

**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

MAY 07 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?

Indiana Health Information Exchange, 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?

Ammon Fillmore

Name

846 North Senate Ave. Suite 300

Number Street

Indianapolis IN 46202

City State ZIP Code

Contact phone 317.644.1750

Contact email afillmore@ihie.org

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

Attention: Jennifer Feeny

Name

846 North Senate Ave., Suite 300

Number Street

Indianapolis IN 46202

City State ZIP Code

Contact phone 317-644-1750x5507

Contact email bills@ihie.org

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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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: \_\_\_\_\_

7. How much is the claim? \$ 63,998.00. 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 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

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 05/03/2019  
MM / DD / YYYY

  
Signature

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

Name Ammon Richard Fillmore  
First name Middle name Last name

Title General Counsel & Privacy Officer

Company Indiana Health Information Exchange, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 846 North Senate Ave. Suite 300  
Number Street  
Indianapolis IN 46202  
City State ZIP Code

Contact phone 317-644.1750 Email afillmore@ihie.org



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 1673**

**DATE 01/01/2018**

**DUE DATE 01/31/2018**

**TERMS Net 30**

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**P.O. NUMBER**

**SALES REP**

**ACTIVITY**

INPC Monthly Services

**AMOUNT**

3,898.75

**BALANCE DUE**

**\$3,898.75**



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 1812**

**DATE 02/01/2018**

**DUE DATE 03/03/2018**

**TERMS Net 30**

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**P.O. NUMBER**

**SALES REP**

**ACTIVITY**

INPC Monthly Services

**AMOUNT**

3,898.75

**BALANCE DUE**

**\$3,898.75**



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 1877**

**DATE 03/01/2018**

**DUE DATE 03/31/2018**

**TERMS Net 30**

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**P.O. NUMBER**

**SALES REP**

**ACTIVITY**

INPC Monthly Services

**AMOUNT**

3,898.75

**BALANCE DUE**

**\$3,898.75**



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 1963**

**DATE 04/01/2018**

**DUE DATE 05/01/2018**

**TERMS Net 30**

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ACTIVITY	AMOUNT
INPC Monthly Services	3,898.75
<b>BALANCE DUE</b>	<b>\$3,898.75</b>



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 2042**

**DATE 05/01/2018**

**DUE DATE 05/31/2018**

**TERMS Net 30**

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ACTIVITY	AMOUNT
INPC Monthly Services	3,898.75

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**BALANCE DUE \$3,898.75**





Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 2152**

**DATE 06/01/2018**

**DUE DATE 07/01/2018**

**TERMS Net 30**

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ACTIVITY	AMOUNT
INPC Monthly Services	3,898.75
<b>BALANCE DUE</b>	<b>\$3,898.75</b>



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 2228**

**DATE 07/01/2018**

**DUE DATE 07/31/2018**

**TERMS Net 30**

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ACTIVITY	AMOUNT
INPC Monthly Services	3,898.75
<b>BALANCE DUE</b>	<b>\$3,898.75</b>



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 2281**

**DATE 08/01/2018**

**DUE DATE 08/31/2018**

**TERMS Net 30**

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ACTIVITY	AMOUNT
INPC Monthly Services	3,898.75

**BALANCE DUE \$3,898.75**



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

# INVOICE

**BILL TO**

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 2369**

**DATE 09/01/2018**

**DUE DATE 10/01/2018**

**TERMS Net 30**

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**ACTIVITY**

INPC Monthly Services

**AMOUNT**

3,898.75

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**BALANCE DUE**

**\$3,898.75**



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

## INVOICE

### BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 2450**

**DATE 10/01/2018**

**DUE DATE 10/31/2018**

**TERMS Net 30**

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### ACTIVITY

INPC Monthly Services

### AMOUNT

3,898.75

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**BALANCE DUE**

**\$3,898.75**



Indiana Health Information Exchange

846 North Senate Ave  
Suite 300  
Indianapolis, IN 46202 US  
bills@ihie.org

# INVOICE

## BILL TO

Fayette Regional Health  
System  
Attn: Accounts Payable  
1941 Virginia Avenue  
Connersville, IN 47331

**INVOICE # 1956**

**DATE 03/27/2018**

**DUE DATE 04/26/2018**

**TERMS Net 30**

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## ACTIVITY

AthenaHealth EHR Conversion

## AMOUNT

25,000.00

**BALANCE DUE**

**\$25,000.00**



Indiana Health Information Exchange

May 3<sup>rd</sup>, 2019

BMC Group, Inc.  
ATTN: FHMA Claims Processing  
P.O. Box 90100  
Los Angeles, CA 90009

RE: Fayette Memorial Hospital Association  
U.S. Bankruptcy Court  
Southern District of Indiana  
Case NO. 18-07762-JJG

To Whom it May Concern,

Enclosed please find a Proof of Claim in the amount of \$63,998.00 for unpaid health information technology services performed by the Indiana Health Information Exchange, Inc for the benefit of Fayette Memorial Hospital Association. Also enclosed is supporting documentation for the Claim.

Sincerely,

A handwritten signature in black ink, appearing to read "Ammon R. Fillmore", with a long horizontal line extending to the right.

Ammon R. Fillmore

**General Counsel & Privacy Officer**

**Indiana Health Information Exchange, Inc.**

Enclosed:

*Official Form 410 Proof of Claim (signed)*

*Monthly Service Invoices*

*EHR Conversion Invoice*