

Fill in this information to identify the case:

Debtor 1 <u>Amory Regional Medical Center, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05675

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 1/14/2019
 MATTHEW T. LOUGHNEY, 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

1. Who is the current creditor?	<u>Medtronic USA, 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?	Where should payments to the creditor be sent? (if different)
	<u>Medtronic USA, Inc.</u>	<u>Medtronic USA, Inc.</u>
	Name	Name
	<u>Archer & Greiner, P.C. Attn: Jeffrey Traurig, Esq. 630 Third Avenue, 7th Floor New York, NY 10017</u>	<u>Attn: Mr. Bob Zbylicki 800 53rd Avenue Northeast MS SLK 27 Columbia Heights, MN 55421</u>
	Contact phone <u>(212) 682-4940</u>	Contact phone <u>(763) 505-5116</u>
	Contact email <u>jtraurig@archerlaw.com</u>	Contact email <u>bob.zbylicki@medtronic.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>64375.94</u> Does this amount include interest or other charges? <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).
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 healthcare information. <u>Goods delivered.</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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:	Amount entitled to priority
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 1/14/2019
MM / DD / YYYY

/s/ Bob Zbylicki

Signature

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

Name Bob Zbylicki

First name Middle name Last name

Title Senior Credit Services Manager

Company Medtronic USA, Inc.

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

Address 800 53rd Avenue Northeast MS SLK 27

Number Street

Columbia Heights, MN 55421

City State ZIP Code

Contact phone (763) 505-5116 Email bob.zbylicki@medtronic.com

Amory Regional Medical Center Inc. d/b/a Gilmore Memorial Hospital, Amory Regional Physicians, LLC and Curae Health Inc.;
Chapter 11 Case Nos. 18-05675, 18-05680 and 18-05665

**ATTACHMENT TO PROOF OF CLAIM
OF MEDTRONIC USA, INC.**

1. This Proof of Claim (the “Proof of Claim”) is made by Medtronic USA, Inc. (“Medtronic”) against Amory Regional Medical Center Inc. d/b/a Gilmore Memorial Hospital (“Gilmore”) (Case No. 18-05675), Amory Regional Physicians, LLC (“Amory”) (Case No. 18-05680) and Curae Health Inc. (“Curae” and together with Gilmore and Amory, the “Debtors”) (Case No. 18-05665).

2. A schedule of the unpaid invoices owed to Medtronic by the Debtors is attached hereto as **Exhibit A**. Attached hereto as **Exhibit B** are unpaid invoices aggregating \$64,375.94 asserted against the Debtors in connection with medical devices delivered by Medtronic to Gilmore. Medtronic understands that the claim is properly asserted against Gilmore but is also being filed against Amory and Curae to the extent that the medical devices were delivered to or benefitted Amory and/or Curae.

3. Reservation of Rights

- a. To the extent that the Debtors or a trustee assert claims against Medtronic of any kind, Medtronic reserves the right to assert that such claims by the Debtors are subject to rights of setoff or recoupment, which rights may be treated as secured claims under the Bankruptcy Code. To the extent that the Trustee or any other party takes any action that would give rise to a counterclaim, cross claim or other claims against the Debtors or a trustee, Medtronic reserves all rights to assert such claim.

- b. Medtronic reserves the right to (i) amend, clarify, modify, update or supplement this Proof of Claim at any time and in any respect, including without limitation to assert additional claims and requests for payment or additional grounds for his claims, or to specify the amount of Medtronic's contingent, unmatured or unliquidated claims as they become non-contingent, matured or liquidated; (ii) file additional proofs of claim at any time and in any respect; or (iii) file a request for payment of administrative or priority expenses in accordance with 11 U.S.C. §§ 503(b) and 507(a). By virtue of the filing of this Proof of Claim, Medtronic does not waive, and hereby expressly reserves, its right to pursue claims and requests for payment, including, but not limited to, the claims and requests for payment described herein against the estates based upon alternative legal theories.
- c. By filing this Proof of Claim, Medtronic does not waive, and specifically preserves, its procedural and substantive defenses to any claim that may be asserted against Medtronic by the Debtors, by any trustee of their estates, or any other party.
- d. Medtronic also reserves all rights accruing to it against the Debtors' estates, and the filing of this Proof of Claim is not intended to be and shall not be construed as (a) an election of remedies or (b) a waiver or limitation of any rights of Medtronic. Medtronic reserves the right to withdraw this Proof of Claim with respect to any claims for any reason whatsoever.

e. This Proof of Claim shall not be deemed to be a waiver of Medtronic's right (i) to have final orders in non-core matters entered only after *de novo* review by a District Court Judge, (ii) to trial by jury in any proceeding so triable in these cases or any case, controversy, or proceeding related to these cases, (iii) to have the District Court withdraw the reference in any matter subject to mandatory or discretionary withdrawal, or (iv) to any other rights, claims, actions, set-offs, or recoupments to which Medtronic is or may be entitled, in law or in equity, all of which rights, claims, actions, defenses, set-offs, and recoupments Landlord expressly reserves.

4. The information contained in this Proof of Claim is based on the best information available to Medtronic at the time of the filing of this Proof of Claim. Medtronic reserves its right to amend this Proof of Claim and/or file a supplement to this Proof of Claim as additional information respecting the amount of the components comprising Claimant's Proof of Claim becomes available.

5. By filing this Proof of Claim, Medtronic is not waiving any rights it has or may have based on this Proof of Claim including, without limitation, any rights to assert that this Proof of Claim or any part of the Proof of Claim is due pursuant to sections 365(d), 503(a) and 507 of the Bankruptcy Code, or to assert the Proof of Claim or any part of the Proof of Claim against third parties (including Debtors' affiliates, officers, directors and employees), or any other rights under the Bankruptcy Code and applicable non-bankruptcy law. The filing of this Proof of Claim is not intended to be and shall not be construed as (a) an election of remedies, (b) a waiver of any past, present or future defaults or events of default, (c) a waiver or limitation of any rights of Claimant,

or (d) a consent to the jurisdiction of this Court. Claimant does not waive its right to dispute the jurisdiction of this Court to hear any proceeding, motion or other matter related to this Proof of Claim or any rights of Claimant apart from the Proof of Claim.

6. Claimant expressly reserves all of its other rights, remedies, claims and defenses against the Debtors and other parties in interest.

7. Notices and other documents addressing, relating or otherwise pertaining to this Proof of Claim should be sent to:

Archer & Greiner, P.C.
Attn: Jeffrey Traurig, Esq.
630 Third Ave.
New York, NY 10017
Contact Phone (212) 682-4940

-and-

Medtronic USA, Inc.
Attn: Mr. Bob Zbylicki
800 53rd Avenue Northeast MS SLK 27
Columbia Heights, MN 55421
Contact Phone (763) 505-5116
Contact email – bob.zyblicki@medtronic.com

Exhibit A

Schedule of Claims

Payer Name	Assignment	Doc. Date	Net due dt	Amount	Reference
Gilmore Memorial Regional	2536069875	03/19/2018	04/18/2018	\$ 562.02	6155018474
Gilmore Memorial Regional	2536657377	04/23/2018	06/22/2018	\$ 63,813.92	6156040884
Total				\$ 64,375.94	

Exhibit B

Invoices

Invoice

Reprint

Medtronic USA

Page Number: 1 of 1
Date: 03/19/2018
Invoice Number: 2536069875
Purchase Order: 754-6693532

Mail To

Blocked- Gilmore Memorial Regional
 Medical Center
 Amory Health Management Associates
 1105 Earl Frye Blvd
 AMORY MS 38821-5500

Ship To

Blocked- Gilmore Memorial Regional
 Medical Center
 Attn Receiving
 1105 Earl Frye Blvd
 AMORY MS 38821-5500

Account # 1137793

Account # 4062586

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6155018474	03/19/2018	04/18/2018		MALLORY WRIGHT

Item #	Description	Quantity	UOM	Unit Price	Extended Price
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2088507413777 1520000	DRESSING 1520000 MEROPACK 6PK	1.00	PK	562.02	562.02
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Batch:
 0214767665

Sub Total	562.02
Amount Due:	562.02

Terms : Net 30 Days

Remit To:

Medtronic USA Inc
 PO Box 409201
 ATLANTA GA 30384-9201
 USA

Sold To

Gilmore Memorial Regional
 Medical Center
 Amory Health Management Associates Inc
 1105 Earl Frye Blvd
 AMORY MS 38821-5500
Account # 1137793

SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

Invoice

Reprint

Medtronic USA

Page Number: 1 of 3
Date: 04/23/2018
Invoice Number: 2536657377
Purchase Order: 00541

Mail To

Blocked- Gilmore Memorial Regional
 Medical Center
 Amory Health Management Associates
 1105 Earl Frye Blvd
 AMORY MS 38821-5500

Ship To

Blocked- Gilmore Memorial Regional
 Medical Center
 Attn Receiving
 1105 Earl Frye Blvd
 AMORY MS 38821-5500

Account # 1137793

Account # 4062586

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156040884	04/23/2018	06/22/2018		Scott Bruce

Item #	Description	Quantity	UOM	Unit Price	Extended Price
00613994913654 3058	INS 3058 INTERSTIM II eMANUAL US Serial : NJY398173H NJY398824H NJY398825H NJY398826H	4.00	EA	10,670.49	42,681.95
00643169887923 3889-28	LEAD 3889-28 ISTM QUAD SNS 28CM EMAN FWU Batch: VA1NWCB VA1NZ5M VA1P0LX	4.00	EA	3,246.30	12,985.20
00613994729989 355018	ACC 355018 INTRODUCER KIT INTERSTIM US Batch: W60386	4.00	EA	266.17	1,064.67
00643169721180 357501	CABLE 357501 MINI HOOK GLOBAL	4.00	EA	38.03	152.10

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Invoice

Reprint

Medtronic USA

Page Number: 2 of 3
 Date: 04/23/2018
 Invoice Number: 2536657377
 Purchase Order: 00541

Mail To

Blocked- Gilmore Memorial Regional
 Medical Center
 Amory Health Management Associates
 1105 Earl Frye Blvd
 AMORY MS 38821-5500

Ship To

Blocked- Gilmore Memorial Regional
 Medical Center
 Attn Receiving
 1105 Earl Frye Blvd
 AMORY MS 38821-5500

Account # 1137793

Account # 4062586

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156040884	04/23/2018	06/22/2018		Scott Bruce

Item #	Description	Quantity	UOM	Unit Price	Extended Price
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Batch:

60114389

00643169968783 353101	ENS 353101 INTERSTIM TEST STIMULATOR	4.00	EA	392.00	1,568.00
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Serial :

NLM173911N
 NLM173916N
 NLM173926N
 NLM173945N

00643169860728 3037	PROG 3037 INTERSTM PATIENT US PTG UPDATE	4.00	EA	1,131.21	4,524.84
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Serial :

NJD532893N
 NJD533988N
 NJD533989N
 NJD533990N

00643169108196 37092	ANTENNA 37092 ITREL4 W/OUT INTERCEPT	4.00	EA	76.05	304.19
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SALES TO UNRELATED PARTIES- FOB SHIPPING: The price reflected on this invoice is net of any contractual discounts. Some of the products may be subject to additional rebates or credits. You have the sole responsibility and obligation, to allocate, report and disclose all discounts, including contractual discounts, rebates and credits, in accordance with all applicable laws and regulations, including, without limitation, those which govern Medicare, Medicaid, and other federal and state health care programs to the extent required. ACCEPTANCE OF THE GOODS CONSTITUTES ACCEPTANCE OF THE INVOICE AND A REPRESENTATION THAT BUYER IS LICENSED TO RECEIVE AND POSSESS THE GOODS.

Invoice

Reprint

Medtronic USA

Page Number: 3 of 3
Date: 04/23/2018
Invoice Number: 2536657377
Purchase Order: 00541

Mail To

Blocked- Gilmore Memorial Regional
Medical Center
Amory Health Management Associates
1105 Earl Frye Blvd
AMORY MS 38821-5500

Ship To

Blocked- Gilmore Memorial Regional
Medical Center
Attn Receiving
1105 Earl Frye Blvd
AMORY MS 38821-5500

Account # 1137793

Account # 4062586

Order #	Order Date	PMT Due Date	Related Order #	Ordered by
6156040884	04/23/2018	06/22/2018		Scott Bruce

Item #	Description	Quantity	UOM	Unit Price	Extended Price
--------	-------------	----------	-----	------------	----------------

Batch:
654010001

Sub Total	63,280.95
Tax	532.97
Amount Due:	63,813.92

Terms : 2%/10 net 60 days

Discount available 1,276.28 if paid by 05/03/2018

Remit To:
Medtronic USA Inc

PO Box 409201
ATLANTA GA 30384-9201
USA

Sold To

Blocked- Gilmore Memorial Regional
Medical Center
Amory Health Management Associates Inc
1105 Earl Frye Blvd
AMORY MS 38821-5500
Account # 1137793

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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: (6821021)
Medtronic USA, Inc.
Archer & Greiner, P.C.
Attn: Jeffrey Traurig, Esq.
630 Third Avenue, 7th Floor
New York, NY 10017

Claim No: 33
Original Filed
Date: 01/14/2019
Original Entered
Date: 01/14/2019

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$64375.94

History:

[Details](#) [33-1](#) 01/14/2019 Claim #33 filed by Medtronic USA, Inc., Amount claimed: \$64375.94 (admin)

Description:

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*	\$64375.94
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		