

Fill in this information to identify the case:

Debtor 1 CURAE HEALTH, INC., et al.³
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: MIDDLE District of TENNESSEE
 Case number 18-05665

FILED

JAN 17 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? SHERRY A. SULLIVAN
 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 creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>SHERRY A. SULLIVAN</u> Name</p> <p><u>14 EDGARWOOD RD.</u> Number Street</p> <p><u>BATESVILLE MS 38606</u> City State ZIP Code</p> <p>Contact phone <u>662-563-9851</u></p> <p>Contact email <u>sherry@cableone.net</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>SAME</u> Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
 MM / DD / YYYY
? I FILED A PREPETITION CLAIM ONLINE SEVERAL MONTHS AGO.

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

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

5. 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? \$487.00 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).

3. 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.
REFUND DUE TO PATIENT AFTER MEDICAL INSURANCE PAID TO CURAE HEALTH ON INSURANCE CLAIM FOR SERVICE PERFORMED BY CURAE HEALTH

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 1-11-2019
MM / DD / YYYY

Sherry A Sullivan
Signature

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

Name SHERRY A. SULLIVAN
First name Middle name Last name

Title CREDITOR

Company N/A
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 14 EDGARWOOD RD.
Number Street

BATESVILLE, MS 38606
City State ZIP Code

Contact phone 662-563-9851 Email sherry@cableone.net

AR0R9A
1/04/19

PANOLA MEDICAL CENTER
ACCOUNTS RECEIVABLE STATUS REPORT

PAGE 1
TIME: 9:58 AM

ACCOUNT NO.--> 5113063

TYPE: E
HOSP SRV CODE: RAD
FINANCIAL CLS: MG
SSN: 587-90-1520
ADMITTED----> 8/23/18
DISCHARGED--> 8/23/18

GUARANTOR NO.--> 4078136

SULLIVAN SHERRY A
14 ECHO WOOD ROAD
BATESVILLE MS
38606

SULLIVAN SHERRY A
BAD ADDRESS
BATESVILLE MS
38606

PHONE: 662-934-9851

PHONE: 662-934-9851

DATE BILLED -----> 8/27/18
TOTAL CHARGED -----> 584.25
CURRENT DUE -----> 487.00-

NO. OF PAYMENTS -----> 2
DATE OF LAST PAYMENT --> 9/13/18
LAST PAYMENT AMOUNT ----> 176.00
NO. OF STATEMENTS -----> 00
DATE LAST STATEMENT ---->
LAST STMT. AMOUNT -----> 584.25 (1)
LAST LETTER NUMBER -----> 00

PHYSICIAN: LINDER EDWIN LEE

PAYOR 1 558 PLAN 1 002 UHC
PAYOR 2 000 PLAN 2 000
PAYOR 3 000 PLAN 3 000

POLICY# 977669398
POLICY#
POLICY#

----- TRANSACTION HISTORY -----							
CYC#	PAYOR	DATE	TRANS	CDE	REF#	DESCRIPTION	AMOUNT
99	999	8/23/18	0000901		0000129	P PATIENT PAYT POS	487.00- (2)
01	558	9/13/18	0000620		0000154	PAY UNITED HLTHCAR	176.00- (4)
01	558	9/13/18	0000621		0000154	A ADJ UNITED HTHCARE	408.25- (3)

----- BILLING HISTORY -----						
CYC#	DATE	PAYOR 1	PAYOR 2	PAYOR 3	PATIENTS	
01	8/27/18	584.25				
PAYOR FILE DATE:		8/28/18				
99	8/23/18					
PAYOR FILE DATE:		6/12/18				

- ① CHARGE FOR SERVICE PERFORMED ON 8-23-18 584.25
 - ② PAID BY SHERRY A. SULLIVAN ON DATE OF SERVICE <487.00>
 - ③ UNITED HEALTHCARE REQUIRED WRITE-OFF <408.25>
 - ④ PAID BY UNITED HEALTHCARE INSURANCE <176.00>
- 487.00



Charles M. Walker
U.S. Bankruptcy Judge

Dated: 12/19/2018



**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

In re:)	
)	Chapter 11
Curae Health, Inc., <i>et al.</i> ³)	Case No. 18-05665
)	
1721 Midpark Road, Suite B200)	Judge Walker
Knoxville, TN 37921)	
Debtors.)	Jointly Administered

PROPOSED ORDER FIXING BAR DATES FOR FILING PROOFS OF CLAIM, APPROVING 503(b)(9) PROOF OF CLAIM FORM, AND APPROVING THE FORM AND MANNER OF NOTICE OF THE 503(b)(9) CLAIMS BAR DATE

Upon the motion (the “**Motion**”)⁴ of the above-captioned Debtors and Debtors in possession (the “**Debtors**”) seeking entry of an order, establishing the bar dates and approving the form and notice thereof, for filing requests for the allowance of certain administrative expense claims against the Debtors, approving the use of the 503(b)(9) Proof of Claim Form, and approving the form and manner of notice thereof; and due and sufficient notice of the Motion having been given; and it appearing that the relief requested by the Motion is in the best interest of the Debtors’ estates, the Debtors’ creditors, and other parties in interest; and the Court having jurisdiction to consider the Motion and the relief requested therein; and the Court having reviewed the Motion and considered the arguments made at the hearing, if applicable; and after due deliberation and sufficient cause appearing therefor;

IT IS HEREBY ORDERED THAT:

1. The Motion is GRANTED as set forth herein.

³ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are Curae Health, Inc. (5638); Amory Regional Medical Center, Inc. (2640); Batesville Regional Medical Center, Inc. (7929); and Clarksdale Regional Medical Center, Inc. (4755); Amory Regional Physicians, LLC (5044); Batesville Regional Physicians, LLC (4952); Clarksdale Regional Physicians, LLC (5311).

⁴ Any and all capitalized terms used but not defined herein shall have the meaning ascribed to them in the Motion.

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