

**Fill in this information to identify the case:**

Debtor 1 Fayette Memorial Hospital Association Inc

Debtor 2 (Spouse, if filing) N/A

United States Bankruptcy Court for the SOUTHWEST District of INDIANA

Case number 18-07762-JTG-11

RECEIVED  
 JUN 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? SHIV SUMAN KAPOOR  
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor CONNERSVILLE PRIMARY CARE PHYSICIANS

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?	Where should payments to the creditor be sent? (if different)
	<u>CONNERSVILLE PRIMARY CARE PHYSICIANS</u> SHIV SUMAN KAPOOR Name <u>6536 SUNNY DRIVE</u> Number Street <u>MARION</u> <u>OH</u> <u>45040</u> City State ZIP Code Contact phone <u>513 417 9828</u> Contact email <u>SSUMKAP@HOTMAIL.COM</u>	Name Number Street City State ZIP Code Contact phone Contact email

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) SO

11/20/2018  
 Filed on 05 01 2019  
 MM / DD / YYYY

ALSO PLEASE REMOVE CLAIM NO. 108 FOR \$ 4158.17 AS IT IS PART OF ANOTHER SPLIT CLAIM

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: \_\_\_\_\_

7. How much is the claim? \$ 9044.00 instead of \$ 9062.00. 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.  
LEASE / RENT

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. \$ 9044.00

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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 06 07 2019  
MM / DD / YYYY

Signature

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

Name SHIN SUMAN KAPUR  
First name Middle name Last name

Title

Company

CONNERSVILLE PRIMARY CARE PHYSICIANS  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

6636 SWAINY DRIVE  
Number Street

MARION  
City

OH  
State

45040  
45040  
ZIP Code

Contact phone

513 417 9838

Email

SSUMKAP@HOTMAIL  
.COM

**From:** Sam Bell  
**Sent:** Monday, April 29, 2019 2:00 PM  
**To:** SHIV KAPOOR; Randy White; Gail Marcum; wbrewer@fmdlegal.com  
**Subject:** RE: Total Dollar Amount in Bankruptcy

Under Connersville Primary Care Physicians – Out of the 11 months of rent for 2018, 5 months were paid leaving 6 months. Four and half months (June thru Oct 9<sup>th</sup>) totaling \$9,044 should be the revised amount for pre-petition with the courts. This left a portion of Oct and all of Nov in the post petition totaling \$3604 which was issued last week.

For Shiv Kapoor there was nothing listed on the schedule, but the following should be including in the bankruptcy.

\$24,294.00	RVU bonuses 2/17/17 = 3995, 08/17/17 = 8536, 5/18/18 = 11,763
\$1,924.93	Oakstone CME
<u>\$575.00</u>	ACP fees
<b>\$26,793.93</b>	<b>Total for Shiv Kapoor to be listed in the bankruptcy.</b>

Sam

Fill in this information to identify the case:

Debtor 1 FAYETTE MEMORIAL HOSPITAL ASSOCIATION INC.  
Debtor 2 N/A  
(Spouse, if filing)  
United States Bankruptcy Court for the: SOUTHERN District of INDIANA  
Case number 18-07762-JTG-11

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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.

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Part 1: Identify the Claim

1. Who is the current creditor?

SHIV SUMAN KAPUR  
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?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

SHIV SUMAN KAPUR MD  
Name  
6536 SUNNY DRIVE  
Number Street  
MASON OH 45040  
City State ZIP Code

- SAME -  
Name  
Number Street  
City State ZIP Code

Contact phone 513 417 9538 Contact phone \_\_\_\_\_

Contact email SSUMKAP@HOTMAIL.COM Contact email \_\_\_\_\_

CAN I MAIL ELECTRONIC NOTICES  
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? \_\_\_\_\_

FMHA POC  
00108

**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 BUT THEIR EIN NO. IS 35-090074  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 4158.17 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.

FOR SERVICE - ACP FEES / OAKS CONF (including Medical Education, WRVU BONUS 2017/2018 - \$1669.24 → \$1924.93

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.

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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 04 26 2019  
MM / DD / YYYY

Signature

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

Name SHIV SUMAN KAPOR  
First name Middle name Last name

Title MD

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

Address 6336 SUNNY DRIVE  
Number Street

MARCN OH 45040  
City State ZIP Code

Contact phone 513 417 9838 Email SSUMKAP@HOTMAIL.COM

PREBANKRUPTCY

OVERDUE PAYMENTS TO SHIV S. KAPOOR MD

1. ACP FEES \$ 575.00
2. CHALKSTONE CME \$1924.93
3. WRVU BONUS \$ 1669.24  
2017/2018

\$ 4158.17





American College of Physicians  
190 N Independence Mall West, Philadelphia, PA, 19106-1572, USA  
Phone: 800-525-4546 Fax: 215-351-2799 E-mail: [cosiserv@aacp.org](mailto:cosiserv@aacp.org)

**ACKNOWLEDGEMENT/RECEIPT**

Date: 19-Sep-2018

Ship-To: 00086751-0

Order Number: 8002583525  
Order Date: 02-Mar-2018  
Invoice Number :

Shiv S Kapoor, MD  
1728 Virginia Ave  
Connersville IN 47331

Product	Fulfil Status	Status	Qty	Unit Price	Unit Discount	Coupon	Adjustment	Total
ACP/DMEMBER-ACP - Member 01-Jul-2018 to 30-Jun-2019	Active	Active	1	505.00	0.00	0.00	0.00	505.00
ACP/INMANDUES-ACP - Indiana Mandatory Dues 01-Jul-2018 to 30-Jun-2019	Active	Active	1	70.00	0.00	0.00	0.00	70.00
ACP/INVOLCTRB-ACP - Indiana Voluntary Contribution 01-Jul-2018 to 30-Jun-2019	Active	Active	1	50.00	0.00	0.00	-50.00	0.00
Shipping:								0.00
Tax:								0.00
Total :								575.00
Paid To Date								-575.00
Current Amount Due :								0.00

**Credit Card Information:**

\*\*\*\*\*1001

American Express



Lifelong Learning • Continuing Education

2700 Corporate Drive, Suite 100  
Birmingham, AL 35242  
800-633-4743  
www.oakstone.com



Account: 5040859  
Shiv Kapoor  
6536 Sunny Dr  
Mason OH 45040

Amount Due:

\$ .00

Customer: 5040859  
Shiv Kapoor  
6536 Sunny Dr  
Mason OH 45040

\*\*\*\*Items\*\*\*\*

Invoice	Product	Onum/Line	Copies	PO #	Sales	S-H	Tax	Payment	Net
7622461	IMM	428509/1	1		1799.00	.00	125.93	1924.93	.00
07/30/2018	CMEinfo Insider								
Payment Reference ID: *****1001									

TOTAL DUE: \$ .00

PLEASE PAY \$ 1924.93 FOR  
OAKSTONE CONTINUING  
MEDICAL EDUCATION

THANKS

SK  
SHIV S KAPOOR MD

("Compensation"). The Parties acknowledge that the Compensation was not determined in a manner that takes into account, directly or indirectly, the volume or value of any referrals or business otherwise generated between the Parties; is to the best knowledge of each Party consistent with fair market value for the services to be rendered; and would be commercially reasonable even if no referrals were made to Hospital. The Compensation shall be paid in installments in accordance with the Policies of Hospital relating to payroll and shall be subject to applicable tax withholdings. The Compensation (subject to modification pursuant to Section 3.5 of this Agreement) shall constitute the full and complete compensation payable to Physician in consideration for Physician's performance of Services under this Agreement.

#### 4.2 Benefits.

(a) Except as expressly modified by this Agreement, Physician's eligibility for employee benefits shall be determined by, and in accordance with the terms of, Hospital's standard benefit policies and plans (collectively, the "Plans"), which Plans may be modified, suspended, or terminated at any time at Hospital's discretion.

(b) Physician shall be eligible for earned time off ("ETO") for vacation, illness, continuing medical education ("CME"), or other absences as described in attached Schedule 4.2(b). The use of ETO is subject to the Hospital's consent, which shall not be unreasonably withheld, and the availability of appropriate coverage for Physician during Physician's absence. Physician is able to roll over 80 hours of unused ETO per contract year but may not accumulate more than 320 hours of ETO at any given time.

(c) Physician will not be paid for any unused ETO during employment or upon separation of employment, regardless of the reason employment ends. Physician shall coordinate vacation, CME and other scheduled absences in such a manner as to ensure adequate coverage at all times throughout the Contract Year. The use of *locum tenens* coverage will be used for emergency purposes only, unless approved in advance (minimum of thirty (30) days) by the President or his/her designee.

→ (d) Physician shall be eligible for reimbursement of up to Four Thousand Dollars (\$4,000.00) per Contract Year for CME expenses relating to Physician's Specialty and/or for professional license and/or registration fees, dues, and/or assessments actually incurred by Physician and necessary for Physician to perform Services pursuant to this Agreement. As a condition of reimbursement, Physician must comply with Policies of Hospital relating to reimbursement of expenses, including but not limited to documentation. The amount available for reimbursement is not employment compensation, and Physician will not be paid for any unused amounts during employment or upon separation of employment, regardless of the reason employment ends.

(d) Because Physician has maintained the same professional liability coverage for several years, Hospital shall pay Physician premiums for maintaining his professional liability insurance, including tail coverage provided such insurance qualifies Physician as provider under the Indiana Medical Malpractice Act (I.C. 34-18 et seq) with respect to the provision of Professional Services as contemplated herein and protects the Hospital to the Hospital's satisfaction..

(e) Physician shall be eligible for a Sign-On Bonus as described in Schedule 4.2(e) of this Agreement.

KAPOOR

#10

Lisa Huntington

From: Randy White  
 Sent: Friday, January 19, 2018 11:23 AM  
 To: Cindy Rapp; Sam Bell; Lisa Huntington  
 Subject: Kapoor RVU true up

# 19109

Due to errors in calculations at ORS I have went back in and reviewed the amount of money we owe Dr Kapoor.

Here is the overall math

For his FY'18 he earned an overall amount of \$26,909.85. We overpaid \$6,190.64 in FY'17 which need to be adjust backwards. I have already requested \$6,145.54 a few weeks ago. After those two true ups we still owe him \$14,574.00. Please pay him ~~\$14,574.00~~ to close out his fiscal year 18.

Pursuing excellence,

7

(A)

4/26/19

\$ 6145.54 CHECK WAS NEVER PAID TO DR KAPOOR, IT IS OVERDUE,

Randall A. White  
 Randall A. White, FACHE  
 Fayette Regional Health System  
 President and CEO  
 1941 Virginia Avenue  
 Connersville, IN 47331  
 Office (765) 827-7987  
 Fax (765) 827-7775  
 E-Mail: randyw@fayetteregional.org

out of \$ 6145.54, only \$ 4476.30 PAID on 5/4/2018

SO OVERDUE BONUS \$6145.54 - \$4476.30

PRERANKRUPTCY = \$ 1669.24

Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
552	527	629	570	491	318	552	547	318	653	361	5989
488	488	488	488	488	488	488	488	488	488	488	5856
64	39	141	82	3	-170	64	59	-170	165	-127	
\$3,331.20	\$2,029.95	\$7,339.05	\$4,268.10	\$156.15	-\$8,848.50	\$3,331.20	\$3,070.95	-\$8,848.50	\$8,588.25	-\$6,610.35	TOTAL
											\$6,922.65

-2446.35

-687060

\$447630

\$1176330

## SCHEDULE 4.1

**Base Salary.** In consideration for the Services provided by Physician pursuant to this Agreement, Physician shall be paid a base salary at an annual rate of [REDACTED]

**Additional Compensation.** Physician is eligible to receive additional compensation based on a wRVU Compensation Model utilizing Work Relative Value Units (wRVUs). If Physician maintains a wRVU level above 5856 for Internal Medicine Services performed during the Contract Year, then Physician will be eligible for additional compensation calculated as follows: [the amount by which Physician's wRVUs for Internal Medicine Services during the Contract Year exceed 5856] x \$52.05.

### Illustration:

Actual wRVUs for Internal Medicine Services during the Contract Year is 5996.

$$5996 - 5856 = 140$$

$$140 \times \$52.05 = \$7,300.00$$

Physician is paid an additional \$7,300.00, less applicable withholdings

Because this Agreement is replacing the 2012 Employment Agreement, the initial Contract Year for determining whether 5856 wRVUs were accrued for Internal Medicine Services shall end November 30, 2016. Hospital shall review Physician's wRVUs at the end of each quarter of Physician's Contract Year. If Physician's wRVUs exceed 5856 as prorated for the quarter, Physician shall be paid additional compensation on the next scheduled payroll following the date the calculation is made. Notwithstanding the preceding sentence, additional compensation paid to Physician with respect to Services provided during the first three quarters of a Contract Year shall be considered an advance toward the total annual additional compensation actually earned by Physician, if any, and Hospital shall make adjustments throughout the Contract Year to reconcile in a reasonable manner any actual or reasonably anticipated overpayment or underpayment. A final reconciliation of additional compensation earned for the Contract Year, if any, will be made after the final quarter of the Contract Year. If advances result in Physician being overpaid for a Contract Year, Hospital shall adjust future payments of additional compensation to Physician as it deems appropriate to reconcile the overpayment in a reasonable manner, unless the parties agree in writing to reconcile the overpayment through a temporary reduction in Physician's salary.

The level of wRVUs that Physician must maintain to earn additional compensation shall not be prorated during the Contract Year that Physician ends employment, even if Physician is not employed the entire year. If advances result in Physician being overpaid for the Contract Year that Physician ends employment, Physician will re-pay the amount of overpayment within thirty (30) days of Physician's last day of employment. If Physician fails to re-pay Hospital for an overpayment in a timely manner, Physician shall reimburse Hospital for its costs of collection, including reasonable attorneys' fees.

**PROOF OF CLAIM FILING INFORMATION FOR  
FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.**

**CASE NO. 18-07762-JJG**

**US BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF INDIANA**

Debtor Name	Case Number
Fayette Memorial Hospital Association	18-07762-JJG

**General Bar Date: TBD**

**General Administrative Bar Date: TBD**

**Governmental Bar Date: TBD**

**NOTE: The Bar Date motion has not been filed. Please print and mail completed Proofs of Claim to:**

**If by regular mail:**

**BMC Group, Inc.  
Attn: FMHA Claims Processing  
PO Box 90100  
Los Angeles, CA 90009**

**If by messenger or overnight delivery**

**BMC Group, Inc.  
Attn: FMHA Claims Processing  
3732 West 120<sup>th</sup> Street  
Hawthorne, CA 90250**