

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

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?	RCM-Pilot, Inc. Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>SpecialCare Hospital Management Corporation</u>	
2. Has this claim been acquired from someone else?	<input 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? Name <u>Ronald G. Steen, Jr. (Attorney for Creditor)</u> <u>6100 Tower Cir., Ste. 200</u> Number Street <u>Franklin TN 37067</u> City State ZIP Code Contact phone <u>615.465.6010</u> Contact email <u>ronn.steen@thompsonburton.com</u>	Where should payments to the creditor be sent? (if different) Name <u>RCM-Pilot, Inc., c/o Robert C. McNutt</u> <u>11007 Manchester Road</u> Number Street <u>St. Louis MO 63122</u> City State ZIP Code Contact phone _____ Contact email <u>airportcommisionerstl@gmail.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input 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 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: 4 2 0 5

7. How much is the claim? \$ 28,805.97. 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.  
Pre-petition Services Provided pursuant to executory contract

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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

<input type="checkbox"/> 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
	\$ _____
<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 JAN 15, 2019  
MM / DD / YYYY

  
Signature

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

Name Robert C. McNutt  
First name Middle name Last name

Title President

Company RCM-Pilot, Inc.(predecessor in interest to SpecialCare Hospital Management Corp.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 11007 Manchester Road  
Number Street

St. Louis MO 63122  
City State ZIP Code

Contact phone 6 Email airportcommisionerstl@gmail.com



1551 Wall Street, Suite 210  
Saint Charles, MO 63303

# INVOICE

Client Name:

**Gilmore Memorial Hospital**  
1105 Earl Frye Boulevard  
Amory, MS 38821  
ATTN: Accounts Payable

<b>Due Date</b>	<b>Invoice Date</b>	<b>Invoice #</b>
8/10/2018	8/1/2018	7424
<b>Balance Due</b>		<b>\$11,370.97</b>
Project		
Contract Eff. Date		
Phone #	314-770-2212	Fax # 314-770-2224

Please indicate change(s) of address or email address on the back of remittance slip.  
QUESTIONS ABOUT THIS INVOICE? PLEASE CALL-800-383-6085, EXT 114.



1551 Wall Street, Suite 210  
Saint Charles, MO 63303

**Remit Payment to SpecialCare Hospital Management Corporation at 1551 Wall St., STE 210, St. Charles, MO 63303**

<b>Due Date</b>	<b>Invoice Date</b>	<b>Invoice #</b>	Please return a copy of this invoice with your payment.
8/10/2018	8/1/2018	7424	
<b>Contract Payment Terms</b>			
Due by 10th of Current Month			
<b>P.O.# or Account #</b>		<b>Project</b>	

Item	Description	Service Date	Rate	Amount
Monthly Fee	Monthly Fee For: July 18 (Prorated from July 17)	7/31/2018	11,370.9678	11,370.97

A Message to Our Client Please Note:	<b>Invoice Total</b>	\$11,370.97
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$11,370.97

**Remittance Address: 1551 Wall Street, Ste 210, St. Charles, MO 63303.**

**Interest and/or late fees will be assessed on all unpaid balances according to the contract.**

**There will be a \$20 charge for all returned checks.**

**For billing inquiries: 800-383-6085.**



1551 Wall Street, Suite 210  
Saint Charles, MO 63303

# INVOICE

<b>Due Date</b>	<b>Invoice Date</b>	<b>Invoice #</b>
9/10/2018	8/26/2018	7455
<b>Balance Due</b>		<b>\$17,435.00</b>
Project		
Contract Eff. Date		
Phone #	314-770-2212	Fax # 314-770-2224

Client Name:

**Gilmore Memorial Hospital**  
1105 Earl Frye Boulevard  
Amory, MS 38821  
ATTN: Accounts Payable

Please indicate change(s) of address or email address on the back of remittance slip.  
QUESTIONS ABOUT THIS INVOICE? PLEASE CALL-800-383-6085, EXT 114.



1551 Wall Street, Suite 210  
Saint Charles, MO 63303

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9/10/2018	8/26/2018	7455	
<b>Contract Payment Terms</b>			
Due by 10th of Current Month			
<b>P.O.# or Account #</b>		<b>Project</b>	

Item	Description	Service Date	Rate	Amount
Monthly Fee	Monthly Fee For:Aug 1-Aug 23	8/26/2018	17,435.00	17,435.00

A Message to Our Client Please Note:	<b>Invoice Total</b>	\$17,435.00
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$17,435.00

**Remittance Address: 1551 Wall Street, Ste 210, St. Charles, MO 63303.**

**Interest and/or late fees will be assessed on all unpaid balances according to the contract.**

**There will be a \$20 charge for all returned checks.**

**For billing inquiries: 800-383-6085.**

# 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> (6823756)	<b>Claim No:</b> 47	<i>Status:</i>
RCM-Pilot, Inc. (fka SpecialCare Hosp. Mgmt Corp)	<i>Original Filed</i>	<i>Filed by:</i> CR
11007 Manchester Road	<i>Date:</i> 01/17/2019	<i>Entered by:</i> RONALD G
St. Louis, MO 63122	<i>Original Entered</i>	STEEN, JR
	<i>Date:</i> 01/17/2019	<i>Modified:</i>

Amount claimed: \$28805.97

*History:*

[Details](#) [47-1](#) 01/17/2019 Claim #47 filed by RCM-Pilot, Inc. (fka SpecialCare Hosp. Mgmt Corp), Amount claimed: \$28805.97 (STEEN, RONALD )

*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

<b>Total Amount Claimed*</b>	\$28805.97
<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>		