

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

PROOF OF CLAIM

Name of Debtor: Renaissance Gardens At Riderwood

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:

MOBILEXUSA
185 WITMER RD
HORSHAM, PA 19044

FILED
JAN 22 2010

Court Claim Number: (If known)

Filed on:

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

Name and address:

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

Telephone number:

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.

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

1. Amount of Claim as of Date Case Filed: \$ 140.00

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).

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).

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

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.

2. Basis for Claim: Services Performed

3. Last four digits of any number by which creditor identifies debtor: 18361

3a. Debtor may have scheduled account as:

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

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: \$ 140.00

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.

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

If the documents are not available, please explain:

Date: 01/22/2010

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



00710

Patricia A. Falice Patricia A. Falice, 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

Facility Bill for: RENAISSANCE GARDENS AT RIDERWOOD
Invoice Number: 18361*09-2008

Facility Telephone: 301.572.8435
Cost Center: 71140
Facility Fax: 301.572.8416

REVISED
**** Invoice Period September 2008 ****
Invoice Date: 12/18/2009

RENAISSANCE GARDENS AT RIDERWOOD
BALA IYER
3160 GRACEFIELD ROAD
SILVER SPRING, MD 20904

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	\$1,400.00
Managed Care	\$70.00
	<hr/>
Sub-total for current invoice:	\$1,470.00
	<hr/>
Total amount due:	\$1,470.00 70.00

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Facility Bill for: RENAISSANCE GARDENS AT RIDERWOOD
 Invoice Number: 18361*09-2008

Facility Telephone: 301.572.8435
 Cost Center: 71140
 Facility Fax: 301.572.8416

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
6973519	09/04/2008	COOK, JOSEPH RWW-79726	514	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7001477	09/15/2008	FANKHAUSER, LOUISE RWW-79429	719.46	320	73560	RT	KNEE AP OR LAT 1- 2 V	\$70.00
							Claim sub-total:	\$70.00
6998761	09/14/2008	GORDON, PAULINE RWW-63853	780.4	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7043791	09/30/2008	HENRY, GENE RWW-2047	514	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
6983250	09/08/2008	HIERS, ELLA RWW-69999	719.45 719.46	320 320	73510 73560	RT RT	HIP UNI-LAT MIN 2V KNEE AP OR LAT 1- 2 V	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7035573	09/26/2008	LAMARRE, JANET RWW-67422	719.46 719.45	320 320	73560 73510	RT RT	KNEE AP OR LAT 1- 2 V HIP UNI-LAT MIN 2V	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7009024	09/17/2008	MARTIN, EDITH RWW-77357	786.50	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
6963487	09/01/2008	MCKINSEY, ROBERT RWW-73784	719.43	320	73110	RT	WRIST COMPLETE MIN 3V	\$70.00
							Claim sub-total:	\$70.00
6978265	09/06/2008	NICOLAS, BARBARA RWW-65738	719.45	320	73510	LT	HIP UNI-LAT MIN 2V	\$70.00
							Claim sub-total:	\$70.00
6991697	09/11/2008	RAYBURN, JANE RWW-80228	719.45	320	73510	RT	HIP UNI-LAT MIN 2V	\$70.00
							Claim sub-total:	\$70.00
7039595	09/29/2008	REINHARDT, PAUL RWW-68347	719.45	320	73510	RT	HIP UNI-LAT MIN 2V	\$70.00
							Claim sub-total:	\$70.00
7012779	09/19/2008	ROBERTS, CHARLES RWW-77266	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
6986055	09/09/2008	SCHICK, IRVIN RWW-97068	719.43 787.3	320 320	73100 74000	LT	WRIST AP&LAT ABDOMEN 1V / KUB	\$70.00 \$70.00
							Claim sub-total:	\$140.00

*** PLEASE make all revisions within 60 days of the invoice date. Changes after that will not be honored. ***

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Facility Bill for: RENAISSANCE GARDENS AT RIDERWOOD
Invoice Number: 18361*09-2008

Facility Telephone: 301.572.8435
Cost Center: 71140
Facility Fax: 301.572.8416

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7021630	09/22/2008	SOTO JR, JUAN	780.6	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
			789.00	320	74020		ABDOMEN COMP, MIN 3V	\$70.00
		RWW-79215					Claim sub-total:	\$140.00
7011055	09/18/2008	TAYLOR, MARJORIE	514	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		RWW-77905					Claim sub-total:	\$70.00
6996050	09/12/2008	WENIG, EDWIN	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
		RWW-76150					Claim sub-total:	\$70.00
Sub total for Medicare Part A :								\$1,400.00

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Facility Bill for: RENAISSANCE GARDENS AT RIDERWOOD
Invoice Number: 18361*09-2008

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Cost Center: 71140
Facility Fax: 301.572.8416

**** Managed Care Detail Summary ****

<u>Claim No.</u>	<u>DOS</u>	<u>Patient Name</u>	<u>ICD9</u>	<u>RV Code</u>	<u>CPT</u>	<u>Mod</u>	<u>Procedure</u>	<u>Amount Due</u>
7023699	09/24/2008	RUSSELL, PEARLE RWV-68691	514	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Managed Care:	\$70.00

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Facility Bill for: RENAISSANCE GARDENS AT RIDERWOOD
Invoice Number: 18361*03-2009

Facility Telephone: 301.572.8435
Cost Center: 71140
Facility Fax: 301.572.8416

REVISED
**** Invoice Period March 2009 ****
Invoice Date: 07/21/2009

RENAISSANCE GARDENS AT RIDERWOOD
BALA IYER
3160 GRACEFIELD ROAD
SILVER SPRING, MD 20904

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	\$3,290.00
Sub-total for current invoice:	\$3,290.00
Total amount due:	\$3,290.00 70.00

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Facility Bill for: RENAISSANCE GARDENS AT RIDERWOOD
 Invoice Number: 18361*03-2009

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7547124	03/17/2009	APT, JULIUS RWW-80930	786.05	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7539728	03/16/2009	BAKER, ALBERT RWW-65088	780.60	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7492625	03/01/2009	COOK, JOSEPH RWW-79726	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7565711	03/23/2009	DEENEY, THOMAS RWW-67168	480.1	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7582350	03/28/2009	DOLAN, MARY RWW-69824	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7555615	03/20/2009	ENGLISH, JAMES RWW-77110	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7569766	03/24/2009	FLEMING, DOLORES RWW-66010	719.45	320	73510	RT	HIP UNI-LAT MIN 2V	\$70.00
							Claim sub-total:	\$70.00
7588981	03/30/2009	FLEMING, DOLORES RWW-66010	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7569957	03/24/2009	GERALD, ALFRED RWW-69812	724.2	320	72100		LUMBAR SPINE AP&LAT	\$70.00
							Claim sub-total:	\$70.00
7520494	03/10/2009	GRAY, LESTER RWW-70173	780.60	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7533698	03/13/2009	GRAY, LESTER RWW-70173	719.45	320	73510	LT	HIP UNI-LAT MIN 2V	\$70.00
			719.45	320	73550	LT	FEMUR AP&LAT 2V	\$70.00
							Claim sub-total:	\$140.00
7559838	03/21/2009	GRAY, LESTER RWW-70173	719.41	320	73030	LT	SHOULDER MIN 2V	\$70.00
			786.50	320	71100	LT	RIBS UNI-LAT 2V	\$70.00
							Claim sub-total:	\$140.00
7524719	03/12/2009	HANGER, L MEADE RWW-75810	820.20	320	73510	LT	HIP UNI-LAT 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
7525025	03/12/2009	HANGER, L MEADE RWW-75810	427.61	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
7575728	03/26/2009	HANGER, L MEADE RWW-75810	719.45 719.45	320 320	73510 72170	RT	HIP UNI-LAT MIN 2V PELVIS AP ONLY	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7571473	03/25/2009	HODOR, WILLIAM RWW-95385	514	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7488239	03/02/2009	ITALIA, FRANK RWW-64437	428.0	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7528307	03/12/2009	ITALIA, FRANK RWW-64437	719.46	320	73560	RT	KNEE AP OR LAT 1- 2 V	\$70.00
							Claim sub-total:	\$70.00
7498641	03/03/2009	KAHN, BENJAMIN RWW-64009	780.71	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7589366	03/31/2009	KAHN, BENJAMIN RWW-64009	786.2 719.41	324 320	71010 73030	LT	CHEST - 1 VIEW (AP) SHOULDER MIN 2V	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7588531	03/30/2009	KORAB, HARRY RWW-107413	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7494389	03/02/2009	KRANACK, MARGARET RWW-67848	427.31	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
7556176	03/20/2009	LEAVITT, HELEN RWW-77061	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7501826	03/04/2009	MALAKOFF, ROSALYN RWW-106058	719.45	320	73510	LT	HIP UNI-LAT MIN 2V	\$70.00
							Claim sub-total:	\$70.00
7506325	03/05/2009	MALAKOFF, ROSALYN RWW-106058	719.46 719.46	320 320	73560 73590	LT RT	KNEE AP OR LAT 1- 2 V TIBIA/FIBULA AP&LAT	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7573619	03/25/2009	MALAKOFF, ROSALYN RWW-106058	719.45	320	73510	LT	HIP UNI-LAT 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
7497130	03/03/2009	MORAN, PATRICIA RWW-73306	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7518089	03/09/2009	MROCZKA, ELDA RWW-106913	719.45	320	73510	RT	HIP UNI-LAT MIN 2V	\$70.00
							Claim sub-total:	\$70.00
7512627	03/06/2009	NOLAN, JOHN RWW-75615	786.2	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
							Claim sub-total:	\$70.00
7555796	03/20/2009	NOLAN, JOHN RWW-75615	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7497131	03/03/2009	ORESCHAK, BETTY RWW-105988	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7555621	03/20/2009	POLLEY, ERNEST RWW-74042	786.05	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7537995	03/14/2009	SCALES, HELENA RWW-81677	795.5	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7560632	03/21/2009	SCALES, HELENA RWW-81677	786.05	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7576517	03/26/2009	SCALES, HELENA RWW-81677	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7502528	03/04/2009	STEVENS, DOUGLAS RWW-69171	719.41 719.41	320 320	73030 73000	RT RT	SHOULDER MIN 2V CLAVICLE COMPLETE	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7522133	03/10/2009	STILLERMAN, BELLE RWW-75360	719.45	320	73550	RT	FEMUR AP&LAT 2V	\$70.00
							Claim sub-total:	\$70.00
7523781	03/10/2009	STILLERMAN, BELLE RWW-75360	719.46	320	73562	RT	KNEE EXAM MIN 3V	\$70.00
							Claim sub-total:	\$70.00
7493052	03/04/2009	TUMULTY, JOSEPH RWW-68962	480.1	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00

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Invoice Number: 18361*03-2009

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Cost Center: 71140
Facility Fax: 301.572.8416

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7524714	03/11/2009	WIEMANN, GLADYS RWW-67038	719.43	320	73110	RT	WRIST COMPLETE MIN 3V	\$70.00
							Claim sub-total:	\$70.00
7576482	03/26/2009	WIEMANN, GLADYS RWW-67038	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Medicare Part A :	\$3,290.00

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