

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re:	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019
Debtor: <i>Curae Health Inc</i>	Case No. <i>18-05665</i>	
NOTE: This form should be used only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.) <i>Smart Source of Georgia LLC</i>	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	<p style="text-align: center;"><b>FILED</b></p> <p style="text-align: center;">JAN 11 2019</p> <p style="text-align: center;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>
Name and addresses where notices should be sent: <i>7270 McGinnis Ferry Rd. Suwanee, GA 30024</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Telephone number: <i>408-716-7330</i>		
Email: <i>VShekhar@SmartSourceLLC.com</i>		
Last four digits of account or other number by which creditor identifies debtor: <i>5291</i>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <i>10/25/17 - 12/11/17</i>	
3. Date goods were received by debtor: <i>September - December 2017</i>		
4. Total amount of claim as of the date the debt was incurred: <i>4316.71</i>		

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Print name: Val Shehan  
 Title: Senior Credit Manager  
 Company: Smart Source of Georgia LLC Val Shehan 4/8/19  
 Address and telephone number (if different from notice (Signature) (Date)  
 address above):  
 \_\_\_\_\_  
 Telephone number: 408-796-7330 Email: VShehan@SMARTSOURCE.COM

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

**Definitions.**

**503(b)(9) Claim.**

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

**503(b)(9) Bar Date.**

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by **January 21, 2019**.

**Claim.**

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

**Creditor.**

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

**Debtor.**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Proof of Claim.**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

**Redacted.**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

**General instructions and filing instructions.**

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

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**4. Total amount of claim as of the date the debt was incurred:**

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

**5. Brief description of claim (attach any additional information):**

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

**6. Credits, setoffs, and counterclaims:**

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

**7. Assignment:**

Check box and include copy of assignment if claimant obtained claim by way of assignment.

**8. Supporting documents:**

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

**9. Date and signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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# 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> (6819563)          SMART SOURCE OF          GEORGIA LLC  <b>(ADMINISTRATIVE)</b>          7270 MCGINNIS FERRY RD          SUWANEE GA 30024</p>	<p><b>Claim No: 179</b>  <i>Original Filed</i>  <i>Date:</i> 01/11/2019  <i>Original Entered</i>  <i>Date:</i> 01/11/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Intake1  <i>Modified:</i></p>
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Admin claimed: \$4316.71

*History:*

[Details](#)    [179-1](#)    01/11/2019 Claim #179 filed by SMART SOURCE OF GEORGIA LLC, Admin claimed: \$4316.71 (Intake1)

*Description:* (179-1) 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

<b>Total Amount Claimed*</b>	
<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>	\$4316.71	