

Fill in this information to identify the case:

Debtor 1 Batesville Regional Medical Center

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05676

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> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> 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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>Baxter Healthcare</u> <small>Name</small> <u>1 Baxter Parkway</u> <small>Number Street</small> <u>Deerfield IL 60015</u> <small>City State ZIP Code</small> Contact phone <u>224-948-1113</u> Contact email <u>creditdept@baxter.com</u>	Where should payments to the creditor be sent? (if different) 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 _____ <small>MM / DD / YYYY</small>
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: 8 5 9 5

7. How much is the claim? \$ 12,312.08. 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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 09/04/2018
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 Parkway
Number Street
Deerfield IL 60015
City State ZIP Code

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

Submitted by Baxter Healthcare							
Statement Date:				09/04/18			
37148595- Batesville Regional Med Ctr							
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
11640550	RF		2/24/2018	2/24/2018	\$24.92		
11655681	RF		3/31/2018	3/31/2018	\$10.63		
11681183	RF		5/26/2018	5/26/2018	\$48.23		
11695603	RF		6/30/2018	6/30/2018	\$24.19		
11708187	RF		7/28/2018	7/28/2018	\$9.85		
11722936	RF		8/25/2018	8/25/2018	\$26.21		
Late Fee Total					\$144.03		
11549440	RB	SZ	8/5/2017	8/5/2017	\$65.64	701-6437623	61064978
11549441	RB	SZ	8/5/2017	8/5/2017	\$41.47	701-6424891	60965810
11553293	RB	SZ	8/18/2017	8/18/2017	\$69.90	701-6457151	61285030
11560247	RB	SZ	8/26/2017	8/26/2017	\$46.60	701-6460453	61320956
11576498	RB	SZ	10/3/2017	10/3/2017	\$56.87	701-6484504	61571670
11576499	RB	SZ	10/3/2017	10/3/2017	\$74.90	701-6492348	61643209
11576500	RB	SZ	10/3/2017	10/3/2017	\$48.83	701-6500609	61712944
11578629	RB	SZ	10/14/2017	10/14/2017	\$78.67	701-6515455	61877041
11578630	RB	SZ	10/14/2017	10/14/2017	\$67.67	701-6526163	61993713
11594499	RB	SZ	11/21/2017	11/21/2017	\$117.03	701-6555233	62367330
11594500	RB	SZ	11/21/2017	11/21/2017	\$58.83	701-6558108	62412972
11615697	RB	SZ	12/29/2017	12/29/2017	\$38.22	701-6562100	62469982
11615698	RB	SZ	12/29/2017	12/29/2017	\$39.34	701-6565039	62517996
11619050	RB	SZ	1/11/2018	1/11/2018	\$39.34	701-6576051	62719310
11632770	RB	SZ	2/10/2018	2/10/2018	\$37.10	701-6583233	62834585
11644149	RB	SZ	3/1/2018	3/1/2018	\$43.60	701-6633102	63704716
11645586	RB	SZ	3/10/2018	3/10/2018	\$37.10	701-6648754	63988090
11650926	RB	SZ	3/29/2018	3/29/2018	\$35.56	701-6670550	64395930
11672705	RB		5/5/2018	5/5/2018	-\$3,783.96		

37148595- Batesville Regional Med Ctr							
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
11685215	RB	SZ	6/4/2018	6/4/2018	\$35.07	701-6593665	63003952
11697427	RB	SO	6/29/2018	6/29/2018	\$43.60	00111	65372100
11700474	RB	SO	7/16/2018	7/16/2018	\$43.60	00277	65733578
11716939	RB	SO	8/20/2018	8/20/2018	\$1,163.15	00534	66283049
58426197	RI	SZ	3/3/2018	4/2/2018	\$232.00	701-6672899	64436697
58426408	RI	SZ	3/3/2018	4/2/2018	\$366.59	701-6678522	64530557
58427431	RI	SZ	3/3/2018	4/2/2018	\$444.02	701-6682079	64582929
58479947	RI	SZ	3/6/2018	4/5/2018	\$512.77	701-6684435	64655361
58528911	RI	SZ	3/9/2018	4/8/2018	\$42.44	701-6667215	64342481
58531853	RI	SZ	3/9/2018	4/8/2018	\$497.35	701-6687673	64702931
58563091	RI	SZ	3/13/2018	4/12/2018	\$883.32	701-6689783	64739322
58608503	RI	SZ	3/16/2018	4/15/2018	\$38.41	701-6602528	63138395
58608637	RI	SZ	3/16/2018	4/15/2018	\$50.02	701-6661681	64213352
58612678	RI	SZ	3/16/2018	4/15/2018	\$230.76	701-6692533	64786568
58643347	RI	SZ	3/20/2018	4/19/2018	\$355.81	701-6694582	64825622
58652941	RI	SZ	3/21/2018	4/20/2018	\$232.00	701-6694582	64825622
59951178	RI	SO	7/6/2018	8/5/2018	\$118.37	00543	66314766
59976098	RI	SO	7/10/2018	8/9/2018	\$1,680.65	00554	66347912
60028684	RI	SO	7/13/2018	8/12/2018	\$116.13	00576	66390292
60056547	RI	SO	7/17/2018	8/16/2018	\$208.36	00589	66425085
60070942	RI	SO	7/18/2018	8/17/2018	\$500.06	00589	66425085
60125764	RI	SO	7/24/2018	8/23/2018	\$1,153.74	00624	66501669
60169363	RI	SO	7/27/2018	8/26/2018	\$478.43	00651	66544354
60191675	RI	SO	7/31/2018	8/30/2018	\$734.88	00666	66576646
60270593	RI	SO	8/3/2018	9/2/2018	\$742.99	00691	66654505
60299321	RI	SO	8/7/2018	9/6/2018	\$1,178.22	00707	66689352
60342571	RI	SO	8/10/2018	9/9/2018	\$266.24	00728	66734838
60381809	RI	SO	8/15/2018	9/14/2018	\$1,199.45	00746	66769020
60416542	RI	SO	8/17/2018	9/16/2018	\$218.41	00766	66811960
60451991	RI	SO	8/22/2018	9/21/2018	\$809.64	00779	66844453

37148595- Batesville Regional Med Ctr							
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
60481732	RI	SO	8/24/2018	9/23/2018	\$378.86	00803	66887762
Trade Invoice total					\$12,168.05		
Grand Total					\$12,312.08		

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05676 Batesville Regional Medical Center Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6730447)
BAXTER HEALTHCARE
CORP
1 BAXTER PARKWAY
DEERFIELD, IL 60015

Claim No: 1
Original Filed
Date: 09/11/2018
Original Entered
Date: 09/11/2018

Status:
Filed by: CR
Entered by: Intake2
Modified:

Amount claimed: \$12312.08

History:

[Details](#) [1-1](#) 09/11/2018 Claim #1 filed by BAXTER HEALTHCARE CORP, Amount claimed: \$12312.08 (Intake2)

Description: (1-1) MEDICAL GOODS

Remarks:

Claims Register Summary

Case Name: Batesville Regional Medical Center Inc.

Case Number: 3:18-bk-05676

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$12312.08
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		