

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

RECEIVED

FEB 08 2019

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? Northwest Radiology Network, P.C.
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? **Where should notices to the creditor be sent?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Jacob V. Bradley
Name
135 N. Pennsylvania St., Ste. 2400
Number Street
Indianapolis IN 46204
City State ZIP Code
Contact phone 317.957.5000
Contact email jacob.bradley@quarles.com

Where should payments to the creditor be sent? (if different)
Jacob V. Bradley
Name
135 N. Pennsylvania St., Ste. 2400
Number Street
Indianapolis IN 46204
City State ZIP Code
Contact phone 317.957.5000
Contact email jacob.bradley@quarles.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 2 8 1

7. How much is the claim? \$ 151,881.70 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.
Radiology services

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 01/22/2019
MM / DD / YYYY

/s/ Jacob V. Bradley
Signature

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

Name Jacob V. Bradley
First name Middle name Last name

Title Attorney for Northwest Radiology Network, P.C.

Company Quarles & Brady LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 135 N. Pennsylvania Street, Suite 2400
Number Street

Indianapolis IN 46204
City State ZIP Code

Contact phone 317.957.5000 Email jacob.bradley@quarles.com

Northwest Radiology Network
5901 Technology Center Drive
Indianapolis, IN 46278
Phone: 317-328-7259
Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 4/17/2018
Invoice#: Fay033118

Bill To:

Fayette Memorial Hospital
ATTN: Alison Gates/Sam Bell-Jent
1941 Virginia Avenue
Connersville, IN 47331

samb@fayetteregional.org

AlisonR@fayetteregional.org

For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of March 31, 2018	
Agreement for Radiology Services per contract for:	\$20,833.33
Medical Directorship	
Leadership/Administrative Services	
On-Site Radiology Service	
Back-up Call Coverage	
Physician Education and Outreach	
Other Services per Contract	
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
5901 Technology Center Drive
Indianapolis, IN 46278
Phone: 317-328-7259
Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 5/14/2018
Invoice#: Fay043018

Bill To:

Fayette Memorial Hospital
ATTN: Alison Gates/Sam Bell-Jent
1941 Virginia Avenue
Connersville, IN 47331

samb@fayetteregional.org

AlisonR@fayetteregional.org

For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of April 30, 2018	
Agreement for Radiology Services per contract for: Medical Directorship Leadership/Administrative Services On-Site Radiology Service Back-up Call Coverage Physician Education and Outreach Other Services per Contract	\$20,833.33
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
 5901 Technology Center Drive
 Indianapolis, IN 46278
 Phone: 317-328-7259
 Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 6/12/2018
Invoice#: Fay053118

Bill To:
 Fayette Memorial Hospital
 ATTN: Alison Gates/Sam Bell-Jent
 1941 Virginia Avenue
 Connersville, IN 47331

samb@fayetteregional.org
AlisonR@fayetteregional.org
 For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of May 31, 2018	
Agreement for Radiology Services per contract for:	\$20,833.33
Medical Directorship	
Leadership/Administrative Services	
On-Site Radiology Service	
Back-up Call Coverage	
Physician Education and Outreach	
Other Services per Contract	
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
 317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
 5901 Technology Center Drive
 Indianapolis, IN 46278
 Phone: 317-328-7259
 Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 7/19/2018
 Invoice#: Fay063018

Bill To:

Fayette Memorial Hospital
 ATTN: Alison Gates/Sam Bell-Jent
 1941 Virginia Avenue
 Connersville, IN 47331

samb@fayetteregional.org

AlisonR@fayetteregional.org

For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of June 30, 2018	
Agreement for Radiology Services per contract for: Medical Directorship Leadership/Administrative Services On-Site Radiology Service Back-up Call Coverage Physician Education and Outreach Other Services per Contract	\$20,833.33
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
 317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
5901 Technology Center Drive
Indianapolis, IN 46278
Phone: 317-328-7259
Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 8/16/2018
Invoice#: Fay073118

Bill To:

Fayette Memorial Hospital
ATTN: Alison Gates/Sam Bell-Jent
1941 Virginia Avenue
Connersville, IN 47331

samb@fayetteregional.org

AlisonR@fayetteregional.org

For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of July 31, 2018	
Agreement for Radiology Services per contract for: Medical Directorship Leadership/Administrative Services On-Site Radiology Service Back-up Call Coverage Physician Education and Outreach Other Services per Contract	\$20,833.33
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
5901 Technology Center Drive
Indianapolis, IN 46278
Phone: 317-328-7259
Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 9/12/2018
Invoice#: Fay083118

Bill To:

Fayette Memorial Hospital
ATTN: Alison Gates/Sam Bell-Jent
1941 Virginia Avenue
Connersville, IN 47331

samb@fayetteregional.org
AlisonR@fayetteregional.org
For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of August 31, 2018	
Agreement for Radiology Services per contract for: Medical Directorship Leadership/Administrative Services On-Site Radiology Service Back-up Call Coverage Physician Education and Outreach Other Services per Contract	\$20,833.33
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
5901 Technology Center Drive
Indianapolis, IN 46278
Phone: 317-328-7259
Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 10/12/2018
Invoice#: Fay093018

Bill To:

Fayette Memorial Hospital
ATTN: Alison Gates/Sam Bell-Jent
1941 Virginia Avenue
Connersville, IN 47331

samb@fayetteregional.org

AlisonR@fayetteregional.org

For: NWR Rendering of Radiology Services

DESCRIPTION	AMOUNT
For the Month of September 30, 2018	
Agreement for Radiology Services per contract for:	\$20,833.33
Medical Directorship	
Leadership/Administrative Services	
On-Site Radiology Service	
Back-up Call Coverage	
Physician Education and Outreach	
Other Services per Contract	
Amount Due	\$20,833.33

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
317-328-7259
shirley@northwestradiology.com

Northwest Radiology Network
 5901 Technology Center Drive
 Indianapolis, IN 46278
 Phone: 317-328-7259
 Fax: 317-715-9973
Trusted Imaging Since 1967



Date: 11/1/2018
Invoice#: Fay103118

Bill To:
 Fayette Memorial Hospital
 ATTN: Alison Gates/Sam Bell-Jent
 1941 Virginia Avenue
 Connersville, IN 47331

RandyW@fayetteregional.org
MelissaJ@fayetteregional.org
JenniferE@fayetteregional.org

DESCRIPTION	AMOUNT
NWR Rendering of Radiology Services For the Month of October 31, 2018 Agreement for Radiology Services per contract for: Medical Directorship Leadership/Administrative Services On-Site Radiology Service Back-up Call Coverage Physician Education and Outreach Other Services per Contract	\$20,833.33
Amount Due	\$20,833.33

Pre-petition amount: \$6,048.39

Make all checks payable to Northwest Radiology Network, PC

Shirley Gilbert-A/P-Bookkeeper
 317-328-7259
shirley@northwestradiology.com



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Indianapolis, Indiana 46204
317.957.5000
Fax 317.957.5010
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Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 317-399-2884
E-Mail: Jacob.Bradley@quarles.com

February 7, 2019

VIA UPS OVERNIGHT

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

To whom it may concern,

Enclosed please find a proof of claim filed on behalf of our client, Northwest Radiology Network, P.C. ("NWR") We previously entered an appearance on behalf of NWR in In re: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11, pending in the United States Bankruptcy Court for the Southern District of Indiana.

Please direct any further questions or communications regarding this matter to the undersigned.

Sincerely,



Jacob V. Bradley

JBRADLEY:mb
Enclosure

QB\55999190.1