

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

JUN 12 2019

DMC 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?**

Aya Healthcare, 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?**

Legal Department

Name

5930 Cornerstone Court West, Suite 300

Number Street

San Diego

CA

92121

City

State

ZIP Code

Contact phone 858-605-7037

Contact email legalprocess@ayahealthcare.com

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

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) 51

Filed on 12/03/2018

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? Aya Healthcare, Inc.

**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? \$ 9,782.50 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.  
Healthcare staffing services provided to debtor through invoices attached have not been paid.

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:

☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

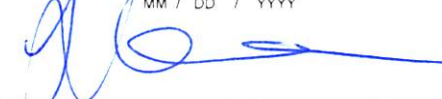
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 06/11/2019  
MM / DD / YYYY

  
Signature

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

Name Lindsay Watson  
First name Middle name Last name

Title Attorney

Company Aya Healthcare, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 5930 Cornerstone Court West, Suite 300  
Number Street  
San Diego CA 92121  
City State ZIP Code

Contact phone 858-605-7037 Email legalprocess@ayahealthcare.com

# AYA Healthcare - Open Balance Report

## FAYETTE REGIONAL HEALTH SYSTEM-BK

Entity	Invoice Date	Invoice Number	Open Balance	Days Aged
FAYETTE REGIONAL HEALTH SYSTEM	09/20/2018	501883	\$2,117.50	68
FAYETTE REGIONAL HEALTH SYSTEM	09/27/2018	504238	\$2,520.00	61
FAYETTE REGIONAL HEALTH SYSTEM	10/11/2018	508485	\$2,520.00	47
FAYETTE REGIONAL HEALTH SYSTEM	10/11/2018	508484	\$2,625.00	47
		Total Billed	\$9,782.50	



5930 Cornerstone Crt W Suite 300,  
San Diego, CA 92121

# Invoice

Invoice #: 501883

Invoice Date: 09/20/2018

TERMS: 30 days

## FAYETTE REGIONAL HEALTH SYSTEM

1941 VIRGINIA AVENUE  
Connersville, IN 47331

Caregiver: [REDACTED] - RN

Specialty	Date	Shift	Lunch	Reg. Hours	OT/HOL Hours	Rate	Gross	Comment
<b>Unit: Behavioral Health 24931</b>								
RN-Behavioral Health	09/10/2018	04:00 PM-04:00 AM	0.00	12.00	0.00	\$70.00	\$840.00	
RN-Behavioral Health	09/11/2018	06:45 PM-01:00 AM	0.00	6.25	0.00	\$70.00	\$437.50	
RN-Behavioral Health	09/13/2018	06:45 PM-07:15 AM	0.50	12.00	0.00	\$70.00	\$840.00	

**Caregiver Total: \$2,117.50**

**Grand Total: \$2,117.50**

<b>Total This Invoice:</b>	<b>\$2,117.50</b>
<b>Pay This Amount:</b>	<b>\$2,117.50</b>

If you have any questions about this invoice, CALL (866) 687-7390,  
EMAIL to [billing@ayahealthcare.com](mailto:billing@ayahealthcare.com)

**Make Checks Payable To:**  
Aya Healthcare Inc  
Dept 3519  
PO Box 123519  
Dallas, TX 75312-3519

## Unit Totals

Behavioral Health 24931	30.25	0.00	\$2,117.50
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**Total Invoice: \$2,117.50**

## THANK YOU FOR YOUR BUSINESS!

In accordance with contract provisions, the billing rates shown above include reimbursement for meals and incidental expenses of \$357.0000. Amounts paid to the above-named Caregiver for meals and incidental expenses were properly substantiated in accordance with Internal Revenue Code ("IRC") § 274(d) and therefore, not treated as compensation. You acknowledge that (i) you may be subject to a 50% deduction limitation for these costs under IRC § 274(n) and (ii) you have been provided with sufficient substantiation of such costs in accordance with IRC § 274(d) in this Invoice.



5930 Cornerstone Crt W Suite 300  
San Diego, CA 92121

# Invoice

Invoice #: 504238

Invoice Date: 09/27/2018

TERMS: 30 Days

**Fayette Regional Health System - Medefis**

**1941 Virginia Avenue  
Connersville, IN 47331**

## Unit: Behavioral Health 18561

Caregiver: [REDACTED] - RN

Specialty	Date	Shift	Lunch	Reg. Hours	OT/HOL Hours	Rate	Gross	Comment
RN-Behavioral Health	09/17/2018	06:45 PM-07:15 AM	0.50	12.00	0.00	\$70.00	\$840.00	
RN-Behavioral Health	09/18/2018	06:45 PM-07:15 AM	0.50	12.00	0.00	\$70.00	\$840.00	
RN-Behavioral Health	09/21/2018	06:45 PM-07:15 AM	0.50	12.00	0.00	\$70.00	\$840.00	

**Unit Total: \$2,520.00**

**Grand Total: \$2,520.00**

<b>Total This Invoice:</b>	<b>\$2,520.00</b>
<b>Pay This Amount:</b>	<b>\$2,520.00</b>

If you have any questions about this invoice, CALL (866) 687-7390,  
EMAIL to [billing@ayahealthcare.com](mailto:billing@ayahealthcare.com)

### Make Checks Payable To:

Aya Healthcare Inc  
Dept 3519  
PO Box 123519  
Dallas, TX 75312-3519

## THANK YOU FOR YOUR BUSINESS!

In accordance with contract provisions, the billing rates shown above include reimbursement for meals and incidental expenses of \$357.0000. Amounts paid to the above-named Caregiver for meals and incidental expenses were properly substantiated in accordance with Internal Revenue Code ("IRC") § 274(d) and therefore, not treated as compensation. You acknowledge that (i) you may be subject to a 50% deduction limitation for these costs under IRC § 274(n) and (ii) you have been provided with sufficient substantiation of such costs in accordance with IRC § 274(d) in this Invoice.



5930 Cornerstone Crt W Suite 300  
San Diego, CA 92121

# Invoice

Invoice #: 508484

Invoice Date: 10/12/2018

TERMS: 30 Days

**Fayette Regional Health System - Medefis**

**1941 Virginia Avenue  
Connersville, IN 47331**

## Unit: Behavioral Health 18561

Caregiver: [REDACTED] - Registered Nurse

Specialty	Date	Shift	Lunch	Reg. Hours	OT/HOL Hours	Rate	Gross	Comment
RN-Behavioral Health	10/03/2018	06:45 PM-07:15 AM	0.00	12.50	0.00	\$70.00	\$875.00	
RN-Behavioral Health	10/04/2018	06:45 PM-07:15 AM	0.00	12.50	0.00	\$70.00	\$875.00	
RN-Behavioral Health	10/05/2018	06:45 PM-07:15 AM	0.00	12.50	0.00	\$70.00	\$875.00	

**Unit Total:** **\$2,625.00**

**Grand Total:** **\$2,625.00**

<b>Total This Invoice:</b>	<b>\$2,625.00</b>
<b>Pay This Amount:</b>	<b>\$2,625.00</b>

If you have any questions about this invoice, CALL (866) 687-7390,  
EMAIL to [billing@ayahealthcare.com](mailto:billing@ayahealthcare.com)

### Make Checks Payable To:

Aya Healthcare Inc  
Dept 3519  
PO Box 123519  
Dallas, TX 75312-3519

## THANK YOU FOR YOUR BUSINESS!

In accordance with contract provisions, the billing rates shown above include reimbursement for meals and incidental expenses of \$357.0000. Amounts paid to the above-named Caregiver for meals and incidental expenses were properly substantiated in accordance with Internal Revenue Code ("IRC") § 274(d) and therefore, not treated as compensation. You acknowledge that (i) you may be subject to a 50% deduction limitation for these costs under IRC § 274(n) and (ii) you have been provided with sufficient substantiation of such costs in accordance with IRC § 274(d) in this Invoice.



5930 Cornerstone Crt W Suite 300  
San Diego, CA 92121

# Invoice

Invoice #: 508485

Invoice Date: 10/11/2018

TERMS: 30 Days

**Fayette Regional Health System - Medefis**

**1941 Virginia Avenue  
Connersville, IN 47331**

## Unit: Behavioral Health 18561

Caregiver: [REDACTED] - Registered Nurse

Specialty	Date	Shift	Lunch	Reg. Hours	OT/HOL Hours	Rate	Gross	Comment
RN-Behavioral Health	10/02/2018	05:45 AM-05:45 PM	0.00	12.00	0.00	\$70.00	\$840.00	
RN-Behavioral Health	10/03/2018	05:45 AM-06:00 PM	0.50	11.75	0.00	\$70.00	\$822.50	
RN-Behavioral Health	10/04/2018	05:45 AM-06:00 PM	0.00	12.25	0.00	\$70.00	\$857.50	

**Unit Total:** **\$2,520.00**

**Grand Total:** **\$2,520.00**

<b>Total This Invoice:</b>	<b>\$2,520.00</b>
<b>Pay This Amount:</b>	<b>\$2,520.00</b>

If you have any questions about this invoice, CALL (866) 687-7390,  
EMAIL to [billing@ayahealthcare.com](mailto:billing@ayahealthcare.com)

### Make Checks Payable To:

Aya Healthcare Inc  
Dept 3519  
PO Box 123519  
Dallas, TX 75312-3519

## THANK YOU FOR YOUR BUSINESS!

In accordance with contract provisions, the billing rates shown above include reimbursement for meals and incidental expenses of \$320.0000. Amounts paid to the above-named Caregiver for meals and incidental expenses were properly substantiated in accordance with Internal Revenue Code ("IRC") § 274(d) and therefore, not treated as compensation. You acknowledge that (i) you may be subject to a 50% deduction limitation for these costs under IRC § 274(n) and (ii) you have been provided with sufficient substantiation of such costs in accordance with IRC § 274(d) in this Invoice.