

UNITED STATES BANKRUPTCY COURT

Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Am's Choice Renaissance

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):

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

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

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

Name and address w. Mobilex USA  
The Highlands  
920 Ridgebrook Rd. 2nd floor  
Telephone number: 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.

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

1. Amount of Claim as of Date Case Filed: \$ 70.00

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: Service performed  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 20310

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

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: \$ 70.00

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. 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.

Patricia A. Falice Patricia A. Falice, Senior Director

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00711

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:** ANN'S CHOICE-RENAISSANCE GARDENS  
**Invoice Number:** 20310\*08-2009

**Facility Telephone:** 215.443.3934  
**Cost Center:** 71640  
**Facility Fax:** 215.443.4961

**REVISED**  
\*\*\*\* Invoice Period August 2009 \*\*\*\*  
Invoice Date: 12/18/2009

ANN'S CHOICE-RENAISSANCE GARDENS  
DEIDRE CLEFF  
16000 ANN'S CHOICE WAY  
WARMINSTER, PA 189740000

All payments are to be remitted to:

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

**NOTE:**  
for questions regarding current invoice, please contact Antanette Mcfadden at ext. 4111

-----Total for current invoice-----	
Medicare Part A	\$1,190.00
Managed Care	\$350.00
	<hr/>
Sub-total for current invoice:	\$1,540.00
	<hr/>
Total amount due:	<del>\$1,540.00</del> \$70.00

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7953097	07/27/2009	OTT, JOSEPH ACH-82826	466.0	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7959178	07/29/2009	DOLINSKY, ROBERTA ACH-112684	786.05	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
							Claim sub-total:	\$70.00
7968086	07/31/2009	WALDMAN, HONEY ACH-101023	719.47 719.46	320 320	73610 73590	LT LT	ANKLE COMP, MIN 3V TIBIA/FIBULA AP&LAT	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7971019	08/01/2009	ALLEN JR, IVAN ACH-112944	782.3	320	73130	RT	HAND MINIMUM 3 VIEWS	\$70.00
							Claim sub-total:	\$70.00
7972513	08/03/2009	DOLINSKY, ROBERTA ACH-112684	786.05	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7976857	08/04/2009	CAPUTO, RITA ACH-81358	786.50 724.1	320 320	71100 72070	RT	RIBS UNI-LAT 2V THORACIC SPINE AP&LAT	\$70.00 \$70.00
							Claim sub-total:	\$140.00
7977672	08/04/2009	OTT, JOSEPH ACH-82826	786.50	320	71101	LT	RIB UNI-LAT & CHEST MIN3V	\$70.00
							Claim sub-total:	\$70.00
7984259	08/06/2009	DOLINSKY, ROBERTA ACH-112684	786.59	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
7992788	08/09/2009	FRYSIEK, ANASTASIA ACH-78344	786.05	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7992791	08/09/2009	FRYSIEK, ANASTASIA ACH-78344	786.05	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
7961516	08/10/2009	DOLINSKY, ROBERTA ACH-112684	486	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8000708	08/11/2009	WALDMAN, HONEY ACH-101023	786.59	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8000703	08/11/2009	WALDMAN, HONEY ACH-101023	786.59	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00

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

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Cost Center: 71640  
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\*\*\*\* Medicare Part A Detail Summary \*\*\*\*

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
8014754	08/16/2009	COX, R DORIS ACH-76872	780.60	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8014118	08/17/2009	FRYSIEK, ANASTASIA ACH-78344	511.9	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Medicare Part A :	\$1,190.00

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7973028	08/03/2009	WILKINS, JOHN ACH-69515	786.2	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7975892	08/03/2009	WILKINS, JOHN ACH-69515	785.0	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
7981087	08/05/2009	KELLY, WILLIAM ACH-73073	780.60	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
8045333	08/26/2009	HARKINS, MARGARET ACH-82305	780.2	731	93224		HOLTER/ PRINT OUT/RPT/INTERP	\$70.00
							Claim sub-total:	\$70.00
8045356	08/26/2009	ZECCA, JOHN ACH-82323	275.42	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Managed Care:	\$350.00

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