

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Dak Crest Renaissance Gardens

Case Number: 09-37010

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

20835748006135
MOBILEXUSA
185 WITMER RD
HORSHAM, PA 19044

FILED

JAN 22 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Court Claim Number: _____
(If known)

Filed on: _____

Name and address

Mobilex USA
The Highlands
920 Ridgebrook Rd. 2nd floor
Sparks, MD 21152

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 101044.15

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

2. Basis for Claim: Service Performed
(See instruction #2 on reverse side.)

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3. Last four digits of any number by which creditor identifies debtor: 90151

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:
Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ 664.75

RECEIVED
FEB 01 2010
BMC GROUP

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 01/20/2010

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00708

Patricia A. Talice, Patricia A. Talice, Senior Director

The Highlands
920 Ridgebrook Road
Sparks, MD 21152-9320

MOBILEXUSA
Billing Office

Tel: 800.786.8015
Fax: 800.288.1059
Fax: 443.662.4227

Xray Bill for: OAK CREST RENAISSANCE GARDENS
Invoice Number: 90151*09-2009

Facility Telephone: 410.882.3248
Cost Center: 71140
Facility Fax: 410.663.3037

REVISED
**** Invoice Period September 2009 ****
Invoice Date: 10/15/2009

OAK CREST RENAISSANCE GARDENS
OAK CREST VILLAGE INC
MAIL STOP 603
P O BOX 22000
CATONSVILLE, MD 212280002

All payments are to be remitted to:

MobilexUSA
P.O. Box 17462
Baltimore, MD 21297-0518

NOTE:
for questions regarding current invoice, please contact Ashley Ross at ext. 4186

-----Total for current invoice-----	
Medicare Part A	\$2,134.75
Sub-total for current invoice:	\$2,134.75
Total amount due:	\$2,134.75

524.75

CONFIDENTIALITY NOTICE: This facsimile (including any accompanying documents) is intended for the use of MOBILEXUSA or the named addressee(s) to which it is directed, and may contain information that is privileged or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee(s) or person(s) authorized to deliver it to the named addressee(s). If you received this facsimile in error, please report the error by calling the MOBILEXUSA Privacy Office toll free at 866.686.1717, and providing your name, telephone number and the date. Once you have reported the error, someone from the Privacy Office will contact you within one business day. They may ask you to fax back the information you received so that the company can correct its records and prevent further miscommunication. Please keep the information in a secure place until you are contacted by the Privacy Office and complete the return of the information to that office. Once this is done, please destroy all copies of the mistakenly sent information, without forwarding it. Thank you for your cooperation.

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Invoice Number: 90151*09-2009

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**** Medicare Part A Detail Summary ****

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
8049426	08/27/2009	AUMILLER, ANNA OCV-144	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8062632	09/01/2009	AUMILLER, ANNA OCV-144	480.1	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8103133	09/14/2009	BRITTINGHAM, ELIZABETH OCV-1397	719.44	320	73130	LT	HAND MINIMUM 3 VIEWS	\$70.00
							Claim sub-total:	\$70.00
8054480	08/28/2009	BROZENA, ROSEMARY OCV-82470	786.2	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
							Claim sub-total:	\$70.00
8086505	09/09/2009	BROZENA, ROSEMARY OCV-82470	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8113870	09/17/2009	BURNER, BRYNA OCV-61922	719.42	320	73070	LT	ELBOW AP&LAT	\$70.00
							Claim sub-total:	\$70.00
8086015	09/09/2009	CAPPIELLO, MARIE OCV-1123	719.43	320	73090	LT	FOREARM AP&LAT	\$70.00
			719.45	320	73550	LT	FEMUR AP&LAT 2V	\$70.00
			719.41	320	73060	RT	HUMERUS MINIMUM 2V	\$70.00
							Claim sub-total:	\$210.00
8103650	09/15/2009	CASLIN, JESSIE OCV-64761	786.7	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
							Claim sub-total:	\$70.00
8134249	09/24/2009	CHLAN, RAYMOND OCV-81204	795.5	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8076609	09/05/2009	COYLE, MARIAN OCV-63557	780.60	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8107279	09/22/2009	CRAIG, ANNA OCV-104564	428.0	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8133408	09/23/2009	DIVENTI, ANGELINE OCV-3538	511.1	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8106774	09/15/2009	ECKERLE, MARY OCV-65629	789.00	320	74010		ABDOMEN MIN 2V	\$70.00
							Claim sub-total:	\$70.00

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**** Medicare Part A Detail Summary ****

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7978372	08/27/2009	GAVER, DOROTHY	820.8	320	73550	RT	FEMUR AP&LAT 2V	\$70.00
			822.0	320	73560	RT	KNEE AP OR LAT 1- 2 V	\$70.00
		OCV-62301					Claim sub-total:	\$140.00
8106934	09/15/2009	KERR, DORTHA	785.3	730	93005		EKG WITHOUT INTERP	\$70.00
		OCV-72689					Claim sub-total:	\$70.00
8122580	09/22/2009	KERR, DORTHA	427.31	731	93225		ELECTROCARDIOGRAPHIC RECORDIN	\$34.75
		OCV-72689					Claim sub-total:	\$34.75
8083589	09/08/2009	LINZ, DOROTHY	719.49	320	73030	RT	SHOULDER MIN 2V	\$70.00
			719.49	320	73060	RT	HUMERUS MINIMUM 2V	\$70.00
		OCV-112610					Claim sub-total:	\$140.00
8132182	09/23/2009	RACH, JOHN	514	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		OCV-66442					Claim sub-total:	\$70.00
8121422	09/20/2009	ROBINSON, JAMES	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		OCV-71699					Claim sub-total:	\$70.00
8096281	09/12/2009	STORTZ, PAULA	723.1	320	72040		C- SPINE/NECK AP&LAT	\$70.00
		OCV-100800					Claim sub-total:	\$70.00
8106970	09/15/2009	ULRICH, MARGARET	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		OCV-2185					Claim sub-total:	\$70.00
8106951	09/15/2009	ULRICH, MARGARET	785.3	730	93005		EKG WITHOUT INTERP	\$70.00
		OCV-2185					Claim sub-total:	\$70.00
8099213	09/13/2009	WARING, WILLIAM	786.05	324	71010		CHEST - 1 VIEW (AP)	\$70.00
			724.1	320	72070		THORACIC SPINE AP&LAT	\$70.00
			724.2	320	72100		LUMBAR SPINE AP&LAT	\$70.00
		OCV-76089					Claim sub-total:	\$210.00
8119026	09/18/2009	WEISS, DOROTHY	795.5	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		OCV-65024					Claim sub-total:	\$70.00
8044924	08/26/2009	WILFONG, HELEN	786.07	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		OCV-71442					Claim sub-total:	\$70.00

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Facility Fax: 410.663.3037

**** Medicare Part A Detail Summary ****

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
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Sub total for Medicare Part A :

\$2,134.75

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REVISED
**** Invoice Period October 2009 ****
Invoice Date: 01/19/2010

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OAK CREST VILLAGE INC
MAIL STOP 603
P O BOX 22000
CATONSVILLE, MD 212280002

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MobilexUSA
P.O. Box 17462
Baltimore, MD 21297-0518

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-----Total for current invoice-----	
Medicare Part A	\$910.00
Sub-total for current invoice:	\$910.00
Total amount due:	\$910.00

\$140.00

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**** Medicare Part A Detail Summary ****

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8173004	10/06/2009	GOODSPEED, EDWARD NONE	780.60	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
							Claim sub-total:	\$70.00

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**** Medicare Part A Detail Summary ****

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
8176658	10/07/2009	GOODSPEED, EDWARD OCV-2505	786.50	320	71101	RT	RIB UNI-LAT & CHEST MIN3V	\$70.00
							Claim sub-total:	\$70.00

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