

Fill in this information to identify the case:

Debtor 1 Batesville Regional Medical Center, Inc.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing) \_\_\_\_\_  
FDBA AKA DBA TRI-LAKES MEDICAL CENTER  
United States Bankruptcy Court for the Middle District of Tennessee  
Case number 18-05676

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**

41. Who is the current

42. creditor? Hibu 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?  No  
 Yes. From Whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Hibu c/o RMS (an iQor Company)</u> Name	<u>Hibu c/o RMS (an iQor Company)</u> Name
	<u>P.O. Box 361345</u> Number Street	<u>P.O. Box 361345</u> Number Street
	<u>Columbus OH 43236</u> City State Zip Code	<u>Columbus OH 43236</u> City State Zip Code
	Contact Phone <u>888-560-4067 ex 2040</u>	Contact Phone <u>888-560-4067 ex 2040</u>
	Contact email <u>wendy.messner@iqor.com</u>	Contact email <u>wendy.messner@iqor.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		

4. Does this claim amend one already filed?  No  
 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?  No  
 Yes. Who made the earlier filing? Click here to enter text.

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number  No  
you use to identify the debtor?  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: A0DW5A

7. How much is the claim? \$13,801.00. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement of 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.  
Goods sold /Services performed

9. Is all or part of the claim?  No  
Secured  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:** \$13,801.00 (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

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

	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 \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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 4/01/16 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 10/5/2018  
MM / DD / YYYY

Wendy Messner  
Signature

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

Name	<u>Wendy</u>	<u>Messner</u>
	First name	Last name
Title	<u>Paralegal (Agent for Creditor)</u>	
Company	<u>RMS (an iQor Company)</u>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	<u>P.O. Box 361345</u>	
	Number	Street
	<u>Columbus</u>	<u>OH 43236</u>
	City	State ZIP Code
Contact phone	<u>888-560-4067 ewx 2040</u>	Email <u>Wendy.Messner@iqor.com</u>

MIDATL

>>> Account Inquiry <<<

Account Code: A0DW5A Tri-Lakes Medical Center

28392

\*Del\* [StmtGrp: SOU1/1st] Agc: NONE BA \*GX\* [OXFBA09]

>>> Agency Transactions <<<

Account: A0DW5A Tri-Lakes Medical Center

Current Agency: NONE BA Unrecovered Amount: \$13,801.00

Agency	Contract	Book/Year	Transaction	Date	Amount	Contract Balance
NONE BA	2518117	OXF/07	WriteOff: BA	09/25/07	749.00	749.00
					Unrecovered: 749.00	
	2518118	OXF/08	WriteOff: BA	09/25/07	11712.00	11712.00
					Unrecovered: 11,712.00	
	2518119	TRV/07	WriteOff: BA	09/25/07	1340.00	1340.00
					Unrecovered: 1,340.00	

Item/Con/BkYr/aGc/cHks/wrK/cMt/linEs/Tgl/St/sRy/N/call/Opt/Prt/Win/Q: G

Opt's,Summ,Inqry,List,Divert,Mall,Bk:

Seq Account Name, Address, Flags/Rep/Source/Contact/SSN Phone(s)

3 A0DW5A Tri-Lakes Medical Center 662-563-5611

MIDATL 303 Medical Center Dr, Batesville, MS 38606

Flags: D,##, Rep: 28392, Contact: Michelle Sanders,

Prior ID: S00117484;117484

Books: <OXF/08>,<OXF/07>,<OXF/06>,<TRV/07>

Find: Phone='6625635611'

>>> Account Finder (Multi-Database) <<<

# 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:* (6758770)  
Hibu Inc f/k/a Yellowbook Inc  
c/o RMS Bankruptcy Recovery  
Services  
P.O. Box 361345  
Columbus, OH 43236

**Claim No:** 4  
*Original Filed*  
*Date:* 10/09/2018  
*Original Entered*  
*Date:* 10/09/2018

*Status:*  
*Filed by:* CR  
*Entered by:* RITA CASEY  
*Modified:*

Amount claimed: \$13801.00

*History:*

[Details](#) [4-1](#) 10/09/2018 Claim #4 filed by Hibu Inc f/k/a Yellowbook Inc, Amount claimed: \$13801.00 (CASEY, RITA )

*Description:*

*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

<b>Total Amount Claimed*</b>	\$13801.00
<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>		