

FILED

OCT 29 2018

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

**Fill in this information to identify the case:**

Debtor 1 Clarkdale Regional Medical Center Inc

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

United States Bankruptcy Court for the Middle District of Tennessee

Case number 3:18-bk-05678

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?  
Valeant Pharmaceuticals  
Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor Bausch + Lomb

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? <u>CST Co</u> <small>Name</small> <u>PO Box 33127</u> <small>Number Street</small> <u>Louisville, KY 40232</u> <small>City State ZIP Code</small> Contact phone <u>502/589-2027</u> Contact email <u>ccranfill@mail.cstcoinc.com</u>	Where should payments to the creditor be sent? (if different) <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> _____ Contact phone _____ Contact email _____
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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:

3867

7. How much is the claim?

\$ 1,046.83

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)?

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 one:

- 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.

Amount entitled to priority

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

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

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

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

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

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

\* 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:

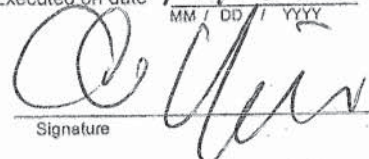
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/23/2018  
MM / DD / YYYY

  
Signature

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

Name Chad Cranfill  
First name Middle name Last name

Title Legal Claims Adjuster

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

Address PO Box 33127  
Number Street

Louisville, Ky 40232-3127  
City State ZIP Code

Contact phone 502/589-2027 Email ccranfill@mail.cstco  
inc.com

# BAUSCH + LOMB

Send all Correspondence to: (excluding payments) Bausch + Lomb Division of VPNA LLC 400 Somerset Corporate Boulevard Bridgewater NJ 08807

**Synergetics™**

\*A-01-QH2-JM-00134

NORTHWEST MISSISSIPPI REG. MED REGIONAL MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218



## statement

AMOUNT DUE 1,041.83 USD	DATE 08/31/18	STMT ID 27837	PAGE 1 of 1
AMOUNT ENCLOSURED	CORPORATE CUSTOMER		
DIV: CLRCM-127	00003867	Northwest Mississippi Reg. Med	
	BILL-TO 00003867	SHIP-TO	MEMBER/STORE #

IF NOT PAYING TOTAL AMOUNT DUE PLEASE SPECIFY ITEMS BEING PAID

### SEND PAYMENTS TO:

4395 COLLECTION CENTER DR CHICAGO IL 60693-0043

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Invoice	Entry Type	Entry Reason	Order No	Customer PO	Due Date	Amount Due
01/08/18	1002839480	Invoice	OM	002331982	749-6618317	02/07/18	108.49
01/15/18	1002843411	Invoice	OM	002342734	749-6638574	02/14/18	329.71
01/20/18	1002846415	Invoice	OM	002342734	749-6638574	02/19/18	603.63

CORPORATE CUSTOMER	
00003867	Northwest Mississippi Reg. Med

STATEMENT DATE
08/31/18

Deferred	Current
0.00	0.00

IF PAYING BY CREDIT CARD PLEASE CALL 1(800)466-7525

TOTAL BALANCE USD	1,041.83
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### Past Due:

1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days
0.00	0.00	0.00	1,041.83

AMOUNT DUE USD	1,041.83
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### For Account Inquiries:

Credit Analyst: Tanya Ortiz  
Phone: 908-927-0325  
E-mail: Tanya.Ortiz@Valeant.com

Customer Service 1(800)338-2020  
Technical Support 1(800)325-9510



VPNA LLC 4395 COLLECTION CENTER DR CHICAGO IL 60693-0043

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**U.S. Bankruptcy Court  
MIDDLE DISTRICT OF TENNESSEE (Nashville)  
Bankruptcy Petition #: 3:18-bk-05678**

*Date filed:* 08/24/2018  
*341 meeting:* 10/03/2018

*Assigned to:* Charles M Walker  
Chapter 11  
Voluntary  
Asset

**Debtor**  
**Clarksdale Regional Medical Center Inc.**  
1970 Hospital Drive  
Clarksdale, MS 38614  
COAHOMA-MS  
Tax ID / EIN: 81-5064755

represented by **MICHAEL ANTHONY  
MALONE**  
POL SINELLI PC  
401 COMMERCE STREET  
SUITE 900  
NASHVILLE, TN 37219  
615-259-1567  
Fax : 615-259-1573  
Email: [mmalone@polsinelli.com](mailto:mmalone@polsinelli.com)

**U.S. Trustee**  
**US TRUSTEE**  
OFFICE OF THE UNITED STATES TRUSTEE  
701 BROADWAY STE 318  
NASHVILLE, TN 37203-3966  
615 736-2254

Filing Date	#	Docket Text
08/24/2018	<u>1</u> (13 pgs)	Chapter 11 Voluntary Petition Non-Individual. Fee Amount is \$1717.00. Appointment of health care ombudsman due by 09/24/2018.. (MALONE, MICHAEL) (Entered: 08/24/2018)
08/24/2018	2	Receipt of Voluntary Petition (Chapter 11)(3:18-bk-05678) [misc,volp11] (1717.00). Receipt number 14785182. Fee amount \$ 1717.00. (re:Doc# <u>1</u> ) (U.S. Treasury) (Entered: 08/24/2018)
08/25/2018	<u>3</u> (4 pgs)	Order Setting Expedited Hearing <i>on First Day Motions</i> - Hearing scheduled 8/28/2018 at 02:30 PM at Courtroom 2, 2nd Floor Customs House, 701 Broadway, Nashville, TN 37203. Signed on 8/25/2018. (glh) (Entered: 08/25/2018)

# 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:* (6772796)  
VALEANT  
PHARMACEUTICALS  
CST CO  
PO BOX 33127  
LOUISVILLE KY 40232

**Claim No:** 10  
*Original Filed*  
*Date:* 10/29/2018  
*Original Entered*  
*Date:* 10/29/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake1  
*Modified:*

Amount claimed: \$1041.83

*History:*

[Details](#) [10-1](#) 10/29/2018 Claim #10 filed by VALEANT PHARMACEUTICALS, Amount claimed: \$1041.83 (Intake1)

*Description:* (10-1) Goods Sold

*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>	\$1041.83
<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>		