

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05678

**FILED**

SEP 11 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?	<u>Baxter Healthcare</u> 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?	<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?  <u>Baxter Healthcare</u> Name <u>1 Baxter Parkway, DF2-3E</u> Number Street <u>Deerfield</u> <u>IL</u> <u>60015</u> City State ZIP Code Contact phone <u>224-948-1113</u> Contact email <u>creditdept@baxter.com</u>	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 2 8 3 4

7. How much is the claim? \$ 62,329.74. 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 Goods

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).

Amount entitled to priority

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

☐ 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.

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

\* 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 09/04/2018  
MM / DD / YYYY



Signature

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

Name Neil L. Kozerowitz  
First name Middle name Last name

Title Credit Analyst

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

Address 1 Baxter Parkway  
Number Street  
Deerfield IL 60015  
City State ZIP Code

Contact phone 224-948-1113 Email creditdept@baxter.com





34142834- NW Mississippi Regl Med Ctr							
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
11682973	RB	SZ	5/24/2018	5/24/2018	184.72	64673892	749-6685577
11702830	RB	SZ	7/23/2018	7/23/2018	234.03	64362008	749-6668197
11702831	RB	SZ	7/23/2018	7/23/2018	103.52	64806335	749-6693600
11702832	RB	SZ	7/23/2018	7/23/2018	66.6	64842280	749-6695516
11702833	RB	SZ	7/23/2018	7/23/2018	93.57	64894163	749-6698453
11702834	RB	D8	7/23/2018	7/23/2018	1,392.96	65290201	829-63688015
11710216	RB	SZ	7/28/2018	7/28/2018	189.59	65051820	749-6705545
11710217	RB	SZ	7/28/2018	7/28/2018	62.38	65145246	749-6710490
11710218	RB	SZ	7/28/2018	7/28/2018	109.77	65338206	749-6720289
59053725	RI	DQ	4/20/2018	5/20/2018	6,837.04	65184127	PROPERTY TAX 2017
59209521	RI	SZ	5/2/2018	6/1/2018	749.02	65338206	749-6720289
59210821	RI	SZ	5/2/2018	6/1/2018	261	65467795	749-6724948
59214562	RI	SO	5/2/2018	6/1/2018	224.5	65464003	RX050218
59267306	RI	SO	5/8/2018	6/7/2018	202.92	65480759	RX050318
59290515	RI	SO	5/9/2018	6/8/2018	417.7	65557984	RX050918
59290723	RI	SZ	5/9/2018	6/8/2018	2,040.07	65558488	749-6729653
59333262	RI	SZ	5/14/2018	6/13/2018	953.56	65613558	749-6732325
59363775	RI	SO	5/16/2018	6/15/2018	48.72	64646466	RX03061801
59364872	RI	SO	5/16/2018	6/15/2018	861.64	65651980	RX051618
59366228	RI	SZ	5/16/2018	6/15/2018	1,003.35	65654794	749-6734187
59388653	RI	SZ	5/18/2018	6/17/2018	831.8	65654794	749-6734187
59412459	RI	SZ	5/22/2018	6/21/2018	310.05	65654794	749-6734187
59416692	RI	SZ	5/22/2018	6/21/2018	310.05	65558488	749-6729653
59440487	RI	SZ	5/23/2018	6/22/2018	169.46	65751427	749-6738947
59442820	RI	SO	5/23/2018	6/22/2018	714.06	65748347	RX052318
59448801	RI	SZ	5/24/2018	6/23/2018	415.9	65654794	749-6734187
59503359	RI	SO	5/30/2018	6/29/2018	224.89	65829076	749-6743209
59508595	RI	SZ	5/31/2018	6/30/2018	1,805.06	65821006	749-6742393
59584393	RI	SO	6/5/2018	7/5/2018	332.68	65838521	RX052418
59587265	RI	SZ	6/5/2018	7/5/2018	953.56	65751427	749-6738947



34142834- NW Mississippi Regl Med Ctr							
Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
59587720	RI	SZ	6/5/2018	7/5/2018	1,271.42	65821006	749-6742393
59605565	RI	SO	6/6/2018	7/6/2018	520.86	65919153	RX060518
59607819	RI	SZ	6/6/2018	7/6/2018	365.14	65941819	749-6747684
59620214	RI	SO	6/7/2018	7/7/2018	474.68	65954538	749-6748322
59644997	RI	SO	6/11/2018	7/11/2018	48.72	64820797	RX032018
59645048	RI	SO	6/11/2018	7/11/2018	97.44	65311985	RX042418
59646086	RI	SZ	6/11/2018	7/11/2018	161.74	65905589	749-6745416
59647928	RI	SZ	6/11/2018	7/11/2018	1,353.91	65987041	749-6750245
59653771	RI	SO	6/12/2018	7/12/2018	97.44	65651980	RX051618
59732015	RI	SZ	6/18/2018	7/18/2018	1,318.10	66068462	749-6754312
59739512	RI	SZ	6/19/2018	7/19/2018	193.52	66068462	749-6754312
59759668	RI	SO	6/20/2018	7/20/2018	848.52	66087024	RX061918
59769904	RI	SZ	6/21/2018	7/21/2018	193.52	66104130	749-6756019
59807638	RI	SZ	6/26/2018	7/26/2018	43.9	66104130	749-6756019
59832632	RI	SZ	6/27/2018	7/27/2018	460.68	66181310	749-6759657
59838625	RI	SO	6/28/2018	7/28/2018	262.54	65966374	RX060818
59841002	RI	SO	6/28/2018	7/28/2018	145.52	66185559	123
59858949	RI	SZ	6/29/2018	7/29/2018	749.02	66068462	749-6754312
59914291	RI	SZ	7/3/2018	8/2/2018	1,884.59	66264494	749-6762410
59915523	RI	SO	7/3/2018	8/2/2018	388.98	66266828	RX070218
59961595	RI	SZ	7/9/2018	8/8/2018	998.7	66264494	749-6762410
59963645	RI	SZ	7/9/2018	8/8/2018	998.7	66181310	749-6759657
59975301	RI	SO	7/10/2018	8/9/2018	243.28	66196337	RX062818
60008591	RI	SZ	7/12/2018	8/11/2018	2,083.86	66359560	749-6767043
60011849	RI	SO	7/12/2018	8/11/2018	714.06	66349227	RX071018
60012048	RI	SO	7/12/2018	8/11/2018	1,915.99	66349803	RX071018
60042272	RI	SZ	7/16/2018	8/15/2018	34.13	66359560	749-6767043
60042321	RI	SZ	7/16/2018	8/15/2018	34.13	66286537	749-6763690
60042520	RI	SZ	7/16/2018	8/15/2018	535.72	66407396	749-6769871
60058280	RI	SO	7/17/2018	8/16/2018	243.28	66349227	RX071018

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Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. # Order #
60068209	RI	SZ	7/18/2018	8/17/2018	1,247.70	66436889 749-6771066
60070159	RI	SZ	7/18/2018	8/17/2018	309.19	65987041 749-6750245
60074357	RI	SZ	7/18/2018	8/17/2018	1,021.74	66436889 749-6771066
60120351	RI	SZ	7/24/2018	8/23/2018	233.2	66485857 749-6773509
60185693	RI	SZ	7/31/2018	8/30/2018	4,759.74	66558856 749-6777350
60207124	RI	SO	8/1/2018	8/31/2018	585.68	66589013 RX071918
60283932	RI	SZ	8/6/2018	9/5/2018	566.33	66558856 749-6777350
60283951	RI	SZ	8/6/2018	9/5/2018	998.7	66359560 749-6767043
60316063	RI	SZ	8/8/2018	9/7/2018	631.76	66705616 749-6783222
60386091	RI	SO	8/15/2018	9/14/2018	550.58	66766578 RX081418
60388647	RI	SZ	8/15/2018	9/14/2018	4,057.49	66782739 749-6787160
60457699	RI	SZ	8/22/2018	9/21/2018	1,075.77	66859416 749-6790848
60458251	RI	SO	8/22/2018	9/21/2018	470.68	66829951 RX082018
60501739	RI	SZ	8/28/2018	9/27/2018	1,305.93	66905352 749-6793142
60401009	RM	CO	8/16/2018	8/16/2018	-361.69	64717918 RX02202018
Trade Invoice total					59,987.84	
Grand Total					62,329.74	

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:18-bk-05678 Clarksdale Regional Medical Center Inc.](#)

**Judge:** Charles M Walker

**Chapter:** 11

**Office:** Nashville

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (6736917)  
BAXTER HEALTHCARE  
1 BAXTER PARKWAY, DF2-  
3E  
DEERFIELD IL 60015

**Claim No: 2**  
*Original Filed*  
*Date:* 09/11/2018  
*Original Entered*  
*Date:* 09/11/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake2  
*Modified:*

Amount claimed: \$62329.74

*History:*

[Details](#) [2-1](#) 09/11/2018 Claim #2 filed by BAXTER HEALTHCARE, Amount claimed: \$62329.74 (Intake2)

*Description:* (2-1) MEDICAL GOODS

*Remarks:*

### Claims Register Summary

**Case Name:** Clarksdale Regional Medical Center Inc.

**Case Number:** 3:18-bk-05678

**Chapter:** 11

**Date Filed:** 08/24/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$62329.74
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		