

ADMINISTRATIVE EXPENSE CLAIM FORM

Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.

Name of Creditor (The person or other entity to whom the debtor owes money or property): <p style="font-size: 1.2em; margin-left: 40px;">William Lewis</p>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: <p style="font-size: 1.2em; margin-left: 40px;">9021 College Corner Rd. Greens Fork IN 47345</p> Name and address where payment should be sent (if different): <p style="font-size: 1.2em; margin-left: 40px;">Same</p>	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
Telephone number: <u>765-969-8395</u>	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

Last four digits of account or other number by which creditor identifies debtor:

1. Basis for Administrative Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Personal injury/wrongful death error <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Reimbursement for services paid / MRI paid by creditor</u>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____
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2. Date(s) debt was incurred: <u>date of service 1-17-19</u>	3. If court judgment, date obtained: <u>NA</u>
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 2,186.55

If all or part of your claim is secured, also complete Item 5 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
NA

5. Please identify the property of the Debtor that secures the claim. Description of Property: _____ Basis for Perfection: <u>NA</u> Value of Property: _____	6. Offsets, Credits and Setoffs: <input type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input checked="" type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows: _____
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7. This Administrative Proof of Claim: <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein. <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	8. Assignment <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto. <u>NA</u>
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9. Supporting Documentation:
 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.

Date: <u>6/8/19</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): <p style="font-size: 1.5em; margin-left: 40px;">William M Lewis</p>
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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.

RECEIVED
 JUN 11 2019
 BMC GROUP

Thank you! Your payment was received.

We've sent a confirmation to biobill62@gmail.com.

Payment Summary

Credit card	MasterCard *****1441
Transaction date	03/08/2019 02:29 PM EST
Payment total	\$2630.55

①

Creditor: William Lewis paid for MRI on 3/8/19

Transaction Details

Service Date	Patient Name	Provider Name	Amount
01/17/2019	William Lewis	Physician Physician	\$2630.55
		Total	\$2630.55

Payment made to FRHS Registration
 1941 Virginia Ave
 CONNERSVILLE, IN 47331-2833
 (765) 827-7989

Record number 4382
 Merchant ID 8033124630

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Anthem paid for MRI
after creditor paid on
3/8/19.

Don't worry, this is not a bill.

Hi William - Here's your
Health Care Summary
as of March 30, 2019.

Also called an Explanation of Benefits (EOB), it's a quick and easy way to see the care you and your family got, and who pays what. Plus ways to save money and stay healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-800-345-2460

*****ALL FOR AADC 460
22623 1 AB 0.412
WILLIAM LEWIS
9021 COLLEGE CORNER RD
GREENS FORK IN 47345-9774

We would like our
money reimbursed. \$2,186.55

Helpful resources

Message us

Log in to anthem.com.
Choose support > Message
Center > Compose Message

Call

1-800-345-2460 TTY/TDD: #711
Mon-Fri, 8 a.m. - 6 p.m.

Go online

At anthem.com or use the
Anthem Anywhere app.



Claims summary

Doctor/facility charges:	\$2,964.00
Your discounts:	-333.45
Due to your doctor/facility:	\$2,630.55
Anthem paid:	-2,186.55

Preventive care reminders

For WILLIAM
Diabetes check

*Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. Been to the doctor recently? It may not reflect your most recent services.

What you pay \$443.00

Tips and tools



Want to receive your EOBs by email? It's easy!
Log in to anthem.com. Select the **Profile**, then
Communication Preferences.

Want to save with an urgent care?
If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. To find an urgent care close by log in to anthem.com or the **Anthem Anywhere** app.

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