

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <u>Curae Health Inc., et al.</u>	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019 <div style="text-align: center;"> FILED JAN 11 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN </div> THIS SPACE IS FOR COURT USE ONLY
Debtor: <u>INFUSION PUMP REPAIR CORP</u>	Case No. <u>18-05665</u>	
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.)	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	
Name and addresses where notices should be sent: <u>HASSAN SERHAN</u> <u>18 Technology Dr.</u> <u>Ste 133</u> <u>Irvine CA 92618</u> Telephone number: <u>855-477-8866</u> Email: <u>hassan@infusionpumprepair.com</u>	<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.	
Last four digits of account or other number by which creditor identifies debtor:	<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 type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <u>4/29/2018</u> <u>6/30/2018</u> <u>8/22/2018</u> <u>8/29/2018</u>	
3. Date goods were received by debtor: <u>3/30/2018 - 6/12/2018 - 7/23/2018 - 7/30/2018</u>		
4. Total amount of claim as of the date the debt was incurred: <u>\$1,30680</u>		

☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

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

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods: 3/30/18 - 6/12/18 - 7/23/18 - 7/30/18

Place of delivery of goods: 1105 Earl Frye Blvd, Amory, MS 38821

Method of delivery of goods: 303 Medical Centre Dr., Batesville, MS 38606

Name of carrier of goods: FedEx Ground Packages

Value of goods: \$5,500 approximately

Whether the value of goods listed in this claim relates to services and goods: No

The percentage of value related to services and the percentage of value related to goods: 23.76%

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: No

Attach supporting materials required by field 8 and instructions below.

6. Credits, setoffs, and counterclaims:

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

☐ This claim is subject to setoff or counterclaim as follows:

7. Assignment:

☐ Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

10. Signature:

Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.


☐ I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).

☐ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: HASSAN SERHAN
 Title: President & CEO
 Company: INFUSION PUMP REPAIR CORP
 Address and telephone number (if different from notice address above): _____

 Telephone number: _____ Email: _____


 1/9/2019
 (Signature) (Date)

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.

5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (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.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by 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.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by **January 21, 2019**. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before **January 21, 2019**, to the following address:

Office of the Clerk of the United States Bankruptcy Court
for the Middle District of Tennessee
(Nashville Division)
Customs House Room 170
701 Broadway
Nashville, TN 37203

Items to be completed in proof of claim form.

Creditor's name and address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Debtor's name:

Check the box next to the debtor from whom the debt is owed.

Account or other number by which creditor identifies debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

2. Date debt was incurred:

State the date or dates on which the debt was incurred.

3. Date goods received by debtor:

State the date or dates on which the goods underlying the claim were received by the debtor.

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.

Infusion Pump Repair Corp
 18 TECHNOLOGY DRIVE, STE
 133
 IRVINE, CA 92618 US
 (855) 477-8866
 info@infusionpumprepair.com



Invoice

SHIP TO
 Cindy Simpson
 Gilmore Memorial Regional Medical
 Center
 Attn: 754 902 Curae Accounting
 Amory RMC Accounting
 1105 Earl Frye Blvd
 Amory, MS 38821

SHIP TO
 Gilmore Memorial Regional Medical
 Center
 Mike Adams
 1105 Earl Frye Blvd
 Amory, MS 38821

INVOICE #	DATE	TOTAL DUE	DUPLICATE	TERMS	EX. REF.
12885	07/30/2018	\$224.95	08/29/2018	Net 30	
SHIP DATE	SHIP VIA	TRACKING NO.	P.O. NUMBER	SALES REP	RMA#
07/30/2018	FedEx	772854655850	01582	Catherine	1532118348

ACTIVITY	QTY	RATE	AMOUNT
Baxter InfusO.R. (Repair) S/N: 502050SR , Patient ready with 90 day limited warranty. PM & Calibration Only.	1	195.00	195.00
Thank You for your business!			
SUBTOTAL			195.00
SHIPPING			29.95
TOTAL			224.95
BALANCE DUE			\$224.95

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Invoice

BILL TO
 Cindy Simpson
 Gilmore Memorial Regional Medical
 Center
 Attn: 754 902 Curae Accounting
 Amory RMC Accounting
 1105 Earl Frye Blvd
 Amory, MS 38821

SHIP TO
 Cindy Simpson
 Gilmore Memorial Regional Medical
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 Mike Adams
 1105 Earl Frye Blvd
 Amory, MS 38821

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	INVOICE #
12864	07/23/2018	\$424.95	08/22/2018	Net 30	

SHIP DATE	SHIP VIA	TRACKING NO.	P.O. NUMBER	SALES REP	RMA#
07/24/2018	FedEx	772798804828	01582	Catherine	1531492844

ACTIVITY	QTY	RATE	AMOUNT
Baxter AS50 (Repair) S/N: 15070044AB, Patient Ready with 90 day limited warranty	1	395.00	395.00

Thank You for your business!

SUBTOTAL	395.00
SHIPPING	29.95
TOTAL	424.95
BALANCE DUE	\$424.95

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 IRVINE, CA 92618 US
 (855) 477-8866
 info@infusionpumprepair.com



Invoice

BILL TO
 Panola Medical Center
 Attn: Accounts Payable
 303 Medical Center Drive
 Batesville, MS 38606

SHIP TO
 Robin Myrick
 Panola Medical Center
 Attn: Blomed
 303 Medical Center Drive
 Batesville, MS 38606

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSURE
12741	06/12/2018	\$179.95	06/30/2018	PrePaid	
SHIP DATE	SHIP VIA	TRACKING NO.	P.O. NUMBER	SALES REP	RMA#
06/12/2018	FedEx	772459914756	701-6653389	Catherine	1525274054

ACTIVITY	QTY	RATE	AMOUNT
Cadd Solis (Repair)	1	150.00	150.00
S/N: 1064984, PM & Calibration Only			
Thank You for your business!			
		SUBTOTAL	150.00
		SHIPPING	29.95
		TOTAL	179.95
		BALANCE DUE	\$179.95

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 18 TECHNOLOGY DRIVE, STE
 133
 IRVINE, CA 92618 US
 (855) 477-8866
 info@infusionpumprepair.com



InfusionPumpRepair.com
 Certified Expert Repair

Invoice

BILL TO

Cindy Simpson
 Gilmore Memorial Regional Medical
 Center
 Attn: 754 902 Curae Accounting
 Amory RMC Accounting
 1105 Earl Frye Blvd
 Amory, MS 38821

SHIP TO

Cindy Simpson
 Gilmore Memorial Regional Medical
 Center
 Mike Adams
 1105 Earl Frye Blvd
 Amory, MS 38821

INVOICE#	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSURE
12517	03/30/2018	\$476.95	04/29/2018	Net 30	
SHIP DATE	SHIP VIA	TRACKING NO.	P.O. NUMBER	SALES REP	RMA#
03/30/2018	FedEx	771882689976	00243	Catherine	1521053223

ACTIVITY	QTY	RATE	AMOUNT
Baxter AS50 (Repair) S/N: 15070044AB, Patient Ready with 90 day limited warranty	1	446.99	446.99

Thank You for your business!

SUBTOTAL	446.99
SHIPPING	29.96
TOTAL	476.95
BALANCE DUE	\$476.95

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):

Creditor: (6820129)
HASSAN SERHAN
(ADMINISTRATIVE)
18 TECHNOLOGY DR
STE 133
IRVINE CA 92618

Claim No: 184
Original Filed
Date: 01/11/2019
Original Entered
Date: 01/11/2019

Status:
Filed by: CR
Entered by: Intake1
Modified:

Admin claimed: \$1306.80

History:

[Details](#) [184-1](#) 01/11/2019 Claim #184 filed by HASSAN SERHAN, Admin claimed: \$1306.80 (Intake1)

Description: (184-1) 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

Total Amount Claimed*	
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	\$1306.80	