Aug 16, 2018 at 10:06 AM

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahldickey@gmail.com>

----- Forwarded message -----  
From: Emily Cochran <Emily.Cochran@curaehealth.org>  
Date: Fri, Jun 15, 2018 at 1:30 PM  
Subject: RE: days worked  
To: Leslie Leslie <leslie.leslie41@gmail.com>  
Cc: Renee Cole <Renee.Cole@curaehealth.org>

[Quoted text hidden]



1/1/2019

Gmail - days worked



Leslie Leslie <leslie.leslie41@gmail.com>

days worked

3 messages

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Emily Cochran <Emily.Cochran@curaehealth.org>

Fri, Jun 29, 2018 at 10:23

emily,  
Just letting you know I worked 5 days this week. Do you know when I will get my next check? I have emailed Debra and Robin and haven't gotten a response. thanks and have a good weekend! Leslie

Fri, Jun 29, 2018 at 4:04 PM

Emily Cochran <Emily.Cochran@curaehealth.org>  
To: Leslie Leslie <leslie.leslie41@gmail.com>  
Cc: Renee Cole <Renee.Cole@curaehealth.org>

I will submit this request. As of 3:30pm today, corporate had not approved a check run for today. I do not know when your next check will be cut. I'm sorry.

*Emily K. Cochran*

Director of Clinic Business Office

Phone: 662.712.1456

Email: [Emily.Cochran@CuraeHealth.org](mailto:Emily.Cochran@CuraeHealth.org)

From: Leslie Leslie <leslie.leslie41@gmail.com>  
Sent: Friday, June 29, 2018 10:24 AM  
To: Emily Cochran <Emily.Cochran@curaehealth.org>  
Subject: days worked

[External Email - This email originated outside of your organization]

emily,  
Just letting you know I worked 5 days this week. Do you know when I will get my next check? I have emailed Debra and Robin and haven't gotten a response. thanks and have a good weekend! Leslie

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Thu, Aug 16, 2018 at 10:07 AM

Leslie Leslie <leslie.leslie41@gmail.com>  
To: Sarah Dickey <sarahdickey@gmail.com>

[Quoted text hidden]

1/1/2019

Gmail - Days worked



Leslie Leslie <leslie.leslie41@gmail.com>

## Days worked

3 messages

Legsley <leslie.leslie41@gmail.com>

To: Emily Cochran <Emily.Cochran@curaehealth.org>

Fri, Jul 6, 2018 at 9:51

Emily,

Just letting you know I worked for days this week. I was out Monday. As of today I have not been paid in 10 weeks. Leslie Leslie  
Sent from my iPhone

Emily Cochran <Emily.Cochran@curaehealth.org>

To: Legsley <leslie.leslie41@gmail.com>

Cc: Renee Cole <Renee.Cole@curaehealth.org>

Fri, Jul 6, 2018 at 10:50 AM

I have submitted this invoice and I'm checking on your payment.

Emily K. Cochran

Director of Clinic Business Office

Phone: 662.712.1456

Email: Emily.Cochran@CuraeHealth.org

-----Original Message-----

From: Legsley <leslie.leslie41@gmail.com>

Sent: Friday, July 06, 2018 9:52 AM

To: Emily Cochran <Emily.Cochran@curaehealth.org>

Subject: Days worked

[External Email - This email originated outside of your organization]

Emily,

Just letting you know I worked for days this week. I was out Monday. As of today I have not been paid in 10 weeks. Leslie Leslie Sent from my iPhone

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Leslie Leslie <leslie.leslie41@gmail.com>

To: Sarah Dickey <sarahdidkey@gmail.com>

Thu, Aug 16, 2018 at 10:08 AM

[Quoted text hidden]

**NURSE PRACTITIONER EMPLOYMENT AGREEMENT**  
**(PRN)**

Date of Agreement: October 26, 2015

Nurse Practitioner Name: Leslie M. Leslie, APRN

Employer Name: Batesville HMA Medical Group

Telephone Number: 731-431-0914

Employer FEIN: 20-1261085

Address of Employer:

Address of Nurse Practitioner at Date of Agreement:

303 Medical Center Drive

102 County Road 371

Batesville, MS 38606

Water Valley, MS 38965

Practice Commencement Date: On or before January 1, 2016

Hospital: Merit Health Batesville

Term of the Agreement: Thirty-six (36) Months

Community: Batesville, MS

State of Licensure: MS

Compensation: \$ 300.00 per day

Vacation Hours: Per Employer's Benefits Summary

Sick Hours: Per Employer's Benefits Summary

Holidays: Per Employer's Benefits Summary

The attached Standard Terms and Conditions are incorporated into the PRN Nurse Practitioner Employment Agreement.

**SIGNATURES AND APPROVALS:**

(see Section 16 of the Standard Terms and Conditions)

Nurse Practitioner: Leslie M. Leslie, APRN  
Leslie M. Leslie, APRN

Employer: Batesville HMA Medical Group

Date: 10/27/15

Travis Sisson  
Travis Sisson, Authorized Signatory

Date: 10/28/15



# 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> (6818178)	<b>Claim No:</b> 173	<i>Status:</i>
LESLIE LESLIE APRN	<i>Original Filed</i>	<i>Filed by:</i> CR
LESLIE LESLIE	<i>Date:</i> 01/09/2019	<i>Entered by:</i> Intake1
102 COUNTY RD 371	<i>Original Entered</i>	<i>Modified:</i>
WATER VALLEY MS	<i>Date:</i> 01/09/2019	
38965		

Amount claimed: \$14700.00

Priority claimed: \$12850.00

*History:*

[Details](#)   [173-](#) 01/09/2019 Claim #173 filed by LESLIE LESLIE APRN, Amount claimed: \$14700.00 (Intake1)  
[1](#)

*Description:* (173-1) services performed

*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>	\$14700.00
<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>	\$12850.00	
<b>Administrative</b>		