

Fill in this information to identify the case:

Debtor 1 Curae Health Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05665

FILED

JAN 15 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN**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>Microline Surgical 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>Microline Surgical Inc Attn: AR</u> Name <u>50 Dunham Rd Suite 1500</u> Number Street <u>Beverly</u> <u>Ma</u> <u>01915</u> City State ZIP Code Contact phone <u>978 867 1717</u> Contact email <u>nwhitaker@microlinesurgical.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 _____ 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? ☒ 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? \$ 6,900.00 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.
Goods Sold

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)?

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

☒ No

☐ Yes. Check one:

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

☐ 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).

☐ 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 01 11 2019
MM / DD / YYYY


Signature

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

Name Nathan Whitaker
First name Middle name Last name

Title Secretary & Treasurer

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 50 Dunham Rd Suite 1500
Number Street

Beverly MA 01915
City State ZIP Code

Contact phone 978 867 1717 Email nwhitaker@microlinesurgical.com

Bankruptcy CH 11									
Curae Health									
	Case 18-05665								
Name	Inv #	Inv Date	Inv Amount	Sales Tax	Claim				
Batesville Regional Medical Ctr									
Known to Microline Surgical as:	227583	2/6/2018	411.95	26.95	385.00				
Merit Health Batesville assoc case 18-05675	232164	5/1/2018	411.95	26.95	385.00				
Clarksdale Regional Medical Ctr									
Known to Microline Surgical as:	234125	6/6/2018	1,647.80	107.80	1,540.00				
Northwest Ms Reg Medical Ctr assoc case 18-05678	235422	6/28/2018	2,418.20	158.20	2,260.00				
	235736	7/5/2018	513.60	33.60	480.00				
	235831	7/5/2018	770.40	50.40	720.00				
	238078	8/15/2018	1,209.10	79.10	1,130.00				
Please note that after the invoices were processed, the debtor advised of their tax exempt status.									
They short paid the above mentioned invoices and credits were issued to the original invoices.									

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000227583

Date: 2/6/2018

Salesperson: SOUTHEAST

Customer: TRI LAKES

Sold To	Ship To
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE ATTN: ACCOUNTS PAYABLE Batesville, MS 38606 USA	MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE ATTN: RECEIVING Batesville, MS 38606 USA

Contact: RYAN OVERALL

Customer P.O.	Ship Via	F.O.B.	Terms
701-6661691	FEDEX GRND	Microline	Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3142	ReNew Endocut Scissor Tip, Disposable	1.0000	385.0000	385.00
	LAST ITEM			

Subtotal	385.00
Freight	0.00
Sales Tax	26.95
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00

Remit To
Microline Surgical Inc
PO Box 392205
Pittsburgh, PA 15251-0205

Accounts Receivable Department
Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Case 3:18-bk-05665 Claim 191-1 Filed 01/15/19

Desc Main Document

Page 5 of

411.95

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000232164

Date: 5/1/2018

Salesperson: SOUTHEAST

Customer: TRI LAKES

Sold To	Ship To
MERIT HEALTH BATESVILLE 303 MEDICAL CENTER DRIVE ATTN: ACCOUNTS PAYABLE Batesville, MS 38606 USA	MERIT HEALTH BATESVILLE/PANOLA 303 MEDICAL CENTER DRIVE ATTN: RECEIVING Batesville, MS 38606 USA

Contact: RYAN OVERALL

Customer P.O.	Ship Via	F.O.B	Terms
00131	FEDEX GRND	Microline	Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3142	ReNew Endocut Scissor Tip, Disposable	1.0000	385.0000	385.00
	LAST ITEM			

Subtotal	385.00
Freight	0.00
Sales Tax	26.95
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance (USD)	411.95

Remit To
Microline Surgical Inc
PO Box 392205
Pittsburgh, PA 15253-9205

Accounts Receivable Department
Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Case 3:18-bk-05665 Claim 191-1 Filed 01/15/19

Desc Main Document

Page 6 of

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000234125

Date: 6/6/2018

Salesperson: SOUTHEAST

Customer: nw ms reg

Sold To	Ship To
NORTHWEST MS REG. MED. CTR PO BOX 1218 ATTN: ACCOUNTS PAYABLE CLARKSDALE, MS 38614 USA	NORTHWEST MS REG MED CTR 1970 HOSPITAL DRIVE ATTN: RECEIVING Clarksdale, MS 38614 USA

Contact: YATASHA MUSKIN

Customer P.O.	Ship Via	F.O.B.	Terms
749-6747458	FEDEX AM	Microline	Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3142	ReNew Endocut Scissor Tip, Disposable	4.0000	385.0000	1,540.00
	LAST ITEM			

YATASHA: 662-624-3453

Remit To
Microline Surgical Inc
PO Box 392205
Pittsburgh, PA 15250-2205

Accounts Receivable Department
Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Subtotal	1,540.00
Freight	0.00
Sales Tax	107.80
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance (USD)	1,647.80

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000235422

Date: 6/28/2018

Salesperson: SOUTHEAST

Customer: nw ms reg

Sold To	Ship To
NORTHWEST MS REG. MED. CTR PO BOX 1218 ATTN: ACCOUNTS PAYABLE CLARKSDALE, MS 38614 USA	NORTHWEST MS REG MED CTR 1970 HOSPITAL DRIVE ATTN: RECEIVING Clarksdale, MS 38614 USA

Contact: YATASHA MUSKIN

Customer P.O.	Ship Via	F.O.B	Terms
749-6757941	FEDEX STD OVRNT	Microline	Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3252	ReNew Lapclinch Grasper Tip, Disposable	3.0000	240.0000	720.00
3142	ReNew Endocut Scissor Tip, Disposable	4.0000	385.0000	1,540.00
LAST ITEM				

Subtotal	2,260.00
Freight	0.00
Sales Tax	158.20
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance (USD)	2,418.20

Remit To
Microline Surgical Inc
PO Box 392205
Pittsburgh, PA 15225-2205

Accounts Receivable Department
Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Case 3:18-bk-05665 Claim 191-1 Filed 01/15/19

Desc Main Document

Page 8 of

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000235831

Date: 7/5/2018

Salesperson: SOUTHEAST

Customer: nw ms reg

Sold To	Ship To
NORTHWEST MS REG. MED. CTR PO BOX 1218 ATTN: ACCOUNTS PAYABLE CLARKSDALE, MS 38614 USA	NORTHWEST MS REG MED CTR 1970 HOSPITAL DRIVE ATTN: RECEIVING Clarksdale, MS 38614 USA

Contact: YATASHA MUSKIN

Customer P.O.	Ship Via	F.O.B.	Terms
749-6764414	FEDEX GRND	Microline	Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3222	ReNew Fenestrated Grasper Tip, Disposable	3.0000	240.0000	720.00
	LAST ITEM			

Subtotal	720.00
Freight	0.00
Sales Tax	50.40
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance (USD)	770.40

Remit To
Microline Surgical Inc
PO Box 392205
Pittsburgh PA 15253-2205

Accounts Receivable Department
Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Case 3:18-bk-05665 Claim 191-1 Filed 01/15/19

Desc Main Document

Page 9 of

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000235736

Date: 7/5/2018

Salesperson: SOUTHEAST

Customer: nw ms reg

Sold To	Ship To
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NORTHWEST MS REG. MED. CTR
PO BOX 1218
ATTN: ACCOUNTS PAYABLE
CLARKSDALE, MS 38614 USA

NORTHWEST MS REG MED CTR
1970 HOSPITAL DRIVE
ATTN: RECEIVING
Clarksdale, MS 38614 USA

Contact: YATASHA MUSKIN

Customer P.O.	Ship Via	F.O.B.	Terms
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749-6757941

FEDEX STD OVRNT

Microline

Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3352	Forceps, Traditional Maryland, Disposable	2.0000	240.0000	480.00
	LAST ITEM			

Subtotal	480.00
Freight	0.00
Sales Tax	33.60
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance (USD)	513.60

Remit To

Microline Surgical Inc
PO Box 392205
Pittsburgh PA 15225-0205

Accounts Receivable Department

Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Case 3:18-bk-05665 Claim 191-1 Filed 01/15/19

Desc Main Document

Page 10 of

Invoice



Microline Surgical, Inc.
50 Dunham Road
Suite 1500
Beverly, MA 01915 USA

Page: 1

Number: 0000238078

Date: 8/15/2018

Salesperson: SOUTHEAST

Customer: nw ms reg

Sold To	Ship To
NORTHWEST MS REG. MED. CTR PO BOX 1218 ATTN: ACCOUNTS PAYABLE CLARKSDALE, MS 38614 USA	NORTHWEST MS REG MED CTR 1970 HOSPITAL DRIVE ATTN: RECEIVING Clarksdale, MS 38614 USA

Contact: YATASHA MUSKIN

Customer P.O.	Ship Via	F.O.B	Terms
749-6786641	FEDEX GRND	Microline	Net 30 Days

Item	Description	Qty Shipped	Price	Amount
3252	ReNew Lapclinch Grasper Tip, Disposable	2.0000	565.0000	1,130.00
	LAST ITEM			

Subtotal	1,130.00
Freight	0.00
Sales Tax	79.10
Trade Discount	0.00
Payment/Credit Amount	0.00
Additional Charges	0.00
Balance (USD)	1,209.10

Remit To
Microline Surgical Inc
PO Box 392205
Pittsburgh PA 15221-9205

Accounts Receivable Department
Phone: 978 922 9810
Email: accountsreceivable@microlinesurgical.com

Case 3:18-bk-05665 Claim 191-1 Filed 01/15/19 Desc Main Document

Page 11 of

[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: (6718379)
MICROLINE SURGICAL INC
50 DUNHAM ROAD
SUITE 1500
BEVERLY, MA 01915

Claim No: 191
Original Filed
Date: 01/15/2019
Original Entered
Date: 01/15/2019

Status:
Filed by: CR
Entered by: Intake2
Modified:

Amount claimed: \$6900.00

History:

[Details](#) [191-](#) 01/15/2019 Claim #191 filed by MICROLINE SURGICAL INC, Amount claimed: \$6900.00
[1](#) (Intake2)

Description: (191-1) GOODS SOLD

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$6900.00
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		