

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number _____

RECEIVED

DEC 19 2018

BMC GROUP

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Laboratory Corporation of America Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>LabCorp</u>	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Johnson Legal Network, PLLC Name 535 Wellington Way Suite 380 Number Street Lexington KY 40503 City State ZIP Code Contact phone <u>859-252-0093</u> Contact email <u>kwhitmer@lexlaw.us</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>30</u> Filed on <u>11/01/2018</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

FMHA POC



00061

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2</u> <u>3</u> <u>6</u> <u>0</u>
7. How much is the claim?	\$ <u>74,282.09</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>services rendered</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

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

\$ _____

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

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/12/2018
MM / DD / YYYY

/s/ Karen L. Whitmer
Signature



Print the name of the person who is completing and signing this claim:

Name	Karen L. Whitmer		
	First name	Middle name	Last name
Title	Attorney		
Company	LabCorp c/o Johnson Legal Network, PLLC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	535 Wellington Way Suite 380		
	Number	Street	
	Lexington	KY	40503
	City	State	ZIP Code
Contact phone	859-252-0093		Email kwhitmer@lexlaw.us

13024060

SUMMARY

11/03/18

1

R01-INB

27,532

FAYETTE REG HLTH SYS *I*
INTERFACE ACCOUNT
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

FAYETTE REG HLTH SYSTEM *I*
INTERFACE ACCOUNT
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331-2833

*** FOR YOUR INFORMATION ***

The attached itemized bill represents charges for the current month.

Please send your payment and the remittance stub in the enclosed envelope. To make a payment online, go to www.labcorp.com/clientbilling, select Client Bill Center login and follow the instructions.

Should you have questions, you may call us at 800-343-4407, fax us at 877-867-8266, or visit us online at www.labcorp.com/clientbilling. Written correspondence should be sent to PO Box 2250 Burlington, NC 27216-2250.

(800) 343 - 4407

PAYMENTS RECEIVED AFTER THE 28th MAY BE REFLECTED ON NEXT MONTH'S STATEMENT

TAX ID: 13-3757370

.00

.00

.00

23,030.19

23,030.19

60459442

23,030.19

\$ 11,734.38

23,030.19

(800) 343 - 4407

Account Number 13024060
FAYETTE REG HLTH SYS *I*
CONTACT: Paul Hummel

PO BOX 12140 BURLINGTON, NC 27216-2140

(765) 827-7704

JCBB

LCBS

HL

Client Bill Balances List

10-17-18

14:31:45

More:

Client Account: 13024060

Report to Name1: FAYETTE REG HLTH SYS *I*

Corp Account :

Bill to Name1 : FAYETTE REG HLTH SYSTEM *I*

O ("O"pen or "A"ll)

Client Balance

69,873.48

Client Payments

0.00

Client Adjustments

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59223551	Y	06-30-18	12,842.95	12,842.95
-	59548054	Y	07-28-18	12,670.84	12,670.84
-	59836484	Y	09-01-18	17,948.21	17,948.21
-	60161703	Y	09-29-18	17,308.36	17,308.36
-	60459442	N		9,103.12	9,103.12

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: _____

ple-petition \$60,770.36

JCBB

10-17-18

LCBS

Client Bill Balances List

14:37:41

HL

More:

Client Account: 13310135 Report to Name1: FAYETTE REG HLTH SYS *I*

Corp Account : Bill to Name1 : FAYETTE REGIONAL HLTH SYSTEM *I*
O ("O"pen or "A"ll)Client BalanceClient PaymentsClient Adjustments

1,197.31

0.00

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59414869	Y	06-30-18	774.91	774.91
-	59622946	Y	07-28-18	422.40	422.40

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT
 Tran: _____

pre-petition \$ 1197.31

JCBB

10-17-18

LCBS

Client Bill Balances List

14:34:29

HL

More:

Client Account: 13309005 Report to Name1: FAYETTE REGIONAL HEALTH SYSTEM

Corp Account : Bill to Name1 : FAYETTE REGIONAL HEALTH SYSTEM

O ("O"pen or "A"ll)

Client BalanceClient PaymentsClient Adjustments

489.00

0.00

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59327760	Y	06-30-18	489.00	489.00

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: _____

pre-petition \$ 489.00

JCBB

10-17-18

LCBS

Client Bill Balances List

14:34:04

OTS

More:

Client Account: 89740153 Report to Name1: FAYETTE REGIONAL HEALTH SYS

Corp Account : Bill to Name1 : FAYETTE REGIONAL HEALTH SYS

O ("O"pen or "A"ll)

Client BalanceClient PaymentsClient Adjustments

75.00

0.00

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59460704	Y	06-30-18	30.00	30.00
-	60329353	Y	09-29-18	45.00	45.00

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: _____

pre-petition \$ 75.00

JCBB

LCBS

HL

10-17-18

14:33:05

More:

Client Account: 13012360 Report to Name1: FAYETTE REGIONAL HEALTH

Corp Account : Bill to Name1 : FAYETTE REGIONAL HEALTH

O ("O"pen or "A"ll)

Client BalanceClient PaymentsClient Adjustments

16.04

0.00

0.00

<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	59644661	Y	07-28-18	5.00	5.00
-	60120762	Y	09-01-18	11.04	11.04

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE
 F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT

Tran: _____

prepetition \$16.04