

**Fill in this information to identify the case:**

Debtor 1	Curae Health Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number:	<b>18-05665</b>

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 3/8/2019  
 TERESA C. AZAN, Acting Clerk

**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**

<b>1. Who is the current creditor?</b>	Arrow International, Inc.	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Arrow International, Inc.	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name
	PO Box 601608 1479 MILLS ROAD	
	Charlotte, NC 28260-1608	
	Contact phone 866-246-6990	Contact phone
	Contact email www.teleflex.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): arrowremit@teleflex.com	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1369</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>2017.36</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>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 healthcare information.</p> <p style="text-align: center;"><u>Goods Sold</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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 3/8/2019  
MM / DD / YYYY

/s/ CHRISTOPHER LOUIS LYNCH

Signature

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

Name CHRISTOPHER LOUIS LYNCH

First name Middle name Last name

Title Senior Lead Credit & Collections Specialist

Company Arrow International, Inc.

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 3015 Carrington Mill Blvd., Suite 300

Number Street

Morrisville, NC 27560-8871

City State ZIP Code

Contact phone 9193614135 Email christopher.lynych@teleflex.com



Arrow International Inc  
 PO Box 12600  
 2917 Weck Drive  
 Research Triangle Park, NC 27709

**Account Statement/ Open Item Listing**

Account #		Statement Date
121369		03/05/2019
Page	Currency	Terms of Payment
1 of 1	USD	Cash in advance-

Tri-Lakes Medical Center  
 Alliance Health Partners  
 303 Medical Center Drive  
 BATESVILLE MS 38606-8608  
 USA

Contact Information for questions on Statement

Name Erin Burcher  
 Telephone  
 Fax  
 E-mail: Erin.Burcher@teleflex.com

**Remittance Information**

**By Regular Mail**

Arrow International, Inc.  
 Lockbox 60519  
 PO Box 612  
 Charlotte, NC 28260

**By Wire**

Bank: Wells Fargo Bank, N.A.  
 Address: 420 Montgomery Street  
 San Francisco, CA 94104  
 Account No. #: 2000040988562  
 Routing/ABA #: 121000248  
 SWIFT Code: WFBIUS6S

**By Overnight**

Arrow International, Inc.  
 Lockbox 60519  
 1525 West W.T. Harris Blvd - 2C2  
 Charlotte, NC 28262

Document #	PO #/Check	Reference	Item Date	Due Date	Docum. Type	Reason Code	Amount
95207768	701-6551188		10/11/2017	11/10/2017	RV		2,017.36



Invoice			
No.	Date	Page	Due Date
95207768	10/11/2017	1 of 2	11/10/2017
Payer Account No. 121369			

**Bill To Party**      **Account No. 121369**  
 Tri-Lakes Medical Center  
 Alliance Health Partners  
 303 Medical Center Drive  
 Batesville MS 38606-8608  
 USA

**Ship To Party**      **Account No. 121369**  
 Tri-Lakes Medical Center  
 Batesville Regional Med Ctr  
 Attn: PO# 701-6551188  
 303 Medical Center Drive  
 Batesville MS 38606-8608  
 USA

<b>Payment Remittance Address:</b> Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	<b>Wire Transfer Remittance:</b> Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBIUS6S	<b>Overnight Remittance Address:</b> Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262
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Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
701-6551188	3727276		8001764052	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200376856410	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	9018-VC-005	EZ-IO 15MM NEEDLE (BOX OF 5)	BX	1	0	625.00	625.00
	<b>Brand:</b> Arrow	<b>Batch No. 5285605</b>					
	<b>Country of Origin</b>	US					
000020	9079-VC-005	EZ-IO 45MM NEEDLE (BOX OF 5)	BX	1	0	625.00	625.00
	<b>Brand:</b> Arrow	<b>Batch No. 5565372</b>					
		<b>Exp. Date 06/30/2021</b>					
	<b>Country of Origin</b>	US					
000030	9001-VC-005	EZ-IO 25MM NEEDLE (BOX OF 5)	BX	1	0	625.00	625.00
	<b>Brand:</b> Arrow	<b>Batch No. 5482406</b>					
		<b>Exp. Date 06/30/2021</b>					
	<b>Country of Origin</b>	US					

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.  
 To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)



**Invoice**

No.	Date	Page	Due Date
95207768	10/11/2017	2 of 2	11/10/2017
Payer Account No. 121369			

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
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Comments:

Sub-Total	1,875.00
Freight	10.38
Tax	131.98
Total USD	2,017.36

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent. To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)



ATTN : ERIN BURCHER  
PHONE : (919)433-4891

**DELIVERY NOTIFICATION**

INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203

SHIPMENT TO:	NA 303 MEDICAL CENTER DR BATESVILLE MS 38606
Shipper Number.....	606920
Tracking Identification Number...	1Z6069200376856410

According to our records 1 parcel was delivered on 10/13/17 at 9:26 A.M., and left at 303. The shipment was received by COOK as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200376856410	303 MEDICAL CENTER DR BATESVILLE	<i>A Cook</i>

PZB1SHA:000A0000

# 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):**

<i>Creditor:</i> (6859157)	<b>Claim No:</b> 267	<i>Status:</i>
Arrow International, Inc.	<i>Original Filed</i>	<i>Filed by:</i> CR
PO Box 601608	<i>Date:</i> 03/08/2019	<i>Entered by:</i> admin
1479 MILLS ROAD	<i>Original Entered</i>	<i>Modified:</i>
Charlotte, NC 28260-1608	<i>Date:</i> 03/08/2019	

Amount claimed: \$2017.36

*History:*

[Details](#)    [267-](#) 03/08/2019 Claim #267 filed by Arrow International, Inc., Amount claimed: \$2017.36 (admin)  
1

*Description:*

*Remarks:* (267-1) Account Number (last 4 digits):1369

## 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>	\$2017.36
<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>		