

Fill in this information to identify the case:

Debtor Batesville Regional Medical Center Inc.
 United States Bankruptcy Court for the: Middle District of Tennessee
 Case number 18-05676

FILED

JAN 17 2019

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? Cigna Health and Life Insurance Company
Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor Cigna, CHLIC

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?	Where should payments to the creditor be sent? (if different)
	<u>Cigna, c/o Wilhelmina Bergland, Legal Dept.</u> <small>Name</small> <u>900 Cottage Grove Road, B6LPA</u> <small>Number Street</small> <u>Bloomfield CT 06002</u> <small>City State ZIP Code</small> Contact phone <u>860-226-5551</u> Contact email <u>mina.bergland@cigna.</u>	_____ <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> Contact phone _____ 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 9 2 9

7. How much is the claim? \$ 4,417.86 ~~plus other accrued but unpaid amounts due from Debtor on account of refund, indemnity and reimbursement obligations under the Agreement.~~ 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. See attached.

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:
- | | |
|---|---|
| <input type="checkbox"/> 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
\$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u>2</u>) that applies. | \$ <u>398.83</u> |

* 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 01 15 2019
MM / DD / YYYY

Heidi J. Vigil
Signature

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

Name Heidi J. Vigil
First name Middle name Last name

Title Operations Manager

Company Cigna Health and Life Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address See creditor contact information above.
Number Street

City State ZIP Code

Contact phone Email

**ATTACHMENT TO THE PROOF OF CLAIM OF
CIGNA HEALTH AND LIFE INSURANCE COMPANY**

1. Cigna Health and Life Insurance Company (“Cigna”) and Debtor, Batesville Regional Medical Center Inc. are parties to a Hospital Services Agreement, effective August 1, 2017, including all amendments, addendums, exhibits, administrative guidelines and rate information thereto (collectively, the “Agreement”).¹

2. On or about August 24, 2018 (“Petition Date”), Debtor filed its voluntary petition under chapter 11 of title 11 of the United States Code.

3. As of the Petition Date, the Debtor owed to Cigna refunds for excess payments made to Debtor for healthcare services and supplies totaling \$4,019.03 and post-petition refunds of \$398.83 for a total amount owed of **\$4,417.86**, plus other accrued but unpaid amounts due from Debtor on account of its refund, indemnity and reimbursement obligations under the Agreement (collectively, “Claims”). The Claims are subject to ongoing reconciliation and adjustment.

4. Cigna expressly reserves all rights and remedies that it has or may have against Debtor or any other person or persons liable for all or part of the indebtedness claimed herein. This proof of claim is filed to protect Cigna from forfeiture of its Claims asserted herein. The filing of this proof of claim is not: (a) a waiver or release of Cigna's rights or remedies against any person, entity or property; (b) an election of a remedy; or (c) a waiver of the right to assert a different or enhanced classification or priority in respect of the Claims asserted herein.

5. Cigna expressly reserves its right to amend or supplement this proof of claim or to file additional proofs of claim.

¹ The Agreement is voluminous and proprietary and is already in Debtor's possession.

Wilhelmina L. Bergland
Assistant Director

Cigna Legal



RECEIVED

JAN 17 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Routing B6LPA
900 Cottage Grove Road
Hartford CT 06152
Telephone 860.226.5551
Facsimile 860.226.4693
mina.bergland@cigna.com

January 16, 2019

VIA OVERNIGHT COURIER

United States Bankruptcy Court
Attn: Clerk's Office
Customs House Room 170
701 Broadway
Nashville, TN 37203

Re: Batesville Regional Medical Center Inc. - Case No. 18-05676

Dear Clerk:

Enclosed is a proof-of-claim for filing in connection with the above-captioned proceeding. Also enclosed are a self-addressed, stamped envelope and an additional photocopy of the proof-of-claim. Would you please have the additional photocopy stamped with a notice of entry and returned to me. Thank you.

Very truly yours,

A handwritten signature in cursive script that reads "Wilhelmina Bergland".

Wilhelmina L. Bergland

wlb

Enclosure

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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):**

<p><i>Creditor:</i> (6823813) CIGNA HEALTH AND LIFE INSURANCE COMPANY CIGNA C O WILHELMINA BERGLAND LEGAL DEPT 900 COTTAGE GROVE ROAD B6LPA BLOOMFIELD CT 06002</p>	<p>Claim No: 31 <i>Original Filed</i> <i>Date:</i> 01/17/2019 <i>Original Entered</i> <i>Date:</i> 01/17/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Intake3 <i>Modified:</i></p>
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Amount claimed: \$4417.86
 Priority claimed: \$398.83

History:

[Details](#) [31-1](#) 01/17/2019 Claim #31 filed by CIGNA HEALTH AND LIFE INSURANCE COMPANY,
 Amount claimed: \$4417.86 (Intake3)

Description: (31-1) See attached

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*	\$4417.86
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	\$398.83	
Administrative		