

Fill in this information to identify the case:

Debtor 1 Curae Health  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Middle District of Tennessee  
Case number 18-05676

FILED

DEC 17 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?

Brian Charles Anderson  
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 the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Brian Anderson  
Name

Name

101 Sycamore St.  
Number Street

Number Street

Sardis ms 39666  
City State ZIP Code

City State ZIP Code

Contact phone 901-461-5927

Contact phone \_\_\_\_\_

Contact email bcaanders1006@gmail.com

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? \$ 309.00 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.

was over charged during visit insurance paid their portion and I need what owed to me \$309.??

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).

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.

Amount entitled to priority

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

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

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

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

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

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

\* 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.

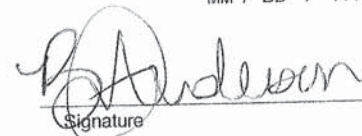
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 14 2018  
MM / DD / YYYY

  
Signature

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

Name Brian Charles Anderson  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 101 Sycamore St.  
Number Street

Sardis, MS 38666  
City State ZIP Code

Contact phone 901-461-5927 Email bcaanders1006@gmail.com

American Express  
PO Box 981532  
El Paso, TX 79998



www.americanexpress.com

October 02, 2018

Chelsea B Anderson  
101 Sycamore Street  
Sardis MS 38666

Account Ending In: 22005

Dear CHELSEA B ANDERSON,

Thank you for contacting us about the charge(s) on your account ending in 22005 from BATESVILLE REGIONAL MEDIC. We are writing to let you know that we are closing your inquiry.

In our last communication, we informed you that the merchant might not be able to provide the information you requested, and that we could not guarantee credit. However, we pursued this matter with the merchant. Unfortunately, the merchant was unable to provide the requested information. If you wish to pursue this matter further, you will need to contact the merchant directly.

Since we have closed your inquiry, we will reapply the amount under review of \$309.00 to your account, and it will appear on your upcoming statement.

You can receive future Account communications from us by e-mail. To set up this option, please visit Account Services at [americanexpress.com](http://americanexpress.com) and go to the Communication Preferences tab.

Thank you for the opportunity to assist you in this matter.

Sincerely,

American Express Customer Care

Dispute Reference Number: NIV9807



The issuer of this Card is American Express National Bank.



AR0R9A  
12/05/18

PANOLA MEDICAL CENTER  
ACCOUNTS RECEIVABLE STATUS REPORT

PAGE 1  
TIME: 2:47 PM

ACCOUNT NO.--> 5103950

TYPE: E  
HOSP SRV CODE: ULS  
FINANCIAL CLS: BC PI SI  
SSN: 408-53-9324  
ADMITTED----> 5/24/18  
DISCHARGED---> 5/24/18

GUARANTOR NO.--> 5103005

ANDERSON BRIAN  
101 SYCAMORE STREET  
SARDIS MS  
38666

ANDERSON BRIAN  
101 SYCAMORE STREET  
SARDIS MS  
38666

PHONE: 901-461-5927

PHONE: 901-461-5927

DATE BILLED -----> 6/02/18  
TOTAL CHARGED -----> 384.00  
CURRENT DUE -----> 309.63-

NO. OF PAYMENTS -----> 6  
DATE OF LAST PAYMENT ---> 6/11/18  
LAST PAYMENT AMOUNT ----> 151.01  
NO. OF STATEMENTS -----> 00  
DATE LAST STATEMENT ---->  
LAST STMT. AMOUNT -----> 384.00  
LAST LETTER NUMBER -----> 00

PHYSICIAN: HEATH CHASTITY H

PAYOR 1 300 PLAN 1 002 BCBS MS  
PAYOR 2 000 PLAN 2 000  
PAYOR 3 000 PLAN 3 000

POLICY# NCSM1260795000  
POLICY#  
POLICY#

----- TRANSACTION HISTORY -----							
CYC#	PAYOR	DATE	TRANS	CDE	REF#	DESCRIPTION	AMOUNT
99	999	5/24/18	0000901		0000038	P PATIENT PAYT POS	384.00-
01	300	6/11/18	0000300		0000060	PAY BLUE CROSS	151.01-
01	300	6/11/18	0000301		0000060	A ADJ BLUE CROSS	158.62-
99	999	9/21/18	0000907		0000158	CC TOOK BACK PAYMENT	384.00
01	300	9/22/18	0000903		0000158	A TRANSFER PAYOR	74.37-
01	300	9/22/18	0000903		0000158	A TRANSFER PAYOR	74.37
99	999	10/02/18	0000907		0000169	REF:ANDERSON BRIAN	309.63
99	999	9/21/18	0000907		0000224	NO REFUND DONE	384.00-
99	999	10/02/18	0000907		0000224	NO REFUND DONE	309.63-

----- BILLING HISTORY -----					
CYC#	DATE	PAYOR 1	PAYOR 2	PAYOR 3	PATIENTS
01	6/02/18	384.00			
PAYOR FILE DATE:		6/04/18			
99	5/24/18				

# 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):**

<i>Creditor:</i> (6805659)	<b>Claim No: 14</b>	<i>Status:</i>
BRIAN CHARLES ANDERSON	<i>Original Filed</i>	<i>Filed by: CR</i>
101 SYCAMORE ST	<i>Date: 12/17/2018</i>	<i>Entered by: Intake2</i>
SARDIS MS 38666	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date: 12/17/2018</i>	

Amount claimed: \$309.00

*History:*

[Details](#)   [14-1](#) 12/17/2018 Claim #14 filed by BRIAN CHARLES ANDERSON, Amount claimed: \$309.00 (Intake2)

*Description:* (14-1) was over charged during visit insurance paid their portion and I need what owed to me \$309.??

*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>	\$309.00
<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>		