

Fill in this information to identify the case:

Debtor 1 Curay Health
 Debtor 2 Batesville Reg
 (Spouse, if filing)
 United States Bankruptcy Court for the: Middle District of Tennessee
 Case number 3:18-bk-05676 / 05665

FILED

JAN 17 2019

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>Applied Medical Resources</u> Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor <u>N/A</u>	
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?		Where should payments to the creditor be sent? (if different)
	<u>Applied Medical</u> Name		<u>Same</u> Name
	<u>29977 Avenida Dallas</u> Number Street		<u>Same</u> Number Street
	<u>RSM</u> <u>CA</u> <u>92688</u> City State ZIP Code		<u>Same</u> City State ZIP Code
	Contact phone <u>949-713-8000</u>		Contact phone <u>Same</u>
	Contact email <u>Credit@AppliedMed.com</u>		Contact email <u>Same</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
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 6 3 2

7. How much is the claim? \$ 3030.00 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.

Goods Sold

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

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

MM / DD / YYYY



Signature

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

Name

Laila

S

Amiri

First name

Middle name

Last name

Title

Credit & Collection Specialist

Company

Applied Medical Resources

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

Address

29977 Avenida de las Banderas

Number

Street

Rancho Santa Margarita

CA

92688

City

State

ZIP Code

Contact phone

949-713-8000

Email

Credit@AppliedMedical



PLEASE REMIT TO:
APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511
USA

ACCOUNT NO.	PAGE
1017632	1 / 1
STATEMENT DATE	
01/16/2019	

CUSTOMER STATEMENT

ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
Batesville MS 38606-8608

Doc Date	Due Date	Type	Doc Number	Reference	Amount
05/23/2018	06/22/2018	Invoice	95011469	00215	365.00
06/11/2018	07/11/2018	Invoice	95048690	00397	960.00
06/25/2018	07/25/2018	Invoice	95078239	00477	365.00
07/27/2018	08/26/2018	Invoice	95146326	00650	365.00
08/28/2018	08/28/2018	Other clearing	1401112548	00013932	25.00-
08/31/2018	08/31/2018	Payment difference	1401113376	00013932	1,000.00
Amount Due					3,030.00

Breakdown of Outstanding Balance					
Current	1 to 30 days	31 to 60 days	61 to 90 Days	91 to 120 days	Over 120 Days
0.00	0.00	0.00	0.00	0.00	3,030.00



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95078239	1
INVOICE DATE	
06/25/2018	

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
Batesville MS 38606-8608

SHIP TO:

ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
BATESVILLE MS 38606-8608
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4364286	06/25/2018	1017632	0001	50591	00477	UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE	UOM	NET PRICE

you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	101355901 C8303, L ALEXIS WND PROT/RET 5/BX			365.00	BOX	365.00
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NOTE	COMMENTS:	SALES AMOUNT	365.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	365.00



ATTN : IRIS CAMPBELL
PHONE : (949)713-8656

DELIVERY NOTIFICATION

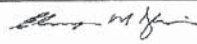
INQUIRY FROM: IRIS CAMPBELL
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: IRIS CAMPBELL
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328198608

According to our records 1 parcel was delivered on 06/27/18 at 9:06 A.M., and left at INSIDE DELIVERY.
The shipment was received by MCJUNKINS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328198608	303 MEDICAL CENTER DR BATESVILLE	

TPA2JXS:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95146326	1
INVOICE DATE	
07/27/2018	

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
Batesville MS 38606-8608

SHIP TO:

ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
BATESVILLE MS 38606-8608
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA		
4413785	07/27/2018	1017632	0001	50591	00650	UPS Ground		
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	101355901	C8303, L ALEXIS WND PROT/RET 5/BX			365.00	BOX	365.00
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NOTE	COMMENTS:	SALES AMOUNT	
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	365.00



ATTN : IRIS CAMPBELL
PHONE : (949)713-8656

DELIVERY NOTIFICATION


INQUIRY FROM: IRIS CAMPBELL
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: IRIS CAMPBELL
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328330062

According to our records 1 parcel was delivered on 07/31/18 at 9:54 A.M., and left at **INSIDE DELIVERY**.
The shipment was received by **MCJUNKINS** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328330062	303 MEDICAL CENTER DR BATESVILLE	

TPA2JXS:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95011469	1
INVOICE DATE	
05/23/2018	

Invoice _____

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
ZZ**Panola Med Ctr
~~Bankruptcy, Use 1018362~~
303 Medical Center Dr
Batesville MS 38606-8608

SHIP TO:

Panola Med Ctr
303 Medical Center Dr
BATESVILLE MS 38606-8608
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4300641	05/14/2018	1017632	0001	50591	00215	UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE	UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	101355901 C8303, L ALEXIS WND PROT/RET 5/BX			365.00	BOX	365.00
---	---	--	--	--	--------	-----	--------

NOTE	COMMENTS:	SALES AMOUNT	365.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	365.00



ATTN : CAMPBELL, IRIS
PHONE : (949)713-8331

DELIVERY NOTIFICATION

INQUIRY FROM: JOSE CUEVA
APPLIED MEDICAL RESOURCES
9401 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: NON
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Shipper Number.....889737

Tracking Identification Number...1Z8897370328345471

According to our records 1 parcel was delivered on 05/30/18 at 8:56 A.M.. The shipment was received by MCJUNKINS.

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95048690	1
INVOICE DATE	
06/11/2018	

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
Batesville MS 38606-8608

SHIP TO:

ZZ**Panola Med Ctr
Bankruptcy, Use 1018362
303 Medical Center Dr
BATESVILLE MS 38606-8608
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA	
4341980	06/11/2018	1017632	0001	50591	00397		UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	101244901		270.00	BOX	270.00
		CTS12, 11x100 Kii SLEEVE ZTHR 12/BX				
1	1	101138401		210.00	BOX	210.00
		CTF03, 5x100 Kii Fios Z-THR 6/BX				
1	1	101219301		270.00	BOX	270.00
		CTF33, 11x100 Kii Fios ZTHR 6/BX				
1	1	101208701		210.00	BOX	210.00
		CTS02, 5x100 Kii SLEEVE ZTHR 12/BX				

NOTE	COMMENTS:	SALES AMOUNT	960.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	960.00



ATTN : CAMPBELL, IRIS
PHONE : (949)713-8331

DELIVERY NOTIFICATION

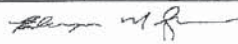
INQUIRY FROM: JOSE CUEVA
APPLIED MEDICAL RESOURCES
9401 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: NON
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Shipper Number.....889737

Tracking Identification Number...1Z8897370328404700

According to our records 1 parcel was delivered on 06/15/18 at 8:47 A.M., and left at DOCK. The shipment was received by MCJANKINS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
889737		1Z8897370328404700	303 MEDICAL CENTER DR BATESVILLE	

TPA1REH:000A0000



PLEASE REMIT TO:
APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511
USA

ACCOUNT NO.	PAGE
1017632	1 / 1
STATEMENT DATE	
09/15/2018	

CUSTOMER STATEMENT

Panola Med Ctr
303 Medical Center Dr
Batesville MS 38606-8608

Doc Date	Due Date	Type	Doc Number	Reference	Amount
05/23/2018	06/22/2018	Invoice	95011469	00215	365.00
06/11/2018	07/11/2018	Invoice	95048690	00397	960.00
06/25/2018	07/25/2018	Invoice	95078239	00477	365.00
07/27/2018	08/26/2018	Invoice	95146326	00650	365.00
08/28/2018	08/28/2018	Other clearing	1401112548	00013932	25.00-
08/31/2018	08/31/2018	Payment difference	1401113376	00013932	1,000.00
Amount Due					3,030.00

Breakdown of Outstanding Balance					
Current	1 to 30 days	31 to 60 days	61 to 90 Days	91 to 120 days	Over 120 Days
0.00	1,340.00	365.00	1,325.00	0.00	0.00

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: (6823796)
APPLIED MEDICAL
RESOURCES
29977 AVENIDA DE LAS
BANDERAS
RANCHO SANTA
MARGARITA CA 92688

Claim No: 30
Original Filed
Date: 01/17/2019
Original Entered
Date: 01/17/2019

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

Amount claimed: \$3030.00

History:

[Details](#) [30-1](#) 01/17/2019 Claim #30 filed by APPLIED MEDICAL RESOURCES, Amount claimed: \$3030.00
(Intake3)

Description: (30-1) Goods Sold

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*	\$3030.00
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		