

Fill in this information to identify the case:

Debtor 1 Curae Health
Debtor 2 Clarksdale Reg
(Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 3:18-bk-05678/05665

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?

Applied Medical Resources
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

N/A

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?

Applied Medical
Name
29977 Avenida de las Bandejas
Number Street
RS M CA 92688
City State ZIP Code

Contact phone 949-713-8000

Contact email Credit@AppliedMed.com

Where should payments to the creditor be sent? (if different)

Same
Name
Number Street
Same
City State ZIP Code

Contact phone Same

Contact email Same

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: 7089

7. How much is the claim? \$ 6,620.00 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.
Good 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 Amini

First name

Middle name

Last name

Title

Credit & Collections Specialist

Company

Applied Medical Resources

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

Address

29977 Avenida de las Bandanas

Number

Street

Rancho Santa Margarita CA

City

State

ZIP Code

92688

Contact phone

949-713-8000

Email

Credit@AppliedMed.com



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

ACCOUNT NO.	PAGE
3007089	1 / 1
STATEMENT DATE	
01/16/2019	

CUSTOMER STATEMENT

Northwest Mississippi Med Ctr
PO Box 1218
Clarksdale MS 38614-1218

Doc Date	Due Date	Type	Doc Number	Reference	Amount
06/19/2018	07/19/2018	Invoice	95065801	749-6753881	890.00
07/05/2018	08/04/2018	Invoice	95101189	749-6763687	690.00
08/03/2018	09/02/2018	Invoice	95160305	749-6769448	235.00
08/03/2018	09/02/2018	Invoice	95160306	749-6773103	2,185.00
08/03/2018	09/02/2018	Invoice	95160307	749-6779101	945.00
08/03/2018	09/02/2018	Invoice	95160396	749-6775203	910.00
08/14/2018	09/13/2018	Invoice	95177652	749-6785677	765.00
Amount Due					6,620.00

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	6,620.00



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

DELIVERY NOTIFICATION

INQUIRY FROM: IRIS CAMPBELL
APPLIED MEDICAL RESOURCES
9401 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: RECV DEPT
NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....889737

Tracking Identification Number...1Z8897370228541733

According to our records 1 parcel was delivered on 08/16/18 at 10:42 A.M.. The shipment was received by DOYLE.



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95065801	1
INVOICE DATE	
06/19/2018	

Invoice _____

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
Northwest Mississippi Med Ctr
PO Box 1218
Clarksdale MS 38614-1218

SHIP TO:

Northwest Mississippi Med Ctr
1970 Hospital Dr
749 CLARKSDALE CURAE STORES
CLARKSDALE MS 38614-7202
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4353658	06/18/2018	1017820	0001	50591	749-6753881	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	101465044			260.00	BOX	260.00
		C2201, 120MM INSUFF NEEDLE XE, 20/BX					
1	1	101138401			210.00	BOX	210.00
		CTF03, 5x100 Kii Fios Z-THR 6/BX					
2	2	101208701			210.00	BOX	420.00
		CTS02, 5x100 Kii SLEEVE ZTHR 12/BX					

NOTE	COMMENTS:	SALES AMOUNT	890.00
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 \$	890.00



ATTN : CAMPBELL, IRIS
PHONE : (949)713-7269

DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: NON
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328168202

According to our records 1 parcel was delivered on 06/21/18 at 10:52 A.M.. The shipment was received by TAYLOR.

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95101189	1
INVOICE DATE	
07/05/2018	

Invoice _____

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
Northwest Mississippi Med Ctr
PO Box 1218
Clarksdale MS 38614-1218

SHIP TO:

Northwest Mississippi Med Ctr
1970 Hospital Dr
749 CLARKSDALE CURAE STORES
CLARKSDALE MS 38614-7202
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4377606	07/03/2018	1017820	0001	50591	749-6763687	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	101138401			210.00	BOX	210.00
		CTF03, 5x100 Kii Fios Z-THR 6/BX					
1	1	101219101			270.00	BOX	270.00
		CTF73, 12x100 Kii Fios ZTHR 6/BX					
1	1	101208701			210.00	BOX	210.00
		CTS02, 5x100 Kii SLEEVE ZTHR 12/BX					

NOTE Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	COMMENTS:	SALES AMOUNT		690.00
		SHIPPING & HANDLING		0.00
		SALES TAX		0.00
		TOTAL \$		690.00
		TERMS: Net 30		

Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.



ATTN : CAMPBELL, IRIS
PHONE : (949)713-7269

DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: NON
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328238789

According to our records 1 parcel was delivered on 07/09/18 at 10:19 A.M., and left at **INSIDE DELIVERY**. The shipment was received by **BUCKNER** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328238789	1970 HOSPITAL DR CLARKSDALE	<i>T Buckner</i>

TPA1REH:000A0000



ATTN : CAMPBELL, IRIS
PHONE : (949)713-7269

DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: RECV DEPT
NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y101328356605

According to our records 1 parcel was delivered on 08/06/18 at 9:38 A.M.. The shipment was received by DOYLE.

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95160306	1
INVOICE DATE	
08/03/2018	

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
Northwest Mississippi Med Ctr
PO Box 1218
Clarksdale MS 38614-1218

SHIP TO:

Northwest Mississippi Med Ctr
1970 Hospital Dr
749 CLARKSDALE CURAE STORES
CLARKSDALE MS 38614-7202
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4405400	07/23/2018	1017820	0001	50591	749-6773103	UPS Nxt Dy Air Saver	
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	100864401			750.00	BOX	750.00
		CD001, 10mm RETRIEVAL SYSTEM, 10/BX					
1	1	101412701			210.00	BOX	210.00
		CTF01, 5x150 Kii Fios ZTHR 6/BX					
1	1	101465044			260.00	BOX	260.00
		C2201, 120MM INSUFF NEEDLE XE, 20/BX					
2	2	101138401			210.00	BOX	420.00
		CTF03, 5x100 Kii Fios Z-THR 6/BX					
1	1	101219101			270.00	BOX	270.00
		CTF73, 12x100 Kii Fios ZTHR 6/BX					
1	1	101208701			210.00	BOX	210.00
		CTS02, 5x100 Kii SLEEVE ZTHR 12/BX					

NOTE	COMMENTS:	SALES AMOUNT	2,120.00
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	65.00
		SALES TAX	0.00
		TOTAL \$	2,185.00



ATTN : CAMPBELL, IRIS
PHONE : (949) 713-7269

DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO:

RECV DEPT
NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y101328357382

According to our records 1 parcel was delivered on 08/06/18 at 9:38 A.M. The shipment was received by DOYLE.

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95160396	1
INVOICE DATE	
08/03/2018	

Invoice _____

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
Northwest Mississippi Med Ctr
PO Box 1218
Clarksdale MS 38614-1218

SHIP TO:

Northwest Mississippi Med Ctr
1970 Hospital Dr
749 clarksville stores
CLARKSDALE MS 38614-7202
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4410557	07/25/2018	1017820	0001	50591	749-6775203	UPS Nxt Dy Air Saver	
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	101388201	CD004, 12/15mm RETRIEVAL SYSTEM, 5/BX			875.00	BOX	875.00
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NOTE	COMMENTS:	SALES AMOUNT	875.00
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	35.00
		SALES TAX	0.00
		TOTAL \$	910.00



ATTN : CAMPBELL, IRIS
PHONE : (949)713-7269

DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: RECV DEPT
NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y101328357588

According to our records 1 parcel was delivered on **08/06/18** at **9:38 A.M.**. The shipment was received by **DOYLE**.

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL
PO BOX 3511
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95160307	1
INVOICE DATE	
08/03/2018	

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE
Northwest Mississippi Med Ctr
PO Box 1218
Clarksdale MS 38614-1218

SHIP TO:

Northwest Mississippi Med Ctr
1970 Hospital Dr
CURAE STORES
CLARKSDALE MS 38614-7202
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4419384	08/01/2018	1017820	0001	50591	749-6779101	UPS Nxt Dy Air Saver	
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	101138401	CTF03, 5x100 Kii Fios Z-THR 6/BX	210.00	BOX	210.00
1	1	101219101	CTF73, 12x100 Kii Fios ZTHR 6/BX	270.00	BOX	270.00
2	2	101208701	CTS02, 5x100 Kii SLEEVE ZTHR 12/BX	210.00	BOX	420.00

NOTE	COMMENTS:	SALES AMOUNT	900.00
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	45.00
		SALES TAX	0.00
		TOTAL \$	945.00



ATTN : CAMPBELL, IRIS
PHONE : (949)713-7269

DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON
APPLIED MEDICAL-AMSE
9451 TOLEDO WAY
IRVINE CA 92618

SHIPMENT TO: RECV DEPT
NORTHWEST MISSISSIPPI MED CT
1970 HOSPITAL DR
CLARKSDALE MS 38614

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y101328356392

According to our records **1** parcel was delivered on **08/06/18** at **9:38 A.M.**. The shipment was received by **DOYLE**.

TPA1REH:000A0000

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: (6823815)
APPLIED MEDICAL
RESOURCES
APPLIED MEDICAL
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: Intake2
Modified:

Amount claimed: \$6620.00

History:

[Details](#) [30-1](#) 01/17/2019 Claim #30 filed by APPLIED MEDICAL RESOURCES, Amount claimed: \$6620.00
(Intake2)

Description: (30-1) 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

Total Amount Claimed*	\$6620.00
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		