

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**FEB 05 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>Kerma Medical Products, 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>Kerma Medical Products, Inc.</u> Name <u>215 Suburban Drive</u> Number Street <u>Suffolk</u> <u>VA</u> <u>23434</u> City State ZIP Code Contact phone <u>757-514-2072</u> Contact email <u>sschwartzter@kermamedical.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: 0 6 0 3

7. How much is the claim? \$ 462.44 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 01/31/2019
MM / DD / YYYY

Signature

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

Name Steve Schwartz
First name Middle name Last name

Title Controller

Company Kerma Medical Products, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 215 Suburban Drive
Number Street

Suffolk VA 23434
City State ZIP Code

Contact phone 757-514-2072 Email sschwartz@kermamedical.com



INVOICE

Direct Sales Division

215 Suburban Drive

Suffolk, VA 23434

Phone: (888) 430-9559

Fax: (888) 430-9560

Invoice Number	1140818
Invoice Date	8/13/2018
Sales Order Number	1115454
Customer PO Number	01723
Terms	Net 30
Due Date	9/12/2018

Customer ID: 20603

AMORY REGIONAL MEDICAL CENTER

ATTN: ACCOUNTS PAYABLE

1105 EARL FRYE BLVD

AMORY, MS 38821

Ship To ID: 26738

COID #: M3638

AMORY REGIONAL MEDICAL CENTER

ATTN: RECEIVING

1105 EARL FRYE BLVD

AMORY, MS 38821

Requested By: MALLORY WRIGHT

Fed Ex Ground Tracking					
11622923355235					
Quantities			Item ID Item Description	Unit Price	Extended Price
Ordered	Shipped	UOM			
1	1	EA	08605032C2071VT PAD TABLE FOR AMSCO 3080/3085 PREMIUM (NON-RETUNABLE)	385.00	385.00

Total Lines: 1

SUB-TOTAL: 385.00
TOTAL TAX FOR INVOICE: 0.00
AMOUNT DUE: 385.00

PLEASE REMIT PAYMENT TO:
 KERMA MEDICAL PRODUCTS, INC.
 ATTN: ACCOUNTS RECEIVABLE
 215 SUBURBAN DRIVE
 SUFFOLK, VA 23434
 FOR QUESTIONS PERTAINING TO THIS INVOICE, PLEASE CALL 888-430-9559



INVOICE

Direct Sales Division

215 Suburban Drive
Suffolk, VA 23434

Phone: (888) 430-9559

Fax: (888)430-9560

Invoice Number	1134038
Invoice Date	7/10/2018
Sales Order Number	1103579
Customer PO Number	00898
Terms	Net 30
Due Date	8/9/2018

Customer ID: 20603

AMORY REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To ID: 26738 **COID #:** M3638

AMORY REGIONAL MEDICAL CENTER
ATTN: RECEIVING
1105 EARL FRYE BLVD
AMORY, MS 38821

Requested By: DEBBY CAMPBELL

FedEx Tracking					
781786187610					
Quantities			Item ID Item Description	Unit Price	Extended Price
Ordered	Shipped	UOM			
1	1	BX	678303100U LAMP HALOGEN OTOSCOPE 3.5V (6/BX)	77.44	77.44

Total Lines: 1

SUB-TOTAL: 77.44
TOTAL TAX FOR INVOICE: 0.00
AMOUNT DUE: 77.44

PLEASE REMIT PAYMENT TO:
KERMA MEDICAL PRODUCTS, INC.
ATTN: ACCOUNTS RECEIVABLE
215 SUBURBAN DRIVE
SUFFOLK, VA 23434
FOR QUESTIONS PERTAINING TO THIS INVOICE, PLEASE CALL 888-430-9559

Steve Schwartzer

From: Khristin Edwards <Khristin.Edwards@curaehealth.org>
Sent: Wednesday, January 30, 2019 4:12 PM
To: Accounts Receivables
Cc: Steve Schwartzer
Subject: [EXTERNAL E-MAIL] RE: Acct 20603 Over 5 Months Past Due

Both the invoices below are included in the bankruptcy proceedings. Curae filed for bankruptcy on 8/24/18, so any invoices that were still open on that day were turned over to the bankruptcy court.

Thanks,

Khristin

From: Accounts Receivables [mailto:AccountsReceivables@kermamedical.com]
Sent: Wednesday, January 30, 2019 3:00 PM
To: Khristin Edwards
Cc: Steve Schwartzer
Subject: Acct 20603 Over 5 Months Past Due

[External Email - This email originated outside of your organization]

Good afternoon,

Please advise when payment will issue for the attached past due invoices:

Invoice/Memo Number	Date	Invoice Class	PO Number	Currency ID	Invoice Amount
Shipping Invoices					
1134038	07/10/18	Inventory	00898		77.44
1140818	08/13/18	Inventory	01723		385.00

Thank You,

Dru Tripathi

Accounts Receivable Specialist
KERMA MEDICAL PRODUCTS, INC.
Veteran Owned Small Business (VOSB)
215 Suburban Drive
Suffolk, VA 23434
757.514.2099 | Direct Line
757.398.8400 | Work
757.398.8408 | Fax
AccountsReceivables@kermamedical.com

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RECEIVED

FEB 05 2019

1/31/2019

Case: 18-05665

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

To whom it may concern,

We have enclosed our claim for outstanding debt owed to us in this bankruptcy case. We understand the bar date was set for January 21, 2019 but, it was just brought to our attention by the customer that the enclosed invoices are included in the bankruptcy case. I have enclosed a copy of the email for additional reference. We are requesting our claim could be included into the case.

Please feel free to contact me if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Steve Schwartzer', is written over a light blue horizontal line.

Steve Schwartzer

	Claimed	Allowed
Secured		
Priority		
Administrative		