

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 Claim

1. Who is the current creditor?	<u>Hospital Care Consultants, Inc.</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Hospital Care Consultants, Inc.</u> Name <u>17304 Preston Road, Suite 1400</u> <u>Dallas, TX 75252</u> Contact phone <u>866-931-8882</u> <u>ext.144</u> Contact email <u>cobrien@essdoc.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ 120464.71</div><div>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<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). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>Services performed _____</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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>Basis for perfection: _____</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>Value of property:</div><div>\$ _____</div><div>Amount of the claim that is secured:</div><div>\$ _____</div><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div><div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
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)() 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 1/14/2019
MM / DD / YYYY

/s/ Carrie O'Brien

Signature


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

Name	Carrie O'Brien		
	First name	Middle name	Last name
Title	Chief Financial Officer		
Company	Hospital Care Consultants, Inc.		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	17304 Preston Road, Suite 1400		
	Number Street		
	Dallas, TX 75252		
	City	State	ZIP Code
Contact phone	866-931-8882 ext.144		Email cobrien@essdoc.com

Fill in this information to identify the case:

Debtor 1 Alliance Health Partners, LLC (MS)

Debtor 2 d/b/a Merit Health Batesville (Curae Health, Inc.)
(Spouse, if filing)

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 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?	<u>Hospital Care Consultants, Inc.</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Hospital Care Consultants, Inc.</u> Name <u>17304 Preston Road, Suite 1400</u> Number Street <u>Dallas TX 75252</u> City State ZIP Code Contact phone <u>(866) 931-8882 ext. 144</u> Contact email <u>cobrien@essdoc.com</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 120,464.71. 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)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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 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 01/09/2019

MM / DD / YYYY


Signature

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

Name	Carrie O'Brien		
	First name	Middle name	Last name
Title	Chief Financial Officer		
Company	Hospital Care Consultants, Inc.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	17304 Preston Road, Suite 1400		
	Number	Street	
	Dallas		TX 75252
	City	State	ZIP Code
Contact phone	(866) 931-8882 ext. 144		Email cobrien@essdoc.com

8:46 AM

Hospital Care Consultants, Inc.

01/08/19

Customer Open Balance

Accrual Basis

All Transactions

Type	Date	Num	Memo	Due Date	Open Balance	Amount
Batesville Regional 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 Regional Medical Center					120,464.71	130,464.71
TOTAL					120,464.71	130,464.71

Hospital Care Consultants, Inc.
17304 Preston Road, Suite 1400
Dallas, TX 75252

Invoice

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

Mid Month Invoice - Hospitalist Physician Services (1st-15th)	1	27,500.00	27,500.00
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Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$27,500.00
Payments/Credits	-\$10,000.00
Balance Due	\$17,500.00

Invoice

Date	Invoice #
12/20/2017	3925

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	1/4/2018

Finance Charges on Overdue Balance		854.38	854.38

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$854.38
Payments/Credits	\$0.00
Balance Due	\$854.38

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

Monthly Invoice (Dec 16th - EOM)	1	27,500.00	27,500.00

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$27,500.00
Payments/Credits	\$0.00
Balance Due	\$27,500.00

Hospital Care Consultants, Inc.
17304 Preston Road, Suite 1400
Dallas, TX 75252

Invoice

Date	Invoice #
12/31/2017	3969

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	2/16/2018

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.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$3,300.00
Payments/Credits	\$0.00
Balance Due	\$3,300.00

Invoice

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	Net 15	1/30/2018

Mid Month Invoice - Hospitalist Physician Services (1st-15th)	1	27,500.00	27,500.00

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$27,500.00
Payments/Credits	\$0.00
Balance Due	\$27,500.00

Invoice

Date	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

Finance Charges on Overdue Balance		359.34	359.34

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$359.34
Payments/Credits	\$0.00
Balance Due	\$359.34

Hospital Care Consultants, Inc.
17304 Preston Road, Suite 1400
Dallas, TX 75252

Invoice

Date	Invoice #
1/31/2018	3955

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	2/15/2018

Monthly Invoice (16th - EOM)	1	27,500.00	27,500.00
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Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$27,500.00
Payments/Credits	\$0.00
Balance Due	\$27,500.00

17304 Preston Road, Suite 1400
Dallas, TX 75252

Date	Invoice #
2/20/2018	3983

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	3/7/2018

Finance Charges on Overdue Balance		1,024.87	1,024.87

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,024.87
Payments/Credits	\$0.00
Balance Due	\$1,024.87

**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

Finance Charges on Overdue Balance		1,375.45	1,375.45

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,375.45
Payments/Credits	\$0.00
Balance Due	\$1,375.45

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 Balance		1,528.27	1,528.27

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,528.27
Payments/Credits	\$0.00
Balance Due	\$1,528.27

Invoice

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 Balance		1,477.33	1,477.33

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,477.33
Payments/Credits	\$0.00
Balance Due	\$1,477.33

17304 Preston Road, Suite 1400
Dallas, TX 75252

Invoice

Date	Invoice #
6/20/2018	4105

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

Finance Charges on Overdue Balance		1,528.27	1,528.27

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,528.27
Payments/Credits	\$0.00
Balance Due	\$1,528.27

Invoice

Date	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.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,477.33
Payments/Credits	\$0.00
Balance Due	\$1,477.33

Invoice

Date	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

Finance Charges on Overdue Balance		1,528.27	1,528.27

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,528.27
Payments/Credits	\$0.00
Balance Due	\$1,528.27

Invoice

Date	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 Balance		1,528.27	1,528.27

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,528.27
Payments/Credits	\$0.00
Balance Due	\$1,528.27

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.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,477.33
Payments/Credits	\$0.00
Balance Due	\$1,477.33

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

Finance Charges on Overdue Balance		1,528.27	1,528.27

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,528.27
Payments/Credits	\$0.00
Balance Due	\$1,528.27

Invoice

Date	Invoice #
12/20/2018	4297

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	1/4/2019

Finance Charges on Overdue Balance		1,477.33	1,477.33

Phone No.	Fax No.
(972)934-3200 x113	(866)599-6575
Email Address	
ap@hccdoc.com	

Total	\$1,477.33
Payments/Credits	\$0.00
Balance Due	\$1,477.33

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: (6821048) **Claim No:** 188 *Status:*
Hospital Care Consultants, Inc. *Original Filed* *Filed by:* CR
17304 Preston Road, Suite 1400 *Date:* 01/14/2019 *Entered by:* admin
Dallas, TX 75252 *Original Entered* *Modified:*
Date: 01/14/2019

Amount claimed: \$120464.71

History:

[Details](#) [188-1](#) 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*	\$120464.71
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		