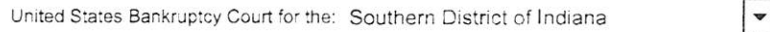
Fill in this information to identify the case:

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
OCT 02 2019
BMC GROUP

Official Form 410

Proof of Claim

12/15

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?

CENTER FOR EAR NOSE THROAT AND ALLERGY
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?

Name: CENTER FOR EAR NOSE THROAT AND ALLE
Number Street: 12188A N MERIDIAN ST, SUITE 375
City: CARMEL State: IN ZIP Code: 46032
Contact phone 317-926-1056 EXT 135
Contact email NCHENG@CENTADOCS.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) ______ 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

00235

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 $2,775* 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 $12,475*) 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 4/01/16 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.

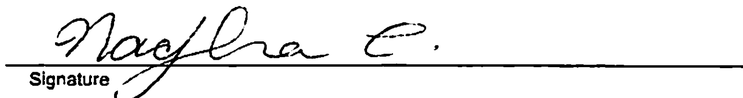
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 09/26/2019
MM / DD / YYYY



Signature

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

Name: NADEZKA (First name) | (Middle name) | CHENG (Last name)

Title: PATIENT ACCOUNTS/MEDICAL BILLER

Company: CENTER FOR EAR NOSE THROAT AND ALLERGY
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 12188A N MERIDIAN ST, SUITE 375 (Number Street)
CARMEL (City) | IN (State) | 46032 (ZIP Code)

Contact phone: 317-926-1056 EXT. 135 | Email: NCHENG@CENTADOCS.COM

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I declare under penalty of perjury that the foregoing is true and correct.

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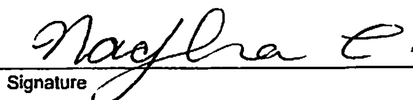

Signature

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Name: NADEZKA (First name) — Middle name — CHENG (Last name)

Title: PATIENT ACCOUNTS/MEDICAL BILLER

Company: CENTER FOR EAR NOSE THROAT AND ALLERGY
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CARMEL (City) IN (State) 46032 (ZIP Code)

Contact phone: 317-926-1056 EXT. 135 Email: NCHENG@CENTADOCS.COM

CENTER FOR EAR, NOSE, THROAT AND ALLERGY

printed 09/26/2019 11:41 AM

CENTER FOR EAR NOSE THROAT
AND ALLERGY PC
PO BOX 19723
BELFAST, ME 04915-4092
billing phone: (317) 926-1056

GUARANTOR NAME AND ADDRESS

REBECCA FISCHESSER
2054 W GLENBROOK DR
CONNERSVILLE, IN 47331-9681

PATIENT #	PATIENT NAME
124677	REBECCA FISCHESSER

DOB	HOME TELEPHONE
08/27/1958	(765) 309-1733

Billing Summary

Claim ID	Procedure	Diagnosis	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 81679											
81679	38724	C021	10/02/2018	10/02/2018	**CHARGE**	38724	SIHO (PPO)	PETER RIGAS	$2,683.00		
								OUTSTANDING	$2,683.00	$0.00	$0.00
81679	41120	C021	10/02/2018	10/02/2018	**CHARGE**	41120	SIHO (PPO)	PETER RIGAS	$2,028.00		
								OUTSTANDING	$2,028.00	$0.00	$0.00
					TOTAL CHARGE OUTSTANDING AS OF 09/26/2019				**$4,711.00**	**$0.00**	**$0.00**