


**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 18-5681 (3:18-BK-05676)

**FILED**

NOV 06 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? David Baker  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Mother of the minor patient: Lacreshia Baker

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 the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Lacreshia Baker</u> Name	_____ Name
	<u>Post Office Box 152</u> Number Street	_____ Number Street
	<u>Courtland MS 38620</u> City State ZIP Code	_____ City State ZIP Code
	Contact phone <u>662-710-2203</u>	Contact phone _____
	Contact email <u>lsbaker1218@gmail.com</u>	Contact email _____
	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? \_\_\_\_\_

**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? \$ \_\_\_\_\_ 408.97. 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.  
  
Medical Bill Refund

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:

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

\$ \_\_\_\_\_

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.

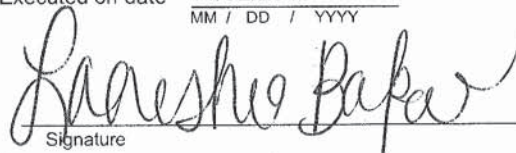
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 11/02/2018  
MM / DD / YYYY

  
Signature

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

Name Lacroshia Shardann Baker  
First name Middle name Last name

Title Mother the minor patient (David Baker)

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Post Office Box 152  
Number Street  
Courtland MS 38620  
City State ZIP Code

Contact phone 662-710-2203 Email lsbaker1218@gmail.com

1 BATESVILLE REG MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 386068608 6625635611	2 BATESVILLE REG MEDICAL CENTER PO BOX 744182 ATLANTA GA 30374-4182	3a PAT CNTL# 2125253	3b PAT MED REC# 0000118500	4 STATE ID# 0131
		5 FED TAX NO. 0000	6 STATEMENT COVERS PERIOD FROM 030118	7 THRU 030118

8 PATIENT NAME a	9 PATIENT ADDRESS a
b BAKER DAVID	b BATESVILLE
c MS	d 38606
e	

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION	13 HRI	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
02032016	M	030118	20	1	1	21	01														

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE CODE	36 OCCURRENCE SPAN FROM THROUGH	37 OCCURRENCE SPAN FROM THROUGH
a 05 030118						

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
BAKER LACRESHIA 1330 HADORN ST APT 10  BATESVILLE MS 38606	a 45 2000		
	b		
	c		
	d		

42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0272	STERILE SUPPLY		030118	1	8080		1
2 0450	EMERGENCY DEPT VISIT	99283	030118	1	153522		2
3							3
4							4
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23 0001	PAGE 1 OF 1	CREATION DATE	041718	TOTALS	161602	000	23
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50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 REL EEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1447784871
A BLUE CROSS 230	999990102	Y	Y	000	000	57	
B						OTHER	
C						PRV ID	

58 INSURED'S NAME	59 REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A BAKER DAVID	18	ECE868851935M		051794
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		
B		
C		

66 DX	S0181XA	68
0		

74 PRINCIPAL PROCEDURE CODE DATE	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
S0181XA	S0181XA			
76 ATTENDING NPI	1366490302	QUAL		
LAST	JOUDEH	FIRST	MAAN	
77 OPERATING NPI		QUAL		
LAST		FIRST		
78 OTHER NPI		QUAL		
LAST		FIRST		

80 REMARKS	81 CC #	B3 282N00000X	79 OTHER NPI	QUAL
BLUE CROSS 230	b	B2 S		
PO BOX 1043	c			
JACKSON MS 39215-1043	d			

# 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:*      (6779775)      **Claim No: 10**              *Status:*  
 DAVID BAKER                      *Original Filed*              *Filed by:* CR  
 LACRESHIA BAKER              *Date:* 11/06/2018      *Entered by:* Intake3  
 POST OFFICE BOX 152              *Original Entered*              *Modified:*  
 COURTLAND MS 38620              *Date:* 11/06/2018

Amount claimed: \$408.97

*History:*

[Details](#)    [10-1](#) 11/06/2018 Claim #10 filed by DAVID BAKER, Amount claimed: \$408.97 (Intake3)

*Description:* (10-1) Medical Bill Refund

*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>	\$408.97
<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>		