

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: _____ District of _____
Case number 18-07762-JJG

RECEIVED
FEB 11 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? Rush Memorial Hospital
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Rush Memorial Hospital</u></p> <p>Name _____</p> <p><u>1300 N Main St</u></p> <p>Number Street _____</p> <p><u>Rushville IN 46173</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>765-938-1257</u></p> <p>Contact email <u>carrie@cloudlegalllc.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	--

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: 6 0 2 0

7. How much is the claim? \$ 6,590.10. 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 performed

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:

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 02/04/2019
MM / DD / YYYY



Signature

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

Name Carrie S. Cloud
First name Middle name Last name

Title Attorney at Law

Company Cloud Legal, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 146 E US Highway 52
Number Street

Rushville IN 46173
City State ZIP Code

Contact phone 765-938-1257 Email carrie@cloudlegalllc.com

RUSH MEMORIAL HOSPITAL

CLM#	MEMBER NUMBER	MEMBER LAST NAME	MEMBER FIRST NAME	DOB	DOE	BILLED CHARGES	VENDOR NAME	GROUP NPI	PAYMENT INFO
7384602				7/10/1958	3/23/2018	\$137.04	RUSH MEMORIAL HOSPITAL	1497726020	ALLOWED AMT \$88.00-APPLIED TO PT DEDUCT - PT RESPONSIBILITY
7416786				12/31/1976	6/11/2018	\$1,494.20	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING - \$1374.55 - CLM UNFUNDED
7464450				12/31/1976	1/6/2018	\$558.19	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING - \$513.53 - CLM UNFUNDED
7464706				4/28/2005	7/16/2018	\$109.18	RUSH MEMORIAL HOSPITAL	1497726020	ALLOWED AMT \$58.06 - APPLIED TO PT DEDUCT - PT RESPONSIBILITY
7473101				12/31/1976	7/20/2018	\$160.59	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING - \$100.64 - CLM UNFUNDED
7532865				5/1/2007	8/7/2018	\$1,083.78	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING - \$653.64 - CLM UNFUNDED
7532865				5/1/2007	8/7/2018	\$91.12	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING - \$91.12 - CLM UNFUNDED
7532977				7/10/1958	8/10/2018	\$137.04	RUSH MEMORIAL HOSPITAL	1497726020	ALLOWED AMT \$88.00-APPLIED TO PT DEDUCT - PT RESPONSIBILITY
7555458				12/31/1976	8/17/2018	\$277.18	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING \$136.17 - CLM UNFUNDED
7555499				12/13/1976	8/17/2018	\$10.81	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING \$ 7.42 - CLM UNFUNDED
7587516				10/25/1979	8/29/2018	\$224.83	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING \$143.67 - CLM UNFUNDED
7596378				10/25/1979	8/29/2018	\$1,079.28	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING \$992.94 - CLM UNFUNDED
7606518				12/31/1976	9/11/2018	\$200.43	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING \$100.32 - CLM UNFUNDED
7606806				12/31/1976	9/7/2018	\$109.18	RUSH MEMORIAL HOSPITAL	1497726020	CLM PAYING \$58.06 - CLM UNFUNDED
7615398				9/10/1980	9/9/2018	\$46.46	RUSH MEMORIAL HOSPITAL	1497726020	ALLOWED AMT \$42.74 - APPLIED TO PT DEDUCT - PT RESPONSIBILITY
7616665				9/10/1980	9/9/2018	\$109.18	RUSH MEMORIAL HOSPITAL	1497726020	ALLOWED AMT \$103.54 - APPLIED TO PT DEDUCT - PT RESPONSIBILITY
7633013				12/1/1987	9/18/2018	\$543.25	RUSH MEMORIAL HOSPITAL	1497726020	CLM DENIED - ACTIVE MEMBER NOT FOUND FOR SERVICE DATE
7654777				12/1/1987	9/18/2018	\$109.18	RUSH MEMORIAL HOSPITAL	1497726020	CLM DENIED - ACTIVE MEMBER NOT FOUND FOR SERVICE DATE
7709818				4/28/2005	10/9/2018	\$109.18	RUSH MEMORIAL HOSPITAL	1497726020	ALLOWED AMT \$58.06 - APPLIED TO PT DEDUCT - PT RESPONSIBILITY