

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762

FILED
U.S. BANKRUPTCY CT.
INDIANAPOLIS DIVISION
2018 OCT 15 PM 1:49
SOUTHERN DISTRICT
OF INDIANA
KEYVIN P. DEMPSEY
CLERK

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?	<u>Baxter Healthcare</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Baxter Healthcare</u> Name <u>1 Baxter Parkway, DF3-2E</u> Number Street <u>Deerfield IL 60015</u> City State ZIP Code Contact phone <u>224-948-1113</u> Contact email <u>creditdept@baxter.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

ENVELOPE NOT PROVIDED
COPIES NOT PROVIDED

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8</u> <u>9</u> <u>1</u> <u>6</u>
7. How much is the claim? \$ <u>9,145.39</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Medical goods</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 10/11/2018
MM / DD / YYYY


Signature

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

Name Neil L. Kozzerowitz
First name Middle name Last name

Title Credit Analyst

Company Baxter Healthcare
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1 Baxter Parkway, DF3-2E
Number Street
Deerfield IL 60015
City State ZIP Code

Contact phone 224-948-1113 Email creditdept@baxter.com

Submitted by Baxter Healthcare

Statement Date: 10/11/18

34148916-Fayette Memorial Hospital Assoc

Invoice Number	Doc Type	SO Doc Type	Invoice Date	Due Date	Open Amount	P.O. #	Order #
11704779	RF		7/28/2018	7/28/2018	\$160.51		
11719482	RF		8/25/2018	8/25/2018	\$8.38		
11738207	RF		9/29/2018	9/29/2018	\$45.76		
Late Fee Total					\$214.65		
60121983	RI	SO	7/24/2018	8/23/2018	\$302.64	118982	66494035
60127727	RI	SO	7/24/2018	8/23/2018	\$1,041.60	180717-FW5M	66430345
60143439	RI	SO	7/25/2018	8/24/2018	\$146.57	118983	66519648
60157130	RI	SO	7/26/2018	8/25/2018	\$127.15	180725-G3BU	66519354
60188085	RI	SO	7/31/2018	8/30/2018	\$180.53	118984	66569121
60190273	RI	SO	7/31/2018	8/30/2018	\$245.77	118984	66569121
60190528	RI	SO	7/31/2018	8/30/2018	\$892.80	180725-G3BU	66519354
60309245	RI	SO	8/8/2018	9/7/2018	\$118.83	118985	66682116
60309362	RI	SO	8/8/2018	9/7/2018	\$738.77	180801-G999	66588925
60413718	RI	SO	8/17/2018	9/16/2018	\$29.21	118988	66761813
60417699	RI	SO	8/17/2018	9/16/2018	\$116.41	118986	66699729
60444316	RI	SO	8/21/2018	9/20/2018	\$79.03	118988	66761813
60505870	RI	SO	8/28/2018	9/27/2018	\$744.00	180823-GTVA	66872713
60671678	RI	SO	9/11/2018	10/11/2018	\$983.47	180904-H3Z7	67035511
60734636	RI	SO	9/18/2018	10/18/2018	\$744.00	180917-HFV3	67165078
60785649	RI	SZ	9/24/2018	10/24/2018	\$974.67	180808-GGB9	67226298
60800708	RI	SO	9/25/2018	10/25/2018	\$41.18	118996	67249930
60905503	RI	SO	10/2/2018	11/1/2018	\$680.11	181002-HU1R	67359296
60908757	RI	SO	10/2/2018	11/1/2018	\$744.00	180926-HOLT	67264685
Trade Invoice Total					\$8,930.74		
Grand Total					\$9,145.39		

Southern District of Indiana Claims Register

18-07762-JJG-11 Fayette Memorial Hospital Association, Inc.

Judge: Jeffrey J. Graham

Chapter: 11

Office: Indianapolis

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (15033147)
Baxter Healthcare
1 Baxter Parkway, DF3-2E
Deerfield, IL 60015

Claim No: 4
Original Filed
Date: 10/15/2018
Original Entered
Date: 10/15/2018

Status:
Filed by: CR
Entered by: Kelley Brown
Modified:

Amount claimed: \$9145.39

History:

[Details](#) [4-1](#) 10/15/2018 Claim #4 filed by Baxter Healthcare, Amount claimed: \$9145.39 (krb)

Description: (4-1) Medical Goods

Remarks:

Claims Register Summary

Case Name: Fayette Memorial Hospital Association, Inc.

Case Number: 18-07762-JJG-11

Chapter: 11

Date Filed: 10/10/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$9145.39
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		