

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 18-05675

FILED

DEC 26 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>Aetna, Inc. and certain affiliated entities</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>Aaron G. McCollough - McGuireWoods LLP</u> Name <u>77 West Wacker Drive, Suite 4100</u> Number Street <u>Chicago</u> <u>IL</u> <u>60601</u> City State ZIP Code Contact phone <u>312-849-8256</u> Contact email <u>amccollough@mcguirewoods.com</u>	Where should payments to the creditor be sent? (if different) <u>David G. Scott, Aetna, Inc.</u> Name <u>1425 Union Meeting Road</u> Number Street <u>Blue Bell</u> <u>PA</u> <u>19422</u> City State ZIP Code Contact phone <u>215.775.3057</u> Contact email <u>scotttd4@aetna.com</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? \$ _____ 0.03 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.
Overpayments for medical services

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 all that apply:

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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

12/18/2018
MM / DD / YYYY

Signature

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

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

EXHIBIT A
(Statement of Claim)

1. This proof of claim (the "Claim") is submitted by Aetna Inc. and its affiliated entities ("Aetna") against the Debtor identified on the foregoing proof of claim form (the "Debtor").

2. Prior to the Debtor's bankruptcy, the Debtor submitted to Aetna requests for reimbursement in connection with healthcare services that the Debtor provided to current or former Aetna members either under a provider agreement or on an out-of-network basis. Aetna then paid the Debtor various amounts in connection with those requests for reimbursement. Aetna has subsequently determined, however, that certain of those payments were erroneous and demands return of those overpayments. As of the date hereof, the amount of overpayments, as reflected on the statement attached as Schedule 1,¹ is at least \$0.03. For the avoidance of doubt, \$0.03 is the minimum amount due and payable on account of those overpayments as of the Petition Date, and Aetna reserves all rights to assert additional amounts subsequently identified as owing to Aetna, including, without limitation, with respect to any pre-petition claims that may become due subsequent to any transfer of assets by the Debtor. Further documentation supporting Aetna's Claim contains confidential or proprietary information, including protected health information that cannot be publicly disclosed, and thus is not attached hereto. Further information regarding this Claim is available upon written request to:

Aaron McCollough
McGuire Woods LLP
77 West Wacker Drive, Suite 4100
Chicago, Illinois 60601

3. Filing of this Claim does not constitute an election of remedies and cannot be construed as a waiver or release of any claims Aetna has or may have against any non-Debtor third party that may be responsible for all or a portion of the amounts asserted in this Claim. Filing this Claim shall not limit or affect any setoff or recoupment rights Aetna may have with

¹ In the ordinary course of its business, Aetna periodically audits the payments that it has previously made to healthcare providers such as the Assignor, and in some situations will "flag" for further investigation a payment that may have been paid erroneously. Once flagged, these payments are then noted in Aetna's system as having a "\$0.01" balance due. This notation will remain on those flagged payments until the conclusion of Aetna's audit process, at which time the "\$0.01" notation will be modified to reflect the actual amount of the erroneous overpayment (e.g., either \$0.00 if the audit finds no overpayment or the actual amount of the overpayment if an overpayment is confirmed). With respect to the amounts listed on Schedule 1 hereto, the payments showing amounts listed as "\$0.01" represent payments for which Aetna's audit process is still pending, while the payments showing amounts other than "\$0.01" represent payments for which Aetna's audit process is complete and the overpayments have been confirmed. Aetna expressly reserves the right to complete the audit process for all payments made to the Assignor, including the "flagged" payments listed on Schedule 1, as well as the right to amend this proof of claim to assert any and all overpayments that Aetna confirms at the conclusion of its audit process.

respect to the Claim amount, which rights are fully preserved. Aetna expressly reserves the right to amend or supplement this Claim, including to assert that all or part of Aetna's Claim is secured by a contingent right of setoff. By filing this Claim, Aetna does not waive (a) its right to trial by jury in any proceedings so triable herein or in any case, controversy, or proceeding related hereto, or (b) any other rights, claims, actions, defenses, setoffs, or recoupments to which Aetna may be entitled under agreements, in law, or in equity, all of which rights, claims, action, defenses, setoffs, and recoupments are expressly reserved.

Schedule 1

(Amounts Outstanding)

(Additional information regarding the amounts listed below was excluded for privacy concerns and is available upon the request of Aetna's counsel)

Claim ID	Date of Service	Overpayment Balance Due
E4PB2YF0401	2/19/2018	\$0.01
E4PB2YF0400	2/19/2018	\$0.01
E4PB2YF0402	2/28/2018	\$0.01
Total		\$0.03

December 20, 2018

VIA OVERNIGHT MAIL

Clerk of the Bankruptcy Court
U.S. BANKRUPTCY COURT
Customs House - Room 170
701 Broadway
Nashville, TN 37203

**Re: In re: Amory Regional Medical Center, LLC, Debtor, Case No. 18-05675;
In re: Batesville Regional Medical Center Inc., Debtor, Case No. 18-05676;
In re: Amory Regional Physicians, LLC, Debtor, Case No. 18-05680;
In re: Batesville Regional Physicians, LLC, Debtor, Case No. 18-05681; and
In re: Clarksdale Regional Physicians, LLC, Debtor, Case No. 18-05682**

Dear Sir/Madam:

This firm represents Aetna Inc. and its affiliates ("Aetna") in the above-referenced matters. Enclosed please find an original and one copy each of Aetna's proof of claims ("POCs") for filing. Please return a file-stamped copy of each of the POCs to me via the enclosed self-addressed Federal Express envelope.

Sincerely,


Alexandra Shipley

AS:daj
Enclosures

111132490_1

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):

Creditor: (6810983)
AETNA INC & CERTAIN
AFFILIATED ENTITIES
AARON G MCCOLLOUGH
MCGUIREWOODS LLP
77 WEST WACKER DRIVE
SUITE 4100
CHICAGO IL 60601

Claim No: 14
Original Filed
Date: 12/26/2018
Original Entered
Date: 12/26/2018

Status:
Filed by: CR
Entered by: Intake3
Modified:

Amount claimed: \$0.03

History:

[Details](#) [14-1](#) 12/26/2018 Claim #14 filed by AETNA INC & CERTAIN AFFILIATED ENTITIES, Amount claimed: \$0.03 (Intake3)

Description: (14-1) Overpayments for medical services

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*	\$0.03
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		