

**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

1/11/2019

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**

<b>1. Who is the current creditor?</b>	<u>Ms. Kayla Wallace</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> <u>Ms. Kayla Wallace</u> Name <u>Law Offices of John M. Mooney, Jr., PLLC</u> <u>208 Waterford Square, Suite 100</u> <u>Madison, MS 39110</u> Contact phone <u>601-981-9555</u> Contact email <u>john@jmooneylaw.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> <u>208</u> Name Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? <u>M.</u>	

Official Form 410

Proof of Claim

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div><b>\$</b> <u>155000.00</u></div><div><b>Does this amount include interest or other charges?</b> <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).</div></div>
<b>8. What is the basis of the claim?</b>	<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).</p> <p>Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>Title VII Racial Discrimination and Retaliation, Exhibit 'A' attached, Charge of Discrimination and Retaliation</p> <p>_____</p>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div><b>Nature of property:</b> <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: _____</div> <div><b>Basis for perfection:</b> _____</div> <div>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.)</div> <div><div><b>Value of property:</b></div><div><b>\$</b> _____</div><div><b>Amount of the claim that is secured:</b></div><div><b>\$</b> _____</div><div><b>Amount of the claim that is unsecured:</b></div><div><b>\$</b> _____</div><div style="text-align: right;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div><div><b>Amount necessary to cure any default as of the date of the petition:</b></div><div><b>\$</b> _____</div><div><b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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)( <u>  </u> ) 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 1/11/2019  
 MM / DD / YYYY

/s/ /s/John M. Mooney, Jr.

Signature

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

Name	<u>/s/John M. Mooney, Jr.</u>		
	First name	Middle name	Last name
Title	<u>Attorney at Law</u>		
Company	<u>Law Offices of John M. Mooney, Jr., PLLC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>208 Waterford Sq Ste 100</u>		
	Number Street		
	<u>Madison, MS 39110</u>		
	City	State	ZIP Code
Contact phone	<u>601-981-9555</u>	Email	<u>john@jmooneylaw.com</u>

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☐ EEOC

State or local Agency, if any

and EEOC

Name (indicate Mr., Ms., Mrs.)

**Ms. Kayla Wallace**

Home Phone (Incl. Area Code)

**662-494-2240**

Date of Birth

**4/3/1983**

Street Address

City, State and ZIP Code

**1000 Pleasant Run, Tupelo, Mississippi 38801**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**Panola Medical Center**

No. Employees, Members

**200**

Phone No. (Include Area Code)

**662-563-5611**

Street Address

City, State and ZIP Code

**303 Medical Center Drive, Batesville, Mississippi 38606**

Name

**Curae Health, Inc.**

No. Employees, Members

**5,000 +**

Phone No. (Include Area Code)

**865-269-4074**

Street Address

City, State and ZIP Code

**1721 Midpoint Road, Suite B 200  
Knoxville, TN 37921**

DISCRIMINATION BASED ON (Check appropriate box(es).)

☒ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION  
☒ OTHER (Specify) **Hostile Work Environment (HWE)**

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

**9/26/2018**

**11/5/2018**

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

See Exhibit "A" for the details of my Charge of Discrimination and Retaliation against Curae Health, Inc., d/b/a Panola Medical Center.

**EXHIBIT**

tabbies

**A**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

Date

Charging Party Signature

**CHARGE OF DISCRIMINATION AND RETALIATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐

FEPA

☐

EEOC

State or local Agency, if any

and EEOC

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

**EXHIBIT "A"**

1. My name is **KAYLA WALLACE**, and I am an African American female that resides at ~~1809 Pheasant Run, Tupelo, Mississippi 38801~~. I am filing this Charge against my former employers, **PANOLA MEDICAL CENTER**, 303 Medical Center Drive, Batesville, Mississippi 38606, and **CURAE HEATH, INC.**, for violation of Title VII of the Civil Rights Act of 1964 as amended ("Title VII") for discrimination and for retaliation.

2. I worked at Panola Medical Center, Batesville, Mississippi until November 5, 2018, when I was forced to resign following my unlawful transfer in violation of Title VII. Panola Medical Center is a part of Curae Health. I was transferred from the Emergency Room where I was an "ER Nurse" to the Panola Medical Center's "APS West Campus" that houses, cares for and treats psychiatric patients. The APS West Campus is also referred to as Panola Medical Center West.

3. My immediate supervisor prior to my discharge was Cindy Tritt and the Director of Nursing ("DON") was Alecia Benson. I was an ER Nurse at the facility from 2014 until my transfer to the APS West Campus.

4. On or about October 4, 2018, I filed a complaint/grievance with my employer regarding my disparate treatment in the workplace on September 26, 2018 and my being placed on administrative leave on September 29, 2018 by my employer, Panola Medical Center. I had been falsely accused by my supervisor, Alecia Benson, of making incorrect triage sheets of patients regarding a serious bus accident that took place September 17, 2018. A Caucasian employee actually made the error. I was the only African American nurse on staff the day of the bus accident. I did not work on any of the trauma patients in the bus accident. The atmosphere was hostile and I reported these issues to management.

5. After the filing of the grievance on October 4, 2018, I was transferred to the APS West Campus. Panola Medical Center West (APS West Campus) is a 57-bed acute, inpatient psychiatric facility that specializes in



the stabilization of psychiatric emergencies for Adults as well as a chemical detoxification unit. I had no prior training in caring for the category of patients housed at the APS West Campus. I have always been an ER Nurse at the hospital. I had no experience in administering to the needs of psychiatric patients, I am an ER Nurse. I also had no training after my transfer in regard to the treatment and care of psychiatric patients.

6. On or about October 17, 2018, I filed a second grievance regarding my transfer to the APS West Campus. I notified my employer that this transfer was discriminatory and retaliatory; and I requested that upper management address this transfer. I had no training or experience in treating psychiatric patients before my unlawful transfer; and received no training afterwards and the working conditions were unbearable.

7. On or about November 1, 2018, I met with the HR Director (management) at Curae Health from Knoxville, TN in regard to my transfer and treatment. I told the management representative regarding my being discriminated and retaliated against at Panola Medical Center. I was told that it would be at least two (2) more weeks before management would be able to address my concerns. I told the management representative that my feelings had not changed since the transfer (he asked) and that I was concerned about my lack of any training and that I was an ER Nurse at the hospital.

8. After the meeting on November 1, 2018, with the HR Director, my working conditions continued to deteriorate making me unable to continue to work. On or about November 5, 2018, as a result of my treatment in the workplace, I had no alternative but to resign my employment. My resignation letter is attached and marked **Exhibit "A"** to my Charge.

9. I believe that I have been subjected to discrimination and retaliation on the part of Panola Medical Center as a result of the following:

- A. I was the only African American ER Nurse at the facility at the time of the bus accident. An error was made by the staff and I was blamed for the error. The employee who made the error was Caucasian.
- B. I was placed on administrative leave when I reported that I had been wrongfully accused on any error. I was not even a part of the trauma team that handled the bus accident.
- C. When I complained about my treatment, I was transferred to an area of the hospital that I had

patients. The reason given for my transfer were not true. For that false reason, I was transferred from the ER trauma room where I had worked for a number of years to the psychiatric unit of Panola Medical Center.

D. After the transfer, I filed another grievance and told the officials of Panola Medical Center that I was being discriminated against and subject to unlawful retaliation. No other employees were treated in this manner.

E. During my time on the psychiatric ward, and while on duty, I felt unsafe and one incident in particular caused me to be fearful and threatening. I was told that it was something to get used to on that ward.

F. Since the September 2018 bus accident I have been subjected to a hostile work environment as a result of my race and protesting my disparate treatment at work; and this conduct affected my employment. The workplace environment as a whole was filled with discriminatory intimidation, ridicule, and insult, that was so bad that it altered the terms and conditions of my employment.

G. Other employees have not been subjected to the same treatment in the workplace as me and no ER Nurse has been subjected to the same terms and conditions of employment as me. No other employees similarly situated to me have not been subjected to this hostile work environment and have not been transferred from an ER Nurse position to the psychiatric ward like me with no prior skills or training. It was degrading to send me to a psychiatric unit as punishment for opposing my treatment and actions of management.

10. I also believe that I have been discriminated against on the basis of my race because I was terminated and other employees, not of my race, have been treated more fairly and different from me; that there was a negative impact on my employment that affected the "terms, conditions, or privileges" of my employment.

11. I also believe that I have been retaliated against for having engaged in a protected activity – reporting the disparate and unequal treatment; and the transfer to the psychiatric ward was in an effort to cause me to resign my employment at the hospital.

12. I want an injunction against my former employer to be mandated to comply with the applicable federal law, including, Title VII of the Civil Rights Act of 1964 as amended ("Title VII"); and I want to obtain any and all relief available to me, including reinstatement and back pay; and any other damage to which I have entitled under Title VII of the Civil Rights Act of 1964 as amended ("Title VII"), including attorney's fees and costs.

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY – <i>When necessary for State and Local Agency Requirements</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p>  <p><u>01/10/2019</u>      <u>Kayla Wallan</u> Date                      Charging Party Signature</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT</p>  <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>



I am writing this letter in regards to my recent transfer from ER nursing staff at Panola Medical Center to staff at Panola Medical Center West. I believe that my transfer was a result of unfair treatment and retaliation against me over the past month.

I was punished and moved from my job in the ER to a facility or department in which I have no training and I was given no reasoning for my transfer. I have made every effort to work at the West Campus. I have willingly tried to do the best I could with my circumstances that I was placed in, completing my shifts at West Campus fully and with a smile on my face. I have done the best that I can, but I know that I have not been properly trained for the position I now hold and that affects the quality of care the patients receive.

I have been a very hard worker and very strong asset to the ER staff at Panola Medical Center. As an ER nurse I take care of critical patients using my many learned skills competently and with enthusiasm. I am one of the best nurses in the ER on staff. I have TNCC and am also studying for my CCRN. In the position that the administration team at Panola Medical Center placed me in, I no longer have an opportunity to use all my nursing skills. In fact, not only am I not able to keep up the skills up that I have acquired during my long career, I am also not able to continue to learn as a nurse.

For several long weeks, my grievances went with no response from upper management and administration at Panola Medical Center. Finally on November 1, 2018, I was called into a meeting with Mr. Lamport. Mr. Lamport stated that beyond the meeting with him on that date, it would be an additional 2 weeks or more before management would be able to address my concerns. I explained to him that Bridgette with HR talked to me the day I was taken off of administrative leave and then gave me the new assignment, but at no time was I given a reason for the transfer. I further explained to Mr. Lamport that I found the entire situation and all the circumstances surrounding my administrative leave and following transfer to be discriminatory and a form of retaliation. After reviewing my second grievance letter with him, I again stated that I continue to have the same feelings about my transfer and the inappropriate way my direct supervisors and HR handled my situation. I expressed to him many concerns I continued to have about being placed in the position at Panola Medical West where I had not been trained.

I am so hurt by this situation and how it's being handled. The staff at Panola Medical Center have tried to destroy the stellar reputation that I have built for myself as a nurse.

I feel strong that my transfer to Panola West was a deliberate act taken to force me to quit my employment at Panola Medical Center. The circumstances that I was placed in were intolerable and unjust. I have done nothing to deserve any of the treatment that I am receiving. All of my grievances are being ignored or going unaddressed. I have done nothing wrong but am being treated unfairly. I am being bullied and retaliated against for simply doing my job. These last few weeks have been stressful, and the administration has failed to address my concerns.

With sadness, I resign my position at Panola Medical Center, effective immediately.

Kayla Wallace, 11/5/18

Bridgette Cash / HRP  
11/5/2018  
@12:11 am

EXHIBIT

# 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):** \_\_\_\_\_

<b>Creditor:</b> (6820340)	<b>Claim No:</b> 185	<b>Status:</b>
Ms. Kayla Wallace	<i>Original Filed</i>	<i>Filed by:</i> CR
Law Offices of John M.	<i>Date:</i> 01/11/2019	<i>Entered by:</i> admin
Mooney, Jr., PLLC	<i>Original Entered</i>	<i>Modified:</i>
208 Waterford Square, Suite 100	<i>Date:</i> 01/11/2019	
Madison, MS 39110		

Amount claimed: \$155000.00

*History:*

[Details](#)   [185-](#) 01/11/2019 Claim #185 filed by Ms. Kayla Wallace, Amount claimed: \$155000.00 (admin)  
1

*Description:*

*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>	\$155000.00
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		