

**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 18-05676

**FILED**

DEC 26 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?

Aetna, Inc. and certain affiliated entities

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?

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

Where should notices to the creditor be sent?

Aaron G. McCollough - McGuireWoods LLP

Name

77 West Wacker Drive, Suite 4100

Number Street

Chicago

IL

60601

City

State

ZIP Code

Contact phone 312-849-8256

Contact email amccollough@mcguirewoods.com

Where should payments to the creditor be sent? (if different)

David G. Scott, Aetna, Inc.

Name

1425 Union Meeting Road

Number Street

Blue Bell

PA

19422

City

State

ZIP Code

Contact phone 215.775.3057

Contact email scotttd4@aetna.com

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? \$ 140.52 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.  
Overpayments for medical services

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)?

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

☒ No

☐ Yes. Check all that apply:

☐ 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.

Amount entitled to priority

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

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

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

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

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

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

\* 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

12/18/2018  
MM / DD / YYYY

Signature

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

Name	David	G.	Scott
	First name	Middle name	Last name
Title	Paralegal - Consumer Litigation		
Company	Aetna, Inc.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1425 Union Meeting Road		
	Number	Street	
	Blue Bell	PA	19422
	City	State	ZIP Code
Contact phone	215.775.3057		Email
			scott4@aetna.com

**EXHIBIT A**  
**(Statement of Claim)**

1. This proof of claim (the "Claim") is submitted by Aetna Inc. and its affiliated entities (collectively "Aetna"), against the Debtor identified on the foregoing proof of claim form (the "Debtor").

2. Prior to the Debtor's bankruptcy, the Debtor submitted to Aetna requests for reimbursement in connection with healthcare services that the Debtor provided to current or former Aetna members either under a provider agreement or on an out-of-network basis. Aetna then paid the Debtor various amounts in connection with those requests for reimbursement. Aetna has subsequently determined, however, that certain of those payments were erroneous and demands return of those overpayments. As of the date hereof, the amount of overpayments, as reflected on the statement attached as Schedule 1<sup>1</sup> is at least \$140.52. For the avoidance of doubt, \$140.52 is the minimum amount due and payable on account of those overpayments as of the Petition Date, and Aetna reserves all rights to assert additional amounts subsequently identified as owing to Aetna, including, without limitation, with respect to any pre-petition claims that may become due subsequent to any transfer of assets by the Debtor. Further documentation supporting Aetna's Claim contains confidential or proprietary information, including protected health information that cannot be publicly disclosed, and thus is not attached hereto. Further information regarding this Claim is available upon written request to:

Aaron G. McCollough  
77 West Wacker Drive  
Suite 4100  
Chicago, IL 60601  
E-mail: amccollough@mcguirewoods.com  
Phone: 312-849-8256

---

<sup>1</sup> In the ordinary course of its business, Aetna periodically audits the payments that it has previously made to healthcare providers such as the Debtor, and in some situations will "flag" for further investigation a payment that may have been paid erroneously. Once flagged, these payments are then noted in Aetna's system as having a "\$0.01" balance due. This notation will remain on those flagged payments until the conclusion of Aetna's audit process, at which time the "\$0.01" notation will be modified to reflect the actual amount of the erroneous overpayment (e.g., either \$0.00 if the audit finds no overpayment or the actual amount of the overpayment if an overpayment is confirmed). With respect to the amounts listed on Schedule 1 hereto, the payments showing amounts listed as "\$0.01" represent payments for which Aetna's audit process is still pending, while the payments showing amounts other than "\$0.01" represent payments for which Aetna's audit process is complete and the overpayments have been confirmed. Aetna expressly reserves the right to complete the audit process for all payments made to the Debtor, including the "flagged" payments listed on Schedule 1, as well as the right to amend this proof of claim to assert any and all overpayments that Aetna confirms at the conclusion of its audit process.



3. The filing of this Claim does not constitute an election of remedies and cannot be construed as a waiver or release of any claims Aetna has or may have against any non-debtor third party that may be responsible for all or a portion of the amounts asserted in this Claim. The filing of this Claim shall not limit or affect any setoff or recoupment rights Aetna may have with respect to the Claim amount, which rights are fully preserved. Aetna expressly reserves the right to amend or supplement this Claim, including to assert that all or part of Aetna's Claim is secured by a contingent right of setoff. By filing this Claim, Aetna does not waive (a) its right to have final orders in non-core matters and other matters in which the bankruptcy court lacks constitutional power to enter final orders entered by the district court, (b) its right to trial by jury in any proceedings so triable herein or in any case, controversy, or proceeding related hereto, (c) its right, to have the reference withdrawn in any matter subject to mandatory or discretionary withdrawal, or (d) any other rights, claims, actions, defenses, setoffs, or recoupments to which Aetna may be entitled under agreements, in law, or in equity, all of which rights, claims, action, defenses, setoffs, and recoupments are expressly reserved.

**Schedule 1**

**(Amounts Outstanding)**

*(Additional information regarding the amounts listed below was excluded for privacy concerns and is available upon the request of Aetna's counsel)*

Claim ID	Date of Service	Overpayment Balance Due
EXABZPQM700	8/18/2017	\$140.52
<b>TOTAL</b>		<b>\$140.52</b>

McGuireWoods LLP  
77 West Wacker Drive  
Suite 4100  
Chicago, IL 60601-1818  
Tel 312.849.8100  
Fax 312.849.3690  
www.mcguirewoods.com

Alexandra Shipley  
Direct: 312.849-8253

McGUIREWOODS

ashipley@mcguirewoods.com  
Fax: 312.312 698 4537

December 20, 2018

VIA OVERNIGHT MAIL

Clerk of the Bankruptcy Court  
U.S. BANKRUPTCY COURT  
Customs House - Room 170  
701 Broadway  
Nashville, TN 37203

**Re: *In re: Amory Regional Medical Center, LLC, Debtor, Case No. 18-05675;***  
***In re: Batesville Regional Medical Center Inc., Debtor, Case No. 18-05676;***  
***In re: Amory Regional Physicians, LLC, Debtor, Case No. 18-05680;***  
***In re: Batesville Regional Physicians, LLC, Debtor, Case No. 18-05681; and***  
***In re: Clarksdale Regional Physicians, LLC, Debtor, Case No. 18-05682***

Dear Sir/Madam:

This firm represents Aetna Inc. and its affiliates ("Aetna") in the above-referenced matters. Enclosed please find an original and one copy each of Aetna's proof of claims ("POCs") for filing. Please return a file-stamped copy of each of the POCs to me via the enclosed self-addressed Federal Express envelope.

Sincerely,

Alexandra Shipley

AS:daj  
Enclosures

111132490\_1

# 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:* (6810981)  
AETNA INC & CERTAIN  
AFFILIATED ENTITIES  
AARON G MCCOLLOUGH  
MCGUIREWOODS LLP  
77 WEST WACKER DRIVE  
SUITE 4100  
CHICAGO IL 60601

**Claim No:** 16  
*Original Filed*  
*Date:* 12/26/2018  
*Original Entered*  
*Date:* 12/26/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake3  
*Modified:*

Amount claimed: \$140.52

*History:*

[Details](#) [16-1](#) 12/26/2018 Claim #16 filed by AETNA INC & CERTAIN AFFILIATED ENTITIES, Amount claimed: \$140.52 (Intake3)

*Description:* (16-1) Overpayments for medical services

*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>	\$140.52
<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>		