

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

PROOF OF CLAIM

Name of Debtor: Renaissance Gardens At Sedgebrook

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:
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
Telephone number: Sparks, MD 21152

ASB

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: \$ 280.00

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: 24137

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 **RECEIVED**

Describe: _____ **FEB 01 2010**

Value of Property: \$ _____ Annual Interest Rate _____% **BMC GROUP**

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: \$ 280.00

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, Senior Director

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00713

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 AT SEDGEBROOK-SKILLED
Invoice Number: 24737*08-2009

Facility Telephone: 847.876.2100
Cost Center: 71626
Facility Fax: 847.876.2065

REVISED
**** Invoice Period August 2009 ****
Invoice Date: 12/30/2009

RENAISSANCE GARDENS AT SEDGEBROOK-SKILLED
ATTN: Billing Department
960 AUDOBON WAY
LINCOLNSHIRE, IL 600693801

All payments are to be remitted to:

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

NOTE:
for questions regarding current invoice, please contact Kimberly Webb at ext. 4193

-----Total for current invoice-----	
Medicare Part A	\$210.00
Managed Care	\$70.00
	<hr/>
Sub-total for current invoice:	\$280.00
	<hr/>
Total amount due:	\$280.00

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

Claim No.	DOS	Patient Name	ICD9	RV Code	CPT	Mod	Procedure	Amount Due
7895573	07/08/2009	SLAWIN, BETTY	428.0	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
7925319	07/17/2009	SLAWIN, BETTY SED-111391	786.05	320	71020		CHEST - 2 VIEW (AP & LAT)	\$70.00
							Claim sub-total:	\$70.00
8032233	08/21/2009	HAUSE, DONALD SED-99095	780.09	730	93005		EKG WITHOUT INTERP	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Medicare Part A :	\$210.00

*** 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 ****

<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>
8048026	08/27/2009	THOMAS, JAMES SED-85134	V72.84	324	71010		CHEST - 1 VIEW (AP)	\$70.00
							Claim sub-total:	\$70.00
							Sub total for Managed Care:	\$70.00

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