

Fill in this information to identify the case:

Debtor Fayette Memorial Hospital Association  
United States Bankruptcy Court for the: Southern District of Indiana  
Case number 18-07762

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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? Maxim Healthcare Services, Inc.  
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?  No  
 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?**  
Stinson Leonard Street LLP, Attn. Tracey Ohm  
Name  
1775 Pennsylvania Ave. NW, Suite 800  
Number Street  
Washington DC 20006  
City State ZIP Code  
Contact phone 202-785-9100  
Contact email tracey.ohm@stinson.com  
**Where should payments to the creditor be sent? (if different)**  
Maxim Healthcare Svcs., Attn. John Campbell  
Name  
7227 Lee DeForest Drive  
Number Street  
Columbia MD 21046  
City State ZIP Code  
Contact phone \_\_\_\_\_  
Contact email jocambe@maxhealth.com  
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  No  
 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?  No  
 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: 0 6 4 9

7. How much is the claim? \$ 8,868.00. 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 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:** \$ \_\_\_\_\_ (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).

Amount entitled to priority

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

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.

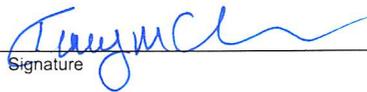
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02/06/2019  
MM / DD / YYYY

  
Signature

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

Name Tracey M. Ohm  
First name Middle name Last name

Title Attorney in Fact, Maxim Healthcare Services, Inc.

Company Stinson Leonard Street LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1775 Pennsylvania Ave. NW, Suite 800  
Number Street  
Washington DC 20006  
City State ZIP Code

Contact phone 202-785-9100 Email tracey.ohm@stinson.com

Maxim Healthcare Services, Inc.  
Attachment to Proof of Claim

**Fayette Memorial Hospital Association - Case No. 18-07762**

<b>Facility Name</b>	<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Charge Amount</b>
Fayette Regional Health System	1702970649	9/15/2018	3,108.00
Fayette Regional Health System	1709530649	9/22/2018	1,728.00
Fayette Regional Health System	1716780649	9/29/2018	1,728.00
Fayette Regional Health System	1722030649	10/6/2018	1,152.00
Fayette Regional Health System	1727840649	10/13/2018	1,152.00
			<b>8,868.00</b>

Invoices and Agreement available upon request.



Tracey M. Ohm  
202.728.3008 **DIRECT**  
202.572.9948 **DIRECT FAX**  
tracey.ohm@stinson.com

February 6, 2019

**Via Federal Express**

BMC Group  
Attn: FMHA Claims Processing  
3732 West 120th Street  
Hawthorne, CA 90250

Re: *In re Fayette Memorial Hospital Association*, Case No. 18-07762, Bankr. S.D. Ind.  
Maxim Healthcare Services, Inc. Proof of Claim

Dear FMHA Claims Processing:

Enclosed please find a proof of claim for Maxim Healthcare Services, Inc.

We have enclosed an extra copy of the proof of claim. Please date stamp the copy and return it to us in the enclosed self-addressed stamped envelope.

Sincerely,

Stinson Leonard Street LLP

A handwritten signature in blue ink, appearing to read "Tracey M. Ohm".

Tracey M. Ohm

Enclosures