

Fill in this information to identify the case:

Debtor 1 <u>Clarksdale Regional Medical Center Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05678

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 1/17/2019
 MATTHEW T. LOUGHNEY, Clerk

**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?	Virtual Radiologic Corporation <hr/> 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?	Where should payments to the creditor be sent? (if different)
	Virtual Radiologic Corporation <hr/> Name 11995 Singletree Lane #500 Eden Prairie, MN 55359 Contact phone <u>952-595-1198</u> Contact email <u>karen.scott@vrad.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Virtual Radiologic Corporation <hr/> Name 25983 Network Place Chicago, IL 60673 Contact phone <u>925-595-1558</u> Contact email <u>gwen.hamilton@vrad.com</u>
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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2339</u>
7. How much is the claim?	\$ <u>32022.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 healthcare information. <u>Onsite and Remote Radiology Interpretation Services</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> 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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 type="checkbox"/> 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 1/17/2019
MM / DD / YYYY

/s/ David Galle

Signature

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

Name David Galle

First name Middle name Last name

Title Partner

Company Fox Rothschild LLP

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

Address 222 South 9th Street, Suite 2000

Number Street

Minneapolis, MN 55402-3338

City State ZIP Code

Contact phone 612-607-7572 Email dgalle@foxrotyhschild.com

Invoice	InvoiceSuffix	Inv Date	Due Date	Amount	Balance	Reason
945634		5/31/2018	6/30/2018	\$ 10,120.00	\$ 5,060.00	Bankruptcy filed
945741		6/30/2018	7/30/2018	\$ 10,144.00	\$ 10,144.00	Bankruptcy Filed
945845		7/31/2018	8/30/2018	\$ 8,408.00	\$ 8,408.00	Bankruptcy Filed
945980		8/31/2018	9/30/2018	\$ 8,410.00	\$ 8,410.00	Bankruptcy filed
946309		12/31/2018	1/30/2019	\$ 10,051.00	\$ 10,051.00	
					\$ 42,073.00	total



**CHSPSC Committed Participant
Purchase Order Agreement**

Effective February 1, 2015, the undersigned, a Participant as defined in the CHSPSC Group Purchasing Agreement effective November 22, 2005 (“Group Agreement”), between Community Health Systems Professional Services Professional Services Corporation (“Group”), and Virtual Radiologic Professionals of Minnesota, P.A. (“Seller”) hereby purchases from Seller the Services (as defined in the Group Agreement, as amended) upon the terms and conditions set forth in the Group Agreement for the Coverage Periods set forth below.

The undersigned represents and warrants that this Purchase Order Agreement has been duly authorized and properly executed and delivered to Seller. All purchases and sales hereunder are governed by the Group Agreement incorporated here by reference.

**VIRTUAL RADIOLOGIC PROFESSIONALS
MINNESOTA, PA**

DocuSigned by:
Ben Strong
Signature ID: 8A743D4E472...

Benjamin Strong, M.D., President
Printed Name, Title

March 11, 2015
Date Signed

**NORTHWEST MISSISSIPPI REGIONAL OF
MEDICAL CENTER**

[Signature]
Signature

Joel Sather CEO
Printed Name, Title

3/11/15
Date Signed

Participant to Check all Services Desired:

- Preliminary Interpretations Specialized Interpretations _____
- Emergent Official Interpretations _____ Extended Holiday Coverage
- Non-Emergent Official Interpretations _____ Peer Review _____

Systems Integration- *please check here and Seller will contact you to discuss.* _____

Mammography Pre-Review Program- *please check here and Seller will contact you to discuss.* _____

Coverage Periods (CST/CDT)						
5:00 pm – 6:00 am	5:00 pm – 6:00 am	5:00 pm – 6:00 am	5:00 pm – 6:00 am	5:00 pm – 6:00 am	6:00 am – 6:00 am (24 hours)	6:00 am – 6:00 am (24 hours)
Mon	Tues	Weds	Thurs	Fri	Sat	Sun

Extended Holiday Coverage: If selected above, then in addition to the Coverage Periods above, Seller shall provide 24 hour coverage for the federal legal holidays listed here.
New Year’s Day Memorial Day Independence Day Labor Day Thanksgiving Day Day after Thanksgiving Christmas Day

Participant’s Contact for Billing (Institution, Contact Name, Address, Phone, Fax, E-Mail)	
Participant’s Quality Assurance Officer (Institution, Contact Name, Address, Phone, E-Mail)	

Certificate of Completion

Envelope Number: C006EB2E68064FDFAFA72D3C5E80945D	Status: Completed
Subject: Please DocuSign this document: NW MS Regional Medical Center CHS PO Agt.pdf	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 4	Initials: 0
AutoNav: Enabled	
Envelopeld Stamping: Enabled	
	Envelope Originator:
	Kelly Heuer
	11995 Singletree Lane
	Suite 500
	Eden Prairie, MN 55359
	kelly.heuer@vrad.com
	IP Address: 66.162.55.228

Record Tracking

Status: Original	Holder: Kelly Heuer	Location: DocuSign
3/11/2015 8:44:36 AM PT	kelly.heuer@vrad.com	

Signer Events

Ben Strong
 Ben.Strong@vrad.com
 Chief Medical Officer
 vRad
 Security Level: Email, Account Authentication (None)
 Electronic Record and Signature Disclosure:
 Accepted: 3/11/2015 10:31:08 AM PT
 ID: e6661523-c234-493c-978b-afc991a2940b

Signature

DocuSigned by:

 E7F9BA743D4E472...
 Using IP Address: 66.162.55.228

Timestamp

Sent: 3/11/2015 8:45:36 AM PT
 Viewed: 3/11/2015 10:31:08 AM PT
 Signed: 3/11/2015 10:31:14 AM PT

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	3/11/2015 8:45:36 AM PT
Certified Delivered	Security Checked	3/11/2015 10:31:08 AM PT
Signing Complete	Security Checked	3/11/2015 10:31:14 AM PT
Completed	Security Checked	3/11/2015 10:31:14 AM PT

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Virtual Radiologic Corporation (vRad) (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the "I agree"™ button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign "Withdraw Consent"™ form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures

electronically from us.

How to contact Virtual Radiologic Corporation (vRad):

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by phone call: 952-595-1198

To contact us by email send messages to: karen.scott@vrad.com

To contact us by paper mail, please send correspondence to:

Virtual Radiologic Corporation (vRad)

11995 Singletree Lane

#500

Eden Prairie, MN 55354

To advise Virtual Radiologic Corporation (vRad) of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at karen.scott@vrad.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Virtual Radiologic Corporation (vRad)

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to karen.scott@vrad.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Virtual Radiologic Corporation (vRad)

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to karen.scott@vrad.com and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari®, 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the "I agree"™ button below.

By checking the "I agree"™ box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Virtual Radiologic Corporation (vRad) as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Virtual Radiologic Corporation (vRad) during the course of my relationship with you.

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):
<i>Creditor:</i> (6824543)	Claim No: 33
Virtual Radiologic Corporation	<i>Original Filed</i>
11995 Singletree Lane	<i>Date:</i> 01/17/2019
#500	<i>Original Entered</i>
Eden Prairie, MN 55359	<i>Date:</i> 01/17/2019
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$32022.00

History:

[Details](#) [33-1](#) 01/17/2019 Claim #33 filed by Virtual Radiologic Corporation, Amount claimed: \$32022.00 (admin)

Description:

Remarks: (33-1) Account Number (last 4 digits):2339

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*	\$32022.00
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		