

FILED
U.S. BANKRUPTCY CT.
INDIANAPOLIS DIVISION

2018 DEC 27 AM 11:52

SOUTHERN DISTRICT
OF INDIANA
KEVIN P. DEMPSEY
CLERK

ENVELOPE NOT PROVIDED
 COPIES NOT PROVIDED

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.
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>Cook Medical</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>Cook Medical</u> Name <u>1025 West Acuff Road</u> Number Street <u>Bloomington IN 47407</u> City State ZIP Code Contact phone <u>1-800-457-4500</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Cook Medical</u> Name <u>22988 Network Place</u> Number Street <u>Chicago IL 60673</u> City State ZIP Code Contact phone _____ Contact email _____
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: 2 2 1 3

7. How much is the claim? \$ 1,308.44 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.
Good Sold

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: \$ _____ (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)?

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



Signature

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

Name Leila Anne Hatton
First name Middle name Last name

Title AR Collection Coordinator

Company Cook Medial
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1025 West Acuff Road
Number Street

Bloomington IN 47404
City State ZIP Code

Contact phone 1-800-457-4500 Email _____

CUSTOMER STATEMENT



SOLD TO

REMIT TO

FAYETTE MEM HOSPITAL
 ACCOUNTS PAYABLE
 1941 VIRGINIA AVE
 CONNERSVILLE, IN 47331-2893
 USA

COOK MEDICAL, LLC
 22988 NETWORK PLACE
 CHICAGO, IL 60673-1229

Page: 1

Request Invoice Copies at:
 InvoiceRequests@cookmedical.com
 Phone # 800-457-4500

Account: C22136
 Statement Date: 11/1/2018

Credit Limit: 2,500
 Currency: USD

Payment Terms:
 CCPPO

Date	Document	PO Number	Debits	Credits
8/14/2018	V17266351	180814-GKSU	310.04	
9/11/2018	V17371343	180911-HAM3	545.40	
9/12/2018	V17375584	180912-HBR6	453.00	

Account: C22136 Statement Balance 1,308.44 0.00

Statement Aging:

Days overdue:	Current	1 To 30 Days	31 To 60 Days	61 To 90 Days	Over 90 Days	Balance
Aged amounts:	0.00	998.40	310.04	0.00	0.00	1,308.44