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

RECEIVED
JUN 03 2019
BMC GROUP

Official Form 410

Proof of Claim

04/19

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?

Osman Clinic & Associates
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor American Telepsychiatry Associates, LLC

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?

Attorney Troy P. Tyson, Tyson Law Firm, P.C.
Name

1700 W. Smith Valley Road, Suite C4
Number Street

Greenwood IN 46142
City State ZIP Code

Contact phone (317) 514-2681

Contact email troy@tysonlawfirmpc.com

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

Osman Clinic & Associates/ATA
Name

3307 W. 96th Street
Number Street

Indianapolis IN 46268
City State ZIP Code

Contact phone (317) 876-3699

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) _____ 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
00146

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?** $ 247,450.41 . **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/Third Party Staffing Service

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ 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 $3,025* 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 $13,650*) 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 4/01/22 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 05/24/2019
MM / DD / YYYY

/s/ Troy P. Tyson
Signature

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

Name: Troy (First name) P. (Middle name) Tyson (Last name)

Title: Attorney

Company: Tyson Law Firm. P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 1700 W. Smith Valley Road, Suite C4
Number Street

Greenwood (City) IN (State) 46142 (ZIP Code)

Contact phone (317) 514-2681 Email troy@tysonlawfirmpc.com

EXHIBIT A

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
8/1/2018	1331

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Medical Directorship Geropsych	3,333.33	3,333.33
1	Geropsych - round 24/7 Coverage	21,666.66	21,666.66
		Total	$24,999.99

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
8/1/2018	1332

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Psychiatric Services: inpatient outpatient, and 24/7 call coverage.	25,000.00	25,000.00
1	Medical Directorship	2,500.00	2,500.00
10	Out-Patient coverage	85.00	850.00
1	Medical coverage for inpatient	2,084.00	2,084.00

Total $30,434.00

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
9/1/2018	1344

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Medical Directorship Geropsych	3,333.33	3,333.33
1	Geropsych - round 24/7 Coverage	21,666.66	21,666.66
		Total	$24,999.99

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
9/1/2018	1345

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Psychiatric Services: inpatient outpatient, and 24/7 call coverage.	25,000.00	25,000.00
1	Medical Directorship	2,500.00	2,500.00
10	Out-Patient coverage	85.00	850.00
1	Medical coverage for inpatient	2,084.00	2,084.00
		Total	$30,434.00

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
10/1/2018	1352

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Medical Directorship Geropsych	3,333.33	3,333.33
1	Geropsych - round 24/7 Coverage	21,666.66	21,666.66
		Total	$24,999.99

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
10/1/2018	1353

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Psychiatric Services: inpatient outpatient, and 24/7 call coverage.	25,000.00	25,000.00
1	Medical Directorship	2,500.00	2,500.00
8	Out-Patient coverage	85.00	680.00
1	Medical coverage for inpatient	2,084.00	2,084.00

Total $30,264.00

Osman Clinic and Associates

3307 West96th Street
indianapolis, IN 46268
(317)250-0526

Invoice

Date	Invoice #
10/31/2018	1357

Bill To
Whitewater Valley Care Pavillion Att: sam Bell Jent Associate Vice President-Physician Practices. Fayette Regional Hospital, In

P.O. No.	Terms	Project
24/7coverage		

Quantity	Description	Rate	Amount
1	Psychiatric Services: inpatient outpatient, and 24/7 call coverage.	25,000.00	25,000.00
1	Medical Directorship	2,500.00	2,500.00
10	Out-Patient coverage	85.00	850.00
1	Medical coverage for inpatient	2,084.00	2,084.00
	payment wired 10/17/18 (Oct 11-Oct 31)	-22,318.26	-22,318.26

Total $8,115.74

EXHIBIT B

Statement

American Telepsychiatry Associates, LLC
3307 W. 96th St.
Indianapolis, IN 46268

Date
11/2/2018

To:
North Star Unit Adult Detox Attn: Gary Ward Associate Vice President Physician Practic Fayette Regional Hospital IN

Amount Due	Amount Enc
$73,203.77	

Date	Transaction	Amount	Balance
07/31/2018	Balance forward		0.00
09/07/2018	INV #206 Due 09/07/2018	20,426.33	20,426.33
10/04/2018	INV #207 Due 10/04/2018	33,333.33	53,759.66
10/17/2018	PMT #EFT	-42,777.26	10,982.40
11/02/2018	INV #212 Due 11/02/2018	11,111.11	22,093.51
11/02/2018	INV #213 Due 11/02/2018	23,333.00	45,426.51
11/02/2018	INV #214 Due 11/02/2018	19,444.26	64,870.77
11/02/2018	INV #215 Due 11/02/2018	8,333.00	73,203.77

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
19,444.11	33,333.33	20,426.33	0.00	0.00	$73,203.77

American Telepsychiatry Associates, LLC

3307 W. 96th St.
Indianapolis, IN 46268

Invoice

Date	Invoice #
9/7/2018	2101

Bill To
North Star Eye-Adult Docs Attn: Sara Hall Lent Associate Vice President-Physician Practic Ivyrne Regional Hospital, IN

P.O No.	Terms	Project

Quantity	Description	Rate	Amount
14	Psychiatric evaluation-Contract Began Aug. 12th for $53,315.53 PLEASE INFORM THE BANKRUPTCY COURT THAT THIS INVOICE NEEDS TO BE INCLUDED ON THE DEBTORS LIST	1,015.82	20,429.48
Thank you for your business.		**Total**	$20,429.48

American Telepsychiatry Associates, LLC

3307 W. 96th St.
Indianapolis, IN 46268

Invoice

Date	Invoice #
[illegible]	[illegible]

Bill To
North Star Unit-Adult Dept.   Attn: Sara [illegible]   Associate Vice President-Physician Practic   Fayette Regional Hospital, IN

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
2	[illegible] Coverage for Sept	[illegible]	[illegible]
	PLEASE INFORM THE BANKRUPTCY COURT THAT THIS INVOICE NEEDS TO BE INCLUDED ON THE DEBTORS LIST		

Thank you for your business.

Total [illegible]

American Telepsychiatry Associates, LLC

3307 W. 96th St.
Indianapolis, IN 46268

Invoice

Date	Invoice #
[illegible]	[illegible]

Bill To
North Star Hospital Attn: Sam Rich Jain Associate Vice President-Physician Practic Fayette Regional Hospital IN

P.O No.	Terms	Project

Quantity	Description	Rate	Amount
1	Psychiatric Coverage for October Coverage for 10 Days PLEASE INFORM THE BANKRUPTCY COURT THAT THIS INVOICE NEEDS TO BE INCLUDED ON THE DEBTORS LIST	[illegible]	[illegible]

Thank you for your business.

Total [illegible]

American Telepsychiatry Associates, LLC
3307 W. 96th St.
Indianapolis, IN 46268

Invoice

Date	Invoice #
11/2/2015	215

Bill To
Seven Star Unit-Adult Detox Attn: Gary West Associate Vice President-Physician Practic Fayette Regional Hospital, IN

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Psychiatric coverage for Assessment Detox Unit for the First Ten Days in the Indiana Bankruptcy Filing PLEASE INFORM THE BANKRUPTCY COURT THAT THIS INVOICE NEEDS TO BE INCLUDED ON THE DEBTORS LIST.	8,333.00	8,333.00
Thank you for your business.		**Total**	$8,333.00