

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 May 1, 2019 through August 31, 2019 ONLY.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Premier Hospice & Palliative Care

Name and address where notices should be sent:

Premier Hospice & Palliative Care  
2200 6th Ave Suite 1200,  
Seattle, WA 98121

Name and address where payment should be sent (if different):

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.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 206-576-0083

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

TIN 27-1725949

1. Basis for Administrative Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

RECEIVED

SEP 30 2019

BMC GROUP

2. Date(s) debt was incurred: 02/27-02/28/19

3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 1,330.58

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.

5. Please identify the property of the Debtor that secures the claim.

overpayment of patient

Description of Property: service days

Basis for Perfection: \_\_\_\_\_

Value of Property: 1,330.58

6. Offsets, Credits and Setoffs:

All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein

This claim is not subject to any setoff or counterclaim.

This claim is subject to setoff or counterclaim as follows:

7. This Administrative Proof of Claim:

is the first filed proof of claim evidencing the claim asserted herein.

amends/supplements a proof of claim \_\_\_\_\_ filed on \_\_\_\_\_ or \_\_\_\_\_

replaces/suspends a proof of claim filed on \_\_\_\_\_

8. Assignment

If the claimant has obtained this claim by Assignment, a copy is attached hereto.

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.

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):

Date: 09/24/19

Jessica Zurzo

*J. Zurzo*

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.

FMHA POC  
00231

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

IN RE: )  
)  
) Case No. 18-07762-JJG-11  
)  
FAYETTE MEMORIAL HOSPITAL )  
ASSOCIATION, INC. d/b/a FAYETTE )  
REGIONAL HEALTH SYSTEMS, )  
Debtor. )  
)

**NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING  
DURING THE PERIOD BETWEEN MAY 1, 2019 AND AUGUST 31, 2019**

PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the "Bar Date Order") setting **October 18, 2019** (the "Claims Bar Date") as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the "Debtor") that arose during the period between **May 1, 2019 and August 31, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an "Administrative Expense Claim").

Pursuant to 11 U.S.C. § 503, "after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate..."

Any person or entity asserting an Administrative Expense Claim against the Debtor's bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the Administrative Proof of Claim Form attached to this Notice. Proofs of Claim may be filed by sending them to Debtor's Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, so as to be RECEIVED on or before **October 18, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.

YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: September 6, 2019

*s. Wendy D. Brewer*  
Wendy D. Brewer (#22669-49)  
FULTZ MADDON DICKENS PLC  
333 N. Alabama Street, Ste. 350  
Indianapolis, IN 46204  
Tel: (317) 215-6220  
E-Mail: wbrewer@fmdlc.al.com

-and-

Laura M. Brymer (#30989-10)  
FULTZ MADDON DICKENS PLC  
101 S. Fifth Street, Ste. 2700  
Louisville, KY 40202  
Tel: (502) 588-2000  
E-mail: lbrymer@fmdlc.al.com  
*Attorneys for the Debtor*



September 24, 2019

I am submitting this form on behalf of Premier Hospice and Palliative Care due to overpayment of patient GIP service days. Please reference check #10041 for 2,661.16. We paid for 4 days, but we should have only paid for 2 days.

If you need additional information, please call me. I did not include further information due to HIPAA compliance.

Thank you,

Jessica Zuazo  
Staff Accountant  
Abode Healthcare Inc.  
Premier Hospice and Palliative Care  
Hospice of the Miami Valley  
2200 6<sup>th</sup> Ave, Suite 1200  
Seattle, WA 98121  
Phone: 206.576.0083  
Fax: 206.456.6932



Close Window Print

Date	Account Number	Check Number	Amount
04/24/2019	1894698537	10041	2,661.16

<b>Premier Hospice &amp; Palliative</b>		<b>Comerica</b>	
2200 6th Ave Suite 120 Seattle, WA 98121		216 Airport Parkway San Jose, CA 95110	
		90-3752/1211	
<b>Pay</b>			<b>0019041</b>
Two Thousand Six Hundred Sixty One Dollars and 16 Cents			<b>Apr 18, 2019</b>
			<b>DATE</b> <b>CHECK NO</b>
			\$2,661.16
<b>To the Order of: Fayette Regional Health System</b>			
1948 Virginia Ave Connersville, IN 47331			
			<i>Christine Wilson</i>

⑆0010041⑆ ⑆121137522⑆ 1894698537⑆

**WARNING: The security features listed below are included on the Occurrence Notice materials from the Occurrence Industry Guidelines.**

**Security Features**

- Occurrence Notice Form
- Permanent Form
- All Occurrence
- Identification
- Other Features

**Additional Notice Features:**

- This notice must be sent in duplicate
- All notices must be sent by registered mail
- The notice must contain the following information
- Percentage of loss and any replacement options
- Full notice content
- Complete list of benefits and amounts

0019041 0019041  
 APR 18 2019  
 1894698537

**ENDORSE HERE**

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**DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE**  
 APPLICABLE FOR FINANCIAL INSTITUTION