

Fill in this information to identify the case:

In re:

Debtor name: Curae Health, Inc.

United States Bankruptcy Court for the Middle District of Tennessee

Case number: 18-05665

Proof of Administrative Claim

**FILED**

**JAN 22 2019**

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

12/15

## Proof of Administrative Claim

Read the instructions before filling out this form. This form is for making a claim for payment of an administrative claim in a bankruptcy case. This form should only be used by claimants as specified in the Notice of Deadline for Filing Administrative Claims. IT SHOULD NOT BE USED FOR CLAIMS EXCLUDED BY SAID NOTICE NOR SHOULD IT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND AND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503 (b) AND 507(a)(2)..

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.

### Part 1: Identify the Administrative Claim

1. Who is the current creditor?	<u>GE Precision Healthcare LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>GE Healthcare Datex</u>	
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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>c/o Michael B. Bach, Authorized Agent</u> Name	_____ Name
	<u>25 Whitney Drive, Suite 106</u> Number Street	_____ Number Street
	<u>Milford, Ohio 45150</u> City State ZIP Code	_____ City State ZIP Code
	Contact phone <u>513-247-7407</u>	Contact phone _____
	Contact email <u>michaelb@dehaan-bach.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?	<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 Administrative Claim**

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: 6 7 7 0

7. Total amount of Administrative Claim? \$ 457.60. 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 and services

9. Is this claim based on a lease?  No.  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

10. Is this claim subject to a right of setoff?  No.  Yes. Identify the property: \_\_\_\_\_

**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 Administrative 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 Administrative 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 01/15/2019  
MM / DD / YYYY

  
Signature

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

Name Michael B. Bach  
First Name Middle Name Last Name

Title Authorized Agent

Company DeHaan & Bach, LPA  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 25 Whitney Drive, Suite 106  
Number Street

Milford, Ohio 45150  
City State ZIP Code

Contact Phone 513-247-7407 Email michaelb@dehaan-bach.com

Invoice P&L	GEARS CUSTOMERNO	CUSTOMER NAME	INVOICE NUMBER	OUTSTANDING AMOUNT	ORIGINAL INVOICE AMOUNT	INVOICE DATE	DUE DATE
DATEX	***6770	MERIT HEALTH GILMORE MEMORIAL	62937910	\$228.80	\$228.80	12/01/18	12/31/18
DATEX	***8822	MERIT HEALTH GILMORE MEMORIAL	62872268	\$228.80	\$228.80	8/2/2018	9/1/2018
				\$457.60			

# 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):**

<p><i>Creditor:</i>        (6826516)          GE PRECISION          HEALTHCARE LLC  <b>(ADMINISTRATIVE)</b>          C O MICHAEL B BACH          AUTHORIZED AGENT          25 WHITNEY DRIVE SUITE          106          MILFORD OHIO 45150</p>	<p><b>Claim No: 247</b>  <i>Original Filed</i>          Date: 01/22/2019  <i>Original Entered</i>          Date: 01/22/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Intake2  <i>Modified:</i></p>
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Admin claimed: \$457.60

*History:*

[Details](#)    [247-1](#)    01/22/2019 Claim #247 filed by GE PRECISION HEALTHCARE LLC, Admin claimed: \$457.60 (Intake2)

*Description:* (247-1) goods and services

*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>	
<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.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>	\$457.60	