

Fill in this information to identify the case:

Debtor 1 Batesville Regional Medical Center Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05676

FILED

OCT 15 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN**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>Willow Anesthesia Services, LLC</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>Willow Anesthesia Services, LLC</u> Name <u>2704 West Oxford Loop, Suite 117</u> Number Street <u>Oxford</u> <u>MS</u> <u>38655</u> City State ZIP Code Contact phone <u>662-550-4229</u> Contact email <u>cmitchell@willowanesthesia.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
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) _____	
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? _____	

 Filed on _____
 MM / DD / YYYY

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? \$ 146,722.86 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.
services performed

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 one:

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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ 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).

\$ _____

☐ 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 4/01/19 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 09/04/2018
MM / DD / YYYY

Signature



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

Name	Robert Paul Carpenter		
	First name	Middle name	Last name
Title	CEO		
Company	Willow Anesthesia Services, LLC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	2704 West Oxford Loop, Suite 117		
	Number	Street	
	Oxford		MS 38655
	City	State	ZIP Code
Contact phone	662-832-6828		Email pcarpenter@willowanesthesia.com

Transforming Anesthesia from a Cost to a
Value Added Service Line

INVOICE

Willow Anesthesia Services

P.O. Box 2819
Oxford, Mississippi 38655
(662) 550-4299
cmitchell@willowanesthesia.com

Invoice No : 512
Date : 8/24/2018
Customer ID : Batesville

Panola Medical Center
303 Medical Center Drive
Batesville, Mississippi 38606

Contact	Job	Payment Terms	Due Date
Camille Mitchell	Service	Due upon receipt	Due upon receipt

Quantity	Description	Collection	Line Total
1	January Invoice (for Dec)		\$25,350.00
	January payments		-\$5,000.00
	February Invoice (for Jan)		\$25,350.00
	February payments		-\$20,350.00
	Reconciliation 11/1/17 - 01/31/18 due Willow		\$3,920.24
	March Invoice (for Feb)		\$25,350.00
	March payments		-\$15,000.00
	April Invoice (for Mar)		\$25,350.00
	April payments		-\$15,350.00
	May invoice (for Apr)		\$25,350.00
	May payments		-\$10,000.00
	Reconciliation 02/01/18 - 04/30/2018 due Willow		\$5,724.63
	June invoice (for May)		\$25,350.00
	June payments		-\$30,350.00
	July invoice (for June)		\$25,350.00
	July payments		-\$10,000.00
	August Invoice (for July)		\$25,350.00
	August payments		-\$10,000.00
	Reconciliation 05/01/18 - 07/31/18 due Willow		\$30,702.18
	August invoice for services though 8/24/18		\$19,625.81

Subtotal	\$146,722.86
Sales Tax @ 0.00%	-
TOTAL	\$146,722.86

Make all checks payable to Willow Anesthesia Services
THANK YOU FOR YOUR BUSINESS!

Line

Transforming Anesthesia from a Cost to a Value Added Service Line

Panola Medical Center
303 Medical Center Drive
Batesville, Mississippi 38606

Contact	Job	Payment Terms	Due Date
Camille Mitchell	Service	Due upon receipt	

[illegible]

Make all checks payable to Willow Anesthesia Services

Transforming Anesthesia from a Cost to a Value Added Service Line

Transforming Anesthesia from a Cost to a Value Added Service Line

INVOICE

*Transforming Anesthesia from a Cost to a
Value Added Service Line*

Willow Anesthesia Services

P.O. Box 2819

Oxford, Mississippi 38655

(662) 550-4299

cmitchell@willowanesthesia.com

Invoice No : 331

Date : 5/5/2018

Customer ID : Batesville

Panola Medical Center
303 Medical Center Drive
Batesville, Mississippi 38606

Contact	Job	Payment Terms	Due Date
Camille Mitchell	Service	Due upon receipt	

Quantity	Description	Collection	Line Total
1	PER CONTRACT - STIPEND		\$25,350.00
	April Net Collections	\$31,276.73	
	Less Refunds April	-\$51.81	
	Net April Collections:	\$31,224.92	
	TOTAL AMOUNT DUE		\$25,350.00
	Subtotal		\$25,350.00
	Sales Tax @ 0.00%		-
	TOTAL		\$25,350.00

Make all checks payable to Willow Anesthesia Services

THANK YOU FOR YOUR BUSINESS!

Transforming Anesthesia from a Cost to a Value Added Service Line

Invoice No : 330
Date : 4/6/2018
Customer ID : Batesville

Quantity	Description	Collection	Line Total
1	PER CONTRACT - STIPEND		\$25,350.00
	March Net Collections	\$31,276.73	
	Plus Outside Collections February	\$963.21	
	Less Refunds March	-\$651.32	
	Net March Collections:	\$31,588.62	
	TOTAL AMOUNT DUE		\$25,350.00
		Subtotal	\$25,350.00
		Sales Tax @ 0.00%	-
		TOTAL	\$25,350.00

Case 3:18-bk-05676 Claim 7-1 Filed 10/15/18 Desc Main Document Page 10 of 16

Transforming Anesthesia from a Cost to a Value Added Service Line

Invoice No : 320
Date : 3/8/2018
Customer ID : Batesville

Contact	Job	Payment Terms	Due Date
Camille Mitchell	Service	Due upon receipt	

Make all checks payable to Willow Anesthesia Services
THANK YOU FOR YOUR BUSINESS!

Transforming Anesthesia from a Cost to a Value Added Service Line

Panola Medical Center
Quarterly Anesthesia Agreement Reconciliation
Quarter: 5/1/18 - 7/31/18

May facility pmt	25,350.00
Jun facility pmt	25,350.00
Jul facility pmt	25,350.00
Total pmts	76,050.00
May collections per invoice	19,293.38
Jun collections per invoice	24,952.64
Jul collections per invoice	11,871.80
Total collections	56,117.82
Qtrly pmts + collections	132,167.82
Monthly cash collections	
guaranteed	54,290.00
x 3 month	3.00
Total guaranteed collections	162,870.00

Amount owed to anesthesia by hospital	(30,702.18)
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Panola Medical Center
Quarterly Anesthesia Agreement Reconciliation
Quarter: 11/1/17 - 1/31/18

Nov facility pmt	25,350.00
Dec facility pmt	25,350.00
Jan facility pmt	25,350.00
Total pmts	76,050.00

Nov collections per invoice	36,201.54
Dec collections per invoice	25,436.57
Jan collections per invoice	21,261.65
Total collections	82,899.76

Qtrly pmts + collections	158,949.76
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Monthly cash collections guaranteed	54,290.00
x 3 months	3.00
Total guaranteed collections	162,870.00

Amount owed to Provider	(3,920.24)
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SUPPLEMENT TO PROOF OF CLAIM

Case Number: 3:18-bk-05676

Debtor: Batesville Regional Medical Center Inc.

Creditor: Willow Anesthesia Services, LLC

Accounting of Prepetition Indebtedness

The total amount owed by the Debtor for services rendered on or before August 24, 2018 (the "Petition Date") is **\$146,722.86**.

Prior to filing, the Debtor's outstanding invoices totaled \$127,097.05. To account for prepetition debt, the Creditor separated all billings for services as of the Petition Date. The attached supporting documentation reflects all prepetition indebtedness.

Erroneous Listing in Creditor Schedule

Form 204, attached to the Petition, reflects Anesthesia Assoc of MS PLLC incorrectly as a creditor of the Debtor. Creditor Number 21, as listed in Form 204, as filed with the Petition, should reflect the information contained in this Proof of Claim.

October 11, 2018

DELIVERY VIA CERTIFIED US MAIL

US Bankruptcy Court
Middle District of Tennessee
701 Broadway, 1st Floor
Nashville, TN 37203

**RE: Proof of Claim- Case No: 3:18-bk-05676
Batesville Regional Medical Center, Inc.**

Dear Sir or Madam:

Please find attached the Proof of Claim for Willow Anesthesia Services, LLC for filing in the Batesville Regional Medical Center Inc. bankruptcy case (Case Number: 3:18-bk-05676).

After attempting to electronically file online, the ePOC system returned an error stating that we must file in the lead case. However, the August 29, 2018 Joint Administration Order from the Bankruptcy Court (Docket No. 59 in the lead case – 3:18-bk-05665) states that “*any creditor filing a proof of claim against any Debtor shall file such proof of claim in the Chapter 11 Case of each Debtor to which such claim relates.*”

Please feel free to contact my office if there are any questions or further instructions with respect to this filing

Sincerely,

EDMONDSON SAGE DIXON PLLC

Joshua W. Sage, J.D., LL.M.

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: (6731416)
WILLOW ANESTHESIA
SERVICES
2704 WEST OXFORD LOOP
SUITE 117
OXFORD, MS 38655

Claim No: 7
Original Filed
Date: 10/15/2018
Original Entered
Date: 10/15/2018

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

Amount claimed: \$146722.86

History:

[Details](#) [7-1](#) 10/15/2018 Claim #7 filed by WILLOW ANESTHESIA SERVICES, Amount claimed: \$146722.86 (Intake2)

Description: (7-1) SERVICES PERFORMED

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*	\$146722.86
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		