

Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05675

FILED

SEP 11 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

12/15

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>Baxter Healthcare</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?	Where should payments to the creditor be sent? (if different)
	<u>Baxter Healthcare</u> Name <u>1 Baxter Parkway</u> Number Street <u>Deerfield IL 60015</u> City State ZIP Code Contact phone <u>224-948-1113</u> Contact email <u>creditdept@baxter.com</u>	_____ 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 2 9 2

7. How much is the claim? \$ 9,945.76. 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.
Medical goods

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)?

No

Yes. Check all that apply:

Amount entitled to priority

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$2,775* 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 \$12,475*) 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.

\$ _____

* Amounts are subject to adjustment on 4/01/16 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 08/30/2018
MM / DD / YYYY


Signature

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

Name Neil L. Kozerowitz
First name Middle name Last name

Title Credit Analyst

Company Baxter Healthcare
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1 Baxter Pkwy
Number Street

Deerfield IL 60015
City State ZIP Code

Contact phone 224-948-1113 Email creditdept@baxter.com

Submitted by Baxter Healthcare		Statement Date:		08/30/18		34150292- Amory HMA LLC	
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
11623564	RF		1/27/2018	1/27/2018	\$19.54		
11651890	RF		3/31/2018	3/31/2018	\$5.09		
11664735	RF		4/28/2018	4/28/2018	\$49.88		
11692095	RF		6/30/2018	6/30/2018	\$12.17		
11704873	RF		7/28/2018	7/28/2018	\$59.49		
11719571	RF		8/25/2018	8/25/2018	\$91.70		
Late Fee Total					\$237.87		
59112634	RI	SO	4/26/2018	5/26/2018	\$132.82	042318	65292471
59297595	RI	SO	5/10/2018	6/9/2018	\$556.04	050118	65410432
59367822	RI	SO	5/16/2018	6/15/2018	\$409.50	051518	65643806
59375713	RI	SO	5/17/2018	6/16/2018	\$928.00	051018	65572825
59387465	RI	SO	5/18/2018	6/17/2018	\$696.00	051518	65643783
59441890	RI	SO	5/23/2018	6/22/2018	\$464.00	052318	65754339
59679383	RI	SO	6/13/2018	7/13/2018	\$172.68	061218	66015241
59714070	RI	SO	6/15/2018	7/15/2018	\$696.00	061218	66002322
59729360	RI	SO	6/18/2018	7/18/2018	\$1,624.00	053018	65920612
59813221	RI	SO	6/26/2018	7/26/2018	\$479.40	04122018	65159901
59858406	RI	SO	6/29/2018	7/29/2018	\$196.85	061418	66032838
59943511	RI	SO	7/6/2018	8/5/2018	\$132.82	051518	65643783
59943774	RI	SO	7/6/2018	8/5/2018	\$132.82	061218	66002322
59943997	RI	SO	7/6/2018	8/5/2018	\$302.96	061418	66039559
60057007	RI	SO	7/17/2018	8/16/2018	\$696.00	071718	66419178
60058289	RI	SO	7/17/2018	8/16/2018	\$696.00	062618	66349875
60126955	RI	SO	7/24/2018	8/23/2018	\$696.00	07242018	66497348
60326074	RI	SO	8/9/2018	9/8/2018	\$696.00	080818	66708621
Trade Invoice Total					\$9,707.89		

34150292- Amory HMA LLC						
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. # Order #
Grand Total					\$9,945.76	

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05675 Amory Regional Medical Center, Inc.](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (6736913)	Claim No: 1	<i>Status:</i>
BAXTER HEALTHCARE	<i>Original Filed</i>	<i>Filed by:</i> CR
1 BAXTER PARKWAY	<i>Date:</i> 09/11/2018	<i>Entered by:</i> Intake2
DEERFIELD IL 60015	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 09/11/2018	

Amount claimed: \$9945.76

History:

[Details](#) [1-1](#) 09/11/2018 Claim #1 filed by BAXTER HEALTHCARE, Amount claimed: \$9945.76 (Intake2)

Description: (1-1) MEDICAL GOODS

Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.
Case Number: 3:18-bk-05675
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$9945.76
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		
Administrative		