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

1/14/2019

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 Clair	n				
1.Who is the current creditor?	Hospital Care Consultants, Inc.				
	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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)			
creditor be sent?	Hospital Care Consultants, Inc.	, 			
Federal Rule of	Name	Name			
Bankruptcy Procedure (FRBP) 2002(g)	17304 Preston Road, Suite 1400 Dallas, TX 75252				
	Contact phone <u>866–931–8882</u> ext.144	Contact phone			
	Contact email <u>cobrien@essdoc.com</u>	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 	n) Filed on			
	V No	MM / DD / YYYY			
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?				
Official Form 410	Proof of Claim	page 1			

Part 2: Give Information	Abo	ut 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 a	account or any number you u	se to identify the debtor:		
7.How much is the claim?	\$		NoYes. Attach statemer	ude interest or other charges?		
			C .	ed by Bankruptcy Rule 3001(c)(2)(A).		
8.What is the basis of the claim?	dea Ban	th, or credit card. Attach reda kruptcy Rule 3001(c).	acted copies of any docu	erformed, personal injury or wrongful uments supporting the claim required by ch as healthcare information.		
		Services performed				
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property: Real estate. If the cla	im is secured by the deb	otor's principal residence, file a <i>Mortgage</i> ial Form 410–A) with this <i>Proof of Claim</i> .		
		Basis for perfection:				
		Attach redacted copies of a interest (for example, a mo document that shows the li	ortgage, lien, certificate c	how evidence of perfection of a security of title, financing statement, or other orded.)		
		Value of property:	\$			
		Amount of the claim that secured:	is <u></u> \$			
		Amount of the claim that unsecured:	is <u>\$</u>	(The sum of the secured an unsecured amounts should match the amount in line 7.)		
		Amount necessary to cur date of the petition:	re any default as of the	\$		
		Annual Interest Rate (who	en case was filed)	%		
		☐ Fixed☐ Variable				
10.Is this claim based on a lease?		No Yes. Amount necessary t	to cure any default as o	of the date of the petition.\$		
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:				
Official Form 410		Dr	oof of Claim	page 2		
				P490 2		

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		No Yes. <i>Check all that apply</i> :		Amount entitled to priority	
A claim may be partly priority and partly nonpriority. For example	2	Domestic support obligation under 11 U.S.C. § 507(a)	ons (including alimony and child support) (1)(A) or (a)(1)(B).	\$	
in some categories, the law limits the amount entitled to priority.				\$	
		180 days before the bank	nissions (up to \$12,850*) earned within ruptcy petition is filed or the debtor's r is earlier. 11 U.S.C. § 507(a)(4).	\$	
		□ Taxes or penalties owed t 507(a)(8).	o governmental units. 11 U.S.C. §	\$	
		Contributions to an emplo	yee benefit plan. 11 U.S.C. § 507(a)(5).	\$	
		□ Other. Specify subsection	of 11 U.S.C. § 507(a)(_) that applies	\$	
		* Amounts are subject to adjustmer of adjustment.	nt on 4/01/19 and every 3 years after that for case	es begun on or after the date	
Part 3: Sign Below					
The person completing this proof of claim must	Che	ck the appropriate box:			
sign and date it. FRBP 9011(b).	\checkmark	I am the creditor.			
		I am the creditor's attorney o	r authorized agent.		
If you file this claim electronically, FRBP		I am the trustee, or the debto	or, or their authorized agent. Bankruptcy I	Rule 3004.	
5005(a)(2) authorizes courts to establish local rules		I am a guarantor, surety, end	lorser, or other codebtor. Bankruptcy Rul	e 3005.	
specifying what a signature is.	l und the a	erstand that an authorized signature mount of the claim, the creditor gave	e on this Proof of Claim serves as an acknowledge e the debtor credit for any payments received tow	ment that when calculating ard the debt.	
A person who files a fraudulent claim could be	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.				
fined up to \$500,000, imprisoned for up to 5 years, or both.		lare under penalty of perjury that the	e foregoing is true and correct.		
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date 1/14/2019	9		
	10/ (Carrie O'Brien			
	/ 5/ (
	Sign	ature			
	Print	t the name of the person who	is completing and signing this claim:		
	Nan	ne	Carrie O'Brien		
			First name Middle name Last name		
	Title)	Chief Financial Officer		
	Con	npany	Hospital Care Consultants, Inc.		
			Identify the corporate servicer as the company if servicer	the authorized agent is a	
	Add	ress	17304 Preston Road, Suite 1400		
			Number Street		
			Dallas, TX 75252		
			City State ZIP Code		
	Con	tact phone 866–931–8882		c.com	

Official Form 410

Proof of Claim

page 3

Fill in this i	nformation to identify the case:	
Debtor 1	Alliance Health Partners, LLC (MS)	
Debtor 2 (Spouse, if filing	d/b/a Merit Health Batesville (Curae Health, Inc.)	
United States	Bankruptcy Court for the: Middle District of Tennessee	-
Case number	18-05665	

Official Form 410 Proof of Claim

12/15

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 cut 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.

Identify the Claim Part 1: 1. Who is the current Hospital Care Consultants, Inc. creditor? 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 No No acquired from **Yes.** From whom? someone else? Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if 3. Where should notices different) and payments to the creditor be sent? Hospital Care Consultants, Inc. Federal Rule of Name Name **Bankruptcy Procedure** 17304 Preston Road, Suite 1400 (FRBP) 2002(g) Number Number Street Street Dallas TX 75252 City State **ZIP Code** City State ZIP Code Contact phone (866) 931-8882 ext. 144 Contact phone Contact email cobrien@essdoc.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): 4. Does this claim amend one already filed? Yes. Claim number on court claims registry (if known) Filed on MM / DD 7 9007 No No 5. Do you know if anyone else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

Official Form 410

Proof of Claim

page 1

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У	Do you have any number you use to identify the lebtor?	Ves. Last 4 digits of the debtor's account or any number you use to identify the debtor:
 H	low much is the claim?	\$ 120,464.71. Does this amount include interest or other charges?
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
C	aim?	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
	s 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.)
		Makes of any active of
		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)%
	is this claim based on a	2 No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
	Is this claim subject to a	Mo No
	right of setoff?	Yes. Identify the property:
_	official Form 410	Proof of Claim page 2

.

12. Is all or part of the claim	M No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,775* 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 \$12,475*) 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.	\$
	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after	er the date of adjustment.

Part 3:	Sign	Below

The person completing

sign and date it. FRBP 9011(b).

If you file this claim

is.

3571.

electronically, FRBP

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

5005(a)(2) authorizes courts to establish local rules specifying what a signature

Check the appropriate box:

this proof of claim must sign and date it.

- 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 /09/2019 MM

Signature

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

Name	Carrie O'Brien			
, and	First name	Middle name		Last name
Title	Chief Financial C	fficer		
Company	Hospital Care Co	nsultants, Inc.		
	Identify the corporate se	rvicer as the company if the auti	horized agent	is a servicer.
Address	17304 Preston R	oad, Suite 1400		
	Number Street			
	Dallas		TX	75252
	City		State	ZIP Code
Centact phone	<u>(866) 931-8882 e</u>	ext. 144	Emai) CO	brien@essdoc.com

Official Form 410

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 3 of 22

8:46 AM

01/08/19

Accrual Basis

Hospital Care Consultants, Inc. Customer Open Balance All Transactions

Туре	Date	Num	Memo	Due Date	Open Balance	Amount
Batesville Regional N	Medical Center					
Invoice	12/15/2017	3915		12/30/2017	17,500.00	27,500.00
Invoice	12/20/2017	3925		01/04/2018	854.38	854.38
Invoice	12/31/2017	3927		01/15/2018	27,500.00	27,500.00
Invoice	12/31/2017	3969		02/16/2018	3,300.00	3,300.00
Invoice	01/15/2018	3940		01/30/2018	27,500.00	27,500.00
Invoice	01/20/2018	3953		02/06/2018	359.34	359.34
Invoice	01/31/2018	3955		02/15/2018	27,500.00	27,500.00
Invoice	02/20/2018	3983		03/07/2018	1,024.87	1,024.87
Invoice	03/20/2018	4011		04/04/2018	1,375.45	1,375.45
Invoice	04/20/2018	4044		05/05/2018	1,528.27	1,528.27
Invoice	05/20/2018	4085		06/15/2018	1,477.33	1,477.33
Invoice	06/20/2018	4105		07/05/2018	1,528.27	1,528.27
Invoice	07/20/2018	4132		08/04/2018	1,477.33	1,477.33
Invoice	08/20/2018	4170		09/04/2018	1.528.27	1,528.27
Invoice	09/20/2018	4216		10/05/2018	1,528.27	1,528.27
Invoice	10/20/2018	4242		11/06/2018	1,477.33	1,477.33
Invoice	11/20/2018	4270		12/05/2018	1,528.27	1,528.27
Invoice	12/20/2018	4297		01/04/2019	1,477.33	1,477.33
Total Batesville Regio	anal Medical Center				120,464.71	130,464.7
TAL					120,464.71	130,464.7

17304 Preston Road, Suite 1400 Dallas, TX 75252

	Invoic		
\int	Date	Invoice #	
	12/15/2017	3915	

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	12/30/2017
lid Month Invoice - Hospitalist Physic Ist-15th)	ian Services	1 27,5	00.00
Phone No. Fax N	0,	Total	\$27,500.0
(972)934-3200 x113 (866)599-		Payments/	Credits -\$10,000.0
() (2)))) (000)))			

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 5

17304 Preston Road, Suite 1400 Dallas, TX 75252

Invoice

12/20/2017 3925

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Gustom	er Total Balance	Terms	Due Date
		\$120,464.71	Net 15	1/4/2018
	a			
Finance Charges on Overdu	ue Balance		854.38	854.38
Phone No.	Fax No.		Total	\$854.38
(972)934-3200 x113	(866)599-6575		Payments/Credits	\$0.0
Email Addro			Balance Due	\$854.38
ap@hccdoc.co	om			

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 6 of 22

17304 Preston Road, Suite 1400 Dallas, TX 75252

	Invoice
Date	Invoice #
12/31/2017	3927

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance		Terms	Due Date
	\$120,464.71		Net 15	1/15/2018
Aonthly Invoice (Dec 16th - EOM)		1	27,500.00	27,500.00
			Total	\$27,500.00

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 7 of 22

	Invoice
Date	Invoice #
12/31/2017	3969

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

Customer	Customer Total Balance		Terms	Due Date
	\$120,464.71		Net 15	2/16/2018
Q4 2017 Volume Guarantee Shortfall (10 Billable Encounter/Day Minimum)		44	75.00	3,300.00
Total Billable Encounters (Oct-302, Nov-264, Dec-310): 876				
Shortfall: 920 - 876 = 44				
Phone No. Fax No.			Total	\$3,300.00
(972)934-3200 x113 (866)599-6575			Payments/Credits	\$0.00
Email Address			Balance Due	\$3,300.00
ap@hccdoc.com				

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 8

of 22

17304 Preston Road, Suite 1400 Dallas, TX 75252

Date Invoice # 1/15/2018 3940

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

(Customer Total Balance	Terms		Due Date
	\$120,464.71	Ν	let 15	1/30/2018
		11.52		
/id Month Invoice - Hospitalist Physici 1st-15th)	an Services	1	27,500.00	27,500.00
Phone No. Fax No		т	otal	\$27,500.0
(972)934-3200 x113 (866)599-6		F	ayments/Credits	\$0.0
Email Address			Balance Due	\$27,500.0

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 9

Invoice 1/20/2018 3953

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	2/6/2018
inance Charges on Overdue Balance	e	359.34	359.34
Phone No. Fax N	0.	Total	\$359.3
		Payments/Credits	\$0.0
(972)934-3200 x113 (866)599-	65/5		

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 10 of 22

Invoice 1/31/2018 3955

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer I	otal Balance		Terms	Due Date
		\$120,464.71		Net 15	2/15/2018
		19			
1onthly Invoice (16th - EOM)			1	27,500.00	27,500.00
Phone No. Fa	x No.			Total Payments/Credits	\$27,500.00

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 11 of 22

	IIIVOICE
Date	Invoice #
2/20/2018	3983

Invoice

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Custom	er Total Balance	Terms	Due Date
		\$120,464.71	Net 15	3/7/2018
Finance Charges on Over	due Balance		1,024.87	1,024.87
Phone No.	Fax No.		Total Payments/Credits	\$1,024.8
(972)934-3200 x113 Email Add	(866)599-6575		Balance Due	\$1,024.8
ap@hccdoc				

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 12 of 22

17304 Preston Road, Suite 1400 Dallas, TX 75252

	Invoice
Date	Invoice #
3/20/2018	4011

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

Customer Total Balance	Terms	Due Date
\$120,464.71	Net 15	4/4/2018
		lama da a
ce	1,375.45	1,375.45
		\$120,464.71 Net 15

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 13 of 22

	Invoice
Date	Invoice #
4/20/2018	4044

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	5/5/2018
Finance Charges on Overdue Balanc	e	1,528.27	1,528.27
Phone No. Fax N (972)934-3200 x113 (866)599-		Total Payments/Credits	\$1,528.2
()12))34-5200 XIIS (000)57)-			

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 14 of 22

17304 Preston Road, Suite 1400 Dallas, TX 75252

Date Invoice # 5/20/2018 4085

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	6/15/2018
Finance Charges on Overdue B	alance	1,477.33	1,477.33
Dhane Na	Eox No	Total	\$1,477.33
	Fax No.	Payments/Credits	\$0.0
Email Address		Balance Due	\$1,477.3
ap@hccdoc.com			

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 15 of 22

Date	Invoice #
6/20/2018	4105

Invoice

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	7/5/2018
inance Charges on Overdue Bala	nce	1,528.27	1,528.27
Phone No. Fax	No.	Total	\$1,528.2
(972)934-3200 x113 (866)5	99-6575	Payments/Credits	\$0.0
Email Address		Balance Due	\$1,528.2
ap@hccdoc.com			

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17304 Preston Road, Suite 1400 Dallas, TX 75252

Invoice 7/20/2018 4132

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	8/4/2018
Finance Charges on Overdue Balance		1,477.33	1,477.33
Phone No. Fax No.		Total	\$1,477.33
(972)934-3200 x113 (866)599-6575		Payments/Credits	\$0.00
Email Address		Balance Due	\$1,477.33
ap@hccdoc.com			

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 17 of 22

17304 Preston Road, Suite 1400 Dallas, TX 75252

Invoice 8/20/2018 4170

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	9/4/2018
inance Charges on Overdue Balance	e	1,528.27	1,528.27
Phone No. Fax N (972)934-3200 x113 (866)599		Total Payments/Credits	\$1,528.2

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 18 of 22

17304 Preston Road, Suite 1400 Dallas, TX 75252

Invoice 9/20/2018 4216

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	10/5/2018
Finance Charges on Overdue Balanc	e	1,528.27	1,528.27

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17304 Preston Road, Suite 1400 Dallas, TX 75252

	Invoice
Date	Invoice #
10/20/2018	4242

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	11/6/2018
Finance Charges on Overdue Balance		1,477.33	1,477.33
Phone No. Fax No.		Total	\$1,477.33
(972)934-3200 x113 (866)599-65		Payments/Credits	\$0.00
Email Address		Balance Due	\$1,477.33
ap@hccdoc.com			

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17304 Preston Road, Suite 1400 Dallas, TX 75252

Invoice

Date	Invoice #	
11/20/2018	4270	

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

	Customer Total Balance	Terms	Due Date
	\$120,464.71	Net 15	12/5/2018
inance Charges on Overdue Balanc	e	1,528.27	1,528.27
Phone No. Fax N	0.	Total	\$1,528.2
(972)934-3200 x113 (866)599-		Payments/Credits	\$0.0
	1		

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17304 Preston Road, Suite 1400 Dallas, TX 75252

	Invoice
Date	Invoice #
12/20/2018	4297

Bill To

Batesville Regional Medical Center Panola Medical Center 303 Medical Center Dr. Batesville, MS 38606

Finance Charges on Overdue Balance	\$120,464.71	Net 15	1/4/2019
Finance Charges on Overdue Balance		1,477.33	1,477.33
Finance Charges on Overdue Balance		1,477.33	1,477.33
Phone No. Fax No. (972)934-3200 x113 (866)599-6575 Email Address		Total Payments/Credits Balance Due	\$1,477.33

Case 3:18-bk-05665 Claim 188-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 22 of 22

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	e claims: 01/21/2019
Trustee:	Istee: Last Date to file (Govt):	
<i>Creditor:</i> (6821048) Hospital Care Consultants, Inc. 17304 Preston Road, Suite 1400 Dallas, TX 75252	Claim No: 188 Original Filed Date: 01/14/2019 Original Entered Date: 01/14/2019	Status: Filed by: CR Entered by: admin Modified:

Amount claimed: \$120464.71

History:

Details <u>188-</u> 01/14/2019 Claim #188 filed by Hospital Care Consultants, Inc., Amount claimed: \$120464.71 (admin)

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

Total Amount Claimed*\$120464.71Total 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		