

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

PROOF OF CLAIM

Name of Debtor: Renaissance Gardens Maris Grove

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: 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: \$ 350.00

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 Provided (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 25168

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

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: \$ 350.00

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



00712

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: RENAISSANCE GARDENS MARIS GROVE
Invoice Number: 25168*09-2009

Facility Telephone: 610.387.4510
Cost Center: 71640
Facility Fax: 610.558.3268

**** Invoice Period September 2009 ****
Invoice Date: 10/23/2009

RENAISSANCE GARDENS MARIS GROVE
ELIZABETH MEITZ
500 MARIS GROVE WAY
GLENN MILLS, PA 193421282

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	\$420.00
Managed Care	\$70.00
	<hr/>
Sub-total for current invoice:	\$490.00
	<hr/>
Total amount due:	\$490.00

~~\$490.00~~
\$350.00

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
8090549	09/10/2009	ROTHBERG, ROBERT MGC-114033	789.00	320	74000		ABDOMEN 1V / KUB	\$70.00
							Claim sub-total:	\$70.00
8122002	09/21/2009	WITMAN, JOHN MGC-78867	789.00	320	74000		ABDOMEN 1V / KUB	\$70.00
							Claim sub-total:	\$70.00
8125410	09/22/2009	WITMAN, JOHN MGC-78867	789.00	320	74022		ABDOMEN MIN 2V & CHS 1V	\$70.00
							Claim sub-total:	\$70.00
8129653	09/23/2009	TRAVIS, JANE MGC-78951	785.0	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
8144690	09/28/2009	TRAVIS, JANE MGC-78951	785.0	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
8154719	09/30/2009	COPOULOS, GEORGE MGC-114228	789.00	320	74000		ABDOMEN 1V / KUB	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Medicare Part A :	\$420.00

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

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
8076980	09/05/2009	CORRIGAN, GERTRUDE	719.41	320	73030	LT	SHOULDER MIN 2V	\$70.00
		MGC-82851						
							Claim sub-total:	\$70.00
							Sub total for Managed Care:	\$70.00

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