

Fill in this information to identify the case:	
Debtor 1	<u>Curae Health, Inc., et al</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: <u>Middle District of Tennessee</u>	
Case number	<u>3:18-bk-05665</u>

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>State of Mississippi, Division of Medicaid</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>James A. Bobo, Esq., Special Asst. AG</u> Name <u>P.O. Box 220</u> Number Street <u>Jackson, MS 39205</u> City State ZIP Code Contact phone <u>601.359.3822</u> Contact email <u>jbobo@ago.state.ms.us</u>	Where should payments to the creditor be sent? (if different) <u>Philip B. Allen, c/o Division of Medicaid</u> Name <u>550 High Street, Suite 1000</u> Number Street <u>Jackson MS 39201</u> City State ZIP Code Contact phone <u>601.359.9561</u> Contact email <u>phillip.allen@medicaid.ms.gov</u>
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? \$ 772,352.45 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.
Hospital Taxes assessed pursuant to Sec. 43-13-145, Miss. Code

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).

Amount entitled to priority

\$ _____

☐ 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).

\$ 772,352.45

☐ 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 4/01/19 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 02/12/2019

MM / DD / YYYY

Philip Barry Allen

Signature

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

Name	Philip	Barry	Allen
	First name	Middle name	Last name
Title	Chief Financial Officer		
Company	State of Mississippi, Division of Medicaid		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	550 High Street, Suite 1000		
	Number	Street	
	Jackson	MS	39201
	City	State	ZIP Code
Contact phone	601.359.9561		Email phillip.allen@medicaid.ms.gov

EXHIBIT "A" TO PROOF OF CLAIM
OF MISSISSIPPI DIVISION OF MEDICAID

CURAE HEALTH. INC .. et al Case No. 3:18-bk-05665

State of Mississippi, Division of Medicaid, (Claimant), asserts its interest in all taxes under §43-13-145, Miss. Code Ann., assessed at the time of the filing of the Petition, and all postPetition taxes assessed by Claimant and payable by Debtor under said §43-13-145, Miss. Code Ann. Said proof of claim shall include any interest and penalties due to Claimant, whether assessed pre-Petition or post-Petition.

Exhibit "B" attached hereto contains details on the amounts owed by the Debtor to Claimant, as of August 24, 2018. Claimant reserves the right to update, amend, modify and provide calculations of damages, interest and penalties to this proof of claim in the future.

**Mississippi Division of Medicaid
Curae Health Hospitals
Tax Assessments Due for SFY 2019**

Exhibit B

August 24, 2018

Taxes Due from Invoices <u>Dated:</u>	<u>Gilmore Memorial Hospital</u>	<u>Merit Health Northwest MS</u>	<u>Panola Medical Center</u>	<u>Total</u>
September 5, 2018	\$ 357,729.00	\$ 461,451.00	\$ 472,755.00	\$ 1,291,935.00
December 3, 2018	471,022.00	607,593.00	622,477.00	1,701,092.00
January 4, 2019	119,243.00	153,817.00	157,585.00	430,645.00
Total Taxes Due To Date	\$ 947,994.00	\$ 1,222,861.00	\$ 1,252,817.00	\$ 3,423,672.00
Less: Amount Withheld From Dec. 2018 MHAP Payment	(106,854.51)	(240,593.21)	(152,552.28)	(500,000.00)
Total Net Taxes Due To Date	\$ 841,139.49	\$ 982,267.79	\$ 1,100,264.72	\$ 2,923,672.00

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: (6840940) **Claim No:** 263 *Status:*
The State of Mississippi Division of Medicaid *Original Filed* *Filed by:* CR
James A. Bobo, SAAG *Date:* 02/12/2019 *Entered by:* JAMES A BOBO
PO Box 220 *Original Entered* *Modified:*
Jackson, MS 39205 *Date:* 02/12/2019

Amount claimed: \$772352.45

Priority claimed: \$772352.45

History:

[Details](#) [263-1](#) 02/12/2019 Claim #263 filed by The State of Mississippi Division of Medicaid, Amount claimed: \$772352.45 (BOBO, JAMES)

Description: (263-1) Unpaid Pre-Petition Taxes

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*	\$772352.45
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	\$772352.45	
Administrative		