

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center Inc.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05678

ORIGINAL

FILED

OCT 04 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>Bio-Medical Applications of Mississippi, Inc. d/b/a Clarksdale MS Inpatient Services</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>Fresenius Medical Care North America</u> Name <u>920 Winter Street</u> Number Street <u>Waltham MA 02451</u> City State ZIP Code Contact phone _____ Contact email <u>Sharon.Taher@fmc-na.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: _____

7. How much is the claim? \$ 68,393.61. 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 addendum incorporated herein

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 all that apply:

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 \$2,775* 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.

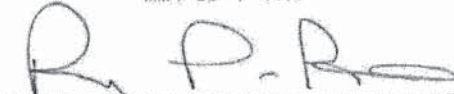
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 09/13/2018

MM / DD / YYYY



Signature

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

Name Russell P. Plato, Esq.
First name Middle name Last name

Title Assistant General Counsel

Company Fresenius Medical Care North America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 920 Winter Street
Number Street
Waltham MA 02451
City State ZIP Code

Contact phone _____ Email _____

**IN THE UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF TENNESSEE**

In re:	:	Chapter 11
	:	Case No. 18-05678
CLARKSDALE REGIONAL MEDICAL CENTER INC.,	:	
	:	
	:	
Debtor.	:	

ADDENDUM TO PROOF OF CLAIM

Bio-Medical Applications of Mississippi, Inc. d/b/a Clarksdale MS Inpatient Services (“BMA”), an affiliate/subsidiary of National Medical Care, Inc. (“NMC”), which is an affiliate of Fresenius Medical Care Holdings, Inc. d/b/a Fresenius Medical Care North America, holds a general unsecured claim against Clarksdale Regional Medical Center Inc. (the “Debtor”) in the aggregate amount of \$68,393.61, as follows:

1. CHSPSC, LLC and certain of its subsidiaries and affiliates engaged NMC as their exclusive provider of dialysis and apheresis services, as well as the equipment, supplies and staff necessary and required to perform the services (all collectively, the “Services”), under a *Master In-Hospital Dialysis and Apheresis Services Agreement* dated April 1, 2015 between the NMC and CHSPSC, LLC (the “Master Agreement”).

2. Clarksdale HMA, LLC d/b/a Northwest Mississippi Regional Medical Center (“Clarksdale”) became a participating hospital under and bound by the terms and provisions of the Master Agreement by *Letter of Participation* effective April 1, 2015 executed by Clarksdale and BMA (as amended from time to time, the “Participation Agreement” and with the Master Agreement, the “Agreement”).

3. Upon information and belief, the Debtor is Clarksdale’s successor in interest in, among other things, the Agreement.

4. BMA holds a general unsecured claim against the Debtor in the aggregate amount of \$68,393.61 for Services rendered to the Debtor through July 31, 2018 per the invoices listed below. Copies of the invoices were forwarded directly to the Debtor in the ordinary course and are available upon request.

Invoice Number	Invoice Date	Service Dates	Amount
88190727	4/30/2018	4/1-30/2018	14,216.36
88192585	5/31/2018	5/1-31/2018	13,932.24
88194402	6/30/2018	6/1-30/2018	13,822.95
88196900	7/31/2018	7/1-31/2018	14,413.01
88198119	9/7/2018	8/1-23/2018	12,009.05
			<u>68,393.61</u>

BMA reserves its right to amend and/or supplement this proof of claim at any time and in any respect.

This proof of claim should not be construed to be:

- a. a waiver or release of any and all rights of BMA against any person, entity or property,
- b. a consent to the jurisdiction of the Bankruptcy Court with respect to any proceeding commenced or claims asserted in the case against or otherwise involving BMA,
- c. a concession, admission or acknowledgment that BMA is subject to personal jurisdiction in this or any other court,
- d. a waiver of any right of BMA to move for withdrawal of the reference with respect to the subject matter of any of its claim, any objection or other proceeding commenced with respect thereto, or any other proceeding commenced in this case against or involving BMA,
- e. an election of remedy,
- f. a concession, admission or acknowledgment of liability by BMA to any other party, or
- g. a waiver of the rights or entitlement of BMA to have any of its claims accorded any other status.

BMA expressly reserves its right to a jury trial, if any, that exists with respect to its claims and any ancillary issues.

BMA hereby requests that all notices and other pleadings relating to this proof of claim be directed as follows:

Bio-Medical Applications of Mississippi, Inc.
d/b/a Clarksdale MS Inpatient Services
c/o Fresenius Medical Care North America
920 Winter Street
Waltham, Massachusetts 02451-1457
Attn: Russell P. Plato, Assistant General Counsel

with a copy to its counsel:

Halperin Battaglia Benzija, LLP
40 Wall Street, 37th Floor
New York, New York 10005
Attn: Debra J. Cohen, Esq.

HALPERIN BATTAGLIA BENZIJA, LLP

Carrie E. Essenfeld, Esq.
cessenfeld@halperinlaw.net

September 28, 2018

BY FIRST-CLASS MAIL

Clerk's Office
Bankruptcy Court for the Middle District of Tennessee
701 Broadway, Room 170
Nashville, TN 37203

Re: *In re Clarksdale Regional Medical Center Inc.*, Chapter 11 Case No. 3:18-bk-05678

Dear Sir or Madam:

This firm represents creditor Bio-Medical Applications of Mississippi, Inc. d/b/a Clarksdale MS Inpatient Services ("Bio-Medical") in the above-referenced Chapter 11 case.

Please file the enclosed original proof of claim of Bio-Medical. Also enclosed is a copy of the proof of claim (the copy is stamped "Copy" in the upper right-hand corner). Please acknowledge receipt of same by sending the date-stamped copy back to the undersigned in the self-addressed, prepaid return envelope.

If you have any questions, please do not hesitate to contact me at 212-765-9100. Thank you for your assistance.

Sincerely yours,



Carrie E. Essenfeld

Enclosure

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: (6755577)

Claim No: 6

Status:

BIO MEDICAL

Original Filed

Filed by: CR

APPLICATIONS OF

Date: 10/04/2018

Entered by: Intake2

MISSISSIPPI INC

Original Entered

Modified:

DBA CLARKSDALE MS

Date: 10/04/2018

INPATIENT SERVICES

FRESENIUS MEDICAL CARE

NORTH AMERICA

920 WINTER STREET

WALTHAM MA 02451

Amount claimed: \$68393.61

History:

[Details](#) [6-1](#) 10/04/2018 Claim #6 filed by BIO MEDICAL APPLICATIONS OF MISSISSIPPI INC, Amount claimed: \$68393.61 (Intake2)

Description: (6-1) SEE ATTACHED ADDENDUM INCORPORATED HEREIN

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

Total Amount Claimed*	\$68393.61
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		