

FILED  
U.S. BANKRUPTCY CT.  
INDIANAPOLIS DIVISION

2019 JAN -2 AM 10: 54

SOUTHERN DISTRICT  
OF INDIANA  
KEVIN P. DEMPSEY  
CLERK

Fill in this information to identify the case:

Debtor 1 FAYETTE MEMORIAL HOSPITAL ASSOCIATION  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of Indiana  
Case number 18-07762-JJG-11

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?	<u>LANDAUER INC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" 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? <u>ACCOUNTS RECEIVABLE</u> Name <u>2 SCIENCE ROAD</u> Number Street <u>GLENWOOD IL 60425</u> City State ZIP Code Contact phone <u>708-755-1319</u> Contact email <u>accountsreceivable@landauer.com</u>	Where should payments to the creditor be sent? (if different) <u>ACCOUNTS RECEIVABLE</u> Name <u>2 SCIENCE ROAD</u> Number Street <u>GLENWOOD IL 60425</u> City State ZIP Code Contact phone <u>708-755-1319</u> Contact email <u>accountsreceivable@landauer.com</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**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?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 9 5 5

7. How much is the claim? \$ 1278.00. Does this amount include interest or other charges?  
 No  
 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.  
Services/ Good provided

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 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:** \$ 1278.00 (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) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

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

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

No

Yes. Check one:

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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 12/20/2018  
MM / DD / YYYY

Challen Holmes (Accounts Receivable Collector)

Signature

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

Name Challen Holmes  
First name Middle name Last name

Title accounts receivable collector

Company Landauer Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2 science road  
Number Street  
glenwood il 60425  
City State ZIP Code

Contact phone 7087551319 Email accountsreceivable@landauer.com

**Original Invoice**

FAYETTE REGINAL HEALTH  
 ATTN X-RAY DEPT  
 ATTN ACCOUNTS PAYABLE  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

**Shipped to Address:**  
 FAYETTE REGINAL HEALTH  
 ATTN X-RAY DEPT  
 ATTN PAM CREAMER  
 1941 VIRGINIA AVE  
 CONNERSVILLE, IN 47331

Purchase Order <b>NO PO REQUIRED</b>		Account Number <b>39552</b>	Invoice Date <b>2018-06-18</b>	Invoice Number <b>100590678</b>	Federal ID <b>06-1218089</b>			
Series	Product ID	Product Description	Service Date	Wear Date	Qty	No. Ships	Unit Price	Extended Price
		Dosimetry Service Monthly						153.36
		Dosimetry Service Bi-Monthly						485.64
		Unreturned Dosimeters						0.00
		Additional Dosimeters						0.00
**Please access our website for details regarding unreturned dosimeters and to view or download your invoices at <a href="http://www.myLDR.com">www.myLDR.com</a> .								
Payment terms are net 30 from the date of the invoice. A finance charge of 1.5 percent per month (an annual percentage rate of 18 percent) will be added to all past-due accounts. We hereby certify that these services were produced in compliance with Fair Labor Standards Act, as amended.							INVOICE TOTAL IN (USD)	639.00

Please return bottom portion with payment.

Remit payment by using one of the following methods:



Customer Name FAYETTE MEMORIAL HOSP  
 Customer Number 39552  
 Invoice Number 100590678  
 Invoice Date 2018-06-18

\* Payments Online: [www.myLDR.com](http://www.myLDR.com)  
 \* Telephone: 800.323.8830  
 \* Mail: P.O. Box 809051, Chicago, IL 60680-9051  
 \* Email: [accountsreceivable@landauerinc.com](mailto:accountsreceivable@landauerinc.com)

Please reference invoice number on check

Amount Due: \$ **639.00** USD

Print Name On Card

Card Number

Expiration Date Email / Telephone

**Landauer now accepts USD credit card payments online via myLDR.**

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Series	Product ID	Product Description	Service Date	Wear Date	Qty	No. Ships	Unit Price	Extended Price
	1MO	Dosimetry Service Monthly		2018-04-01	4		12.78	51.12
	1MO	Dosimetry Service Monthly		2018-05-01	4		12.78	51.12
	2MO	Dosimetry Service Bi-Monthly		2018-05-01	19		25.56	485.64
	1MO	Dosimetry Service Monthly		2018-06-01	4		12.78	51.12
		<b>Series Total</b>						<b>639.00</b>
		<b>Account Total for Services Provided</b>						<b>639.00</b>

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Purchase Order <b>NO PO REQUIRED</b>		Account Number <b>39552</b>	Invoice Date <b>2018-09-17</b>	Invoice Number <b>100614897</b>	Federal ID <b>06-1218089</b>			
Series	Product ID	Product Description	Service Date	Wear Date	Qty	No. Ships	Unit Price	Extended Price
		Dosimetry Service Monthly						91.32
		Dosimetry Service Bi-Monthly						547.68
		Unreturned Dosimeters						0.00
		Additional Dosimeters						0.00
**Please access our website for details regarding unreturned dosimeters and to view or download your invoices at <a href="http://www.myLDR.com">www.myLDR.com</a> .								
Payment terms are net 30 from the date of the invoice. A finance charge of 1.5 percent per month (an annual percentage rate of 18 percent) will be added to all past-due accounts. We hereby certify that these services were produced in compliance with Fair Labor Standards Act, as amended.							INVOICE TOTAL IN (USD)	639.00

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- \* Payments Online: [www.myLDR.com](http://www.myLDR.com)
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- \* Email: [accountsreceivable@landauerinc.com](mailto:accountsreceivable@landauerinc.com)

Customer Name FAYETTE MEMORIAL HOSP  
 Customer Number 39552  
 Invoice Number 100614897  
 Invoice Date 2018-09-17

Please reference invoice number on check

Amount Due: \$ **639.00** USD

Print Name On Card

Card Number

Expiration Date Email / Telephone

**Landauer now accepts USD credit card payments online via myLDR.**

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Series	Product ID	Product Description	Service Date	Wear Date	Qty	No. Ships	Unit Price	Extended Price
	1MO	Dosimetry Service Monthly		2018-07-01	4		7.61	30.44
	2MO	Dosimetry Service Bi-Monthly		2018-07-01	19		15.22	289.18
	1MO	Dosimetry Service Monthly		2018-08-01	4		7.61	30.44
	1MO	Dosimetry Service Monthly		2018-09-01	4		7.61	30.44
	2MO	Dosimetry Service Bi-Monthly		2018-09-01	17		15.21	258.50
		<b>Series Total</b>						<b>639.00</b>
		<b>Account Total for Services Provided</b>						<b>639.00</b>

**DUE TO ROUNDING, UNIT PRICE FOR DOSIMETRY SERVICE FOR THE LAST SERIES MAY DIFFER SLIGHTLY**