

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s135710

Scheduled Claim Ref # 2-F2 23336

YOUR CLAIM IS SCHEDULED AS

\$75.00 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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 this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Name of Creditor and Address

0354429419896

OCCUPATIONAL HEALTH SERV INC
2200 SW 10 STREET
TOPEKA KS 66604

Creditor Telephone Number **(785) 2348601**

CREDITOR TAX ID #

48-0734130

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **994.97** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **994.97** (total)

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 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 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- Real Estate
- Motor Vehicle
- Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

- Wages, salaries, or commissions (up to \$4,650) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
- Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
- Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO
Bankruptcy Management Corporation
P.O. BOX 900
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT

FILED

AUG 11 2003

BMC

Fleming Companies Claim



03153

DATE SIGNED

8503

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)

Sheryl Morris / Office

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions

Patient Account Ledger

As of August 5, 2003

Entry	Date	POS	Description	Procedure	Document	Provider	Amount
			Ledger Totals			Credit	<u>-1,726 02</u>
						owed	<u>2720 99</u>
							<u>994 97</u>

Patient Account Ledger

As of August 5, 2003

Entry	Date	POS	Description	Procedure	Document	Provider	Amount
FM000022	JOHN GALENTINE			(785)267-8031			
		Last Payment	0 00	On			
16608	5/21/2003			99213	0305210000	JW	66 00
16609	5/21/2003			20550	0305210000	JW	100 00
16610	5/21/2003			97033	0305210000	JW	30 00
16652	5/22/2003			99213	0305220000	JW	66 00
16721	5/27/2003			99213	0305270000	JW	66 00
17487	6/2/2003			99213	0306020000	JW	66 00
17576	6/4/2003			99215	0306040000	JW	175 00
17577	6/4/2003			J1885	0306040000	JW	10 00
17578	6/4/2003			90472	0306040000	JW	7 00
17579	6/4/2003			72074	0306040000	JW	129 00
17636	6/5/2003			99213	0306050000	JW	66 00
17637	6/5/2003			72074	0306050000	JW	129 00
17703	6/9/2003			99213	0306090000	JW	66 00
17870	6/12/2003			99213	0306120000	JW	66 00
Patient Totals							1 042 00
FM000023	ANDREW SWEANY			(785)267-8031			
		Last Payment	0 00	On			
18191	6/25/2003			99203	0306250000	JW	120 00
18192	6/25/2003			A4460	0306250000	JW	5 00
18193	6/25/2003			73630	0306250000	JW	102 00
Patient Totals							227 00
Ledger Totals							2 720 99

OCCUPATIONAL HEALTH SERV AMER

Patient Account Ledger

As of August 5 2003

Entry	Date	POS	Description	Procedure	Document	Provider	Amount
15222	4/22/2003			INSADJ-	0304220000	JW	-19 11
16916	5/2/2003		012703	INSPYMT	0305020000	JW	-50 60
16917	5/2/2003			INSADJ-	0305020000	JW	-15 40
Patient Totals							51 00
FM000018 MARY CHRISTLIEB				(785)267-8031			
Last Payment -50 60				On 6/23/2003			
13725	3/24/2003			99203	0303240000	JW	120 00
13884	3/27/2003			99213	0303270000	JW	66 00
14610	4/3/2003			99213	0304030000	JW	66 00
14871	4/10/2003			99213	0304100000	JW	66 00
14872	4/10/2003			20605	0304100000	JW	200 00
15457	4/15/2003			99213	0304150000	JW	66 00
16188	5/6/2003			99212	0305060000	JW	51 00
18350	6/2/2003		032403	INSPYMT	0306020000	JW	-90 16
18351	6/2/2003			INSADJ-	0306020000	JW	-29 85
18657	6/23/2003		040303-043003	INSPYMT	0306230000	JW	-50 60
18658	6/23/2003			INSADJ-	0306230000	JW	-15 40
Patient Totals							448 99
FM000019 JEFFREY MYRICK				(785)267-8031			
Last Payment 0 00				On			
13840	3/26/2003			99203	0303260000	JW	75 00
Patient Totals							75 00
FM000020 VIRGINIA WALLER				(785)267-8031			
Last Payment 0 00				On			
14844	4/10/2003			99203	0304100000	JW	120 00
14845	4/10/2003			J1885	0304100000	JW	10 00
14846	4/10/2003			A 4460	0304100000	JW	5 00
15454	4/15/2003			99213	0304150000	JW	66 00
15974	4/29/2003			99213	0304290000	JW	66 00
16742	5/27/2003			99212	0305270000	JW	51 00
Patient Totals							318 00
FM000021 CARLA HOLLIS				(785)267-8031			
Last Payment 0 00				On			
15592	4/21/2003			99204	0304210000	JW	124 00
15593	4/21/2003			12004	0304210000	JW	200 00
15594	4/21/2003			90718	0304210000	JW	20 00
15595	4/21/2003			90472	0304210000	JW	7 00
15678	4/23/2003			99213	0304230000	JW	66 00
15939	4/28/2003			99213	0304280000	JW	66 00
16125	5/5/2003			99212	0305050000	JW	51 00
Patient Totals							534 00

OCCUPATIONAL HEALTH SERV AMER

Patient Account Ledger

As of August 5, 2003

Entry	Date	POS	Description	Procedure	Document	Provider	Amount
FM000001 TAMARA EMORY				(785)267-8031			
Last Payment -207 00 On 8/9/2002							
701	6/26/2002			99202	0207230000	JW	50 00
702	6/26/2002			90718	0207230000	JW	20 00
703	6/26/2002			12001	0207230000	JW	130 00
704	6/26/2002			90470	0207230000	JW	7 00
1181	7/9/2002			99211	0207100000	JW	20 00
1656	8/9/2002			INSPYMT	062602	JW	-207 00
Patient Totals							<u>20 00</u>
FM000015 BONNIE NOBLE				(785)267-8031			
Last Payment -321 29 On 3/31/2003							
7140	11/6/2002			99203	0211060000	JW	120 00
7141	11/6/2002			A4570	0211060000	JW	30 00
7142	11/6/2002			12001	0211060000	JW	130 00
7143	11/6/2002			73140	0211060000	JW	75 00
7418	11/13/2002			99213	0211130000	JW	66 00
7673	11/20/2002			99213	0211200000	JW	66 00
8138	11/25/2002			99213	0211250000	JW	66 00
8139	11/25/2002			A9270	0211250000	JW	5 00
8327	12/2/2002			99213	0212020000	JW	66 00
8788	12/16/2002			99213	0212160000	JW	66 00
8789	12/16/2002			10120	0212160000	JW	66 00
9495	12/23/2002			99212	0212230000	JW	51 00
10716	1/14/2003			CHECK	0301140000	JW	-66 00
14306	3/18/2003			INSPYMT	0303180000	JW	-54 85
14307	3/18/2003			INSADJ-	0303180000	JW	-11 15
14388	3/23/2003		120202	INSPYMT	0303230000	JW	-50 60
14389	3/23/2003			INSADJ-	0303230000	JW	-15 40
14399	3/23/2003		122302	INSPYMT	0303230000	JW	-37 49
14400	3/23/2003			INSADJ-	0303230000	JW	-13 51
14473	3/31/2003		121602	INSPYMT	0303310000	JW	-81 91
14474	3/31/2003			INSADJ-	0303310000	JW	-50 09
14475	3/31/2003		1106-111302	INSPYMT	0303310000	JW	-321 29
14476	3/31/2003			INSADJ-	0303310000	JW	-99 71
Patient Totals							<u>5 00</u>
FM000016 THOMAS GARTHEL				(785)267-8031			
Last Payment -50 60 On 5/2/2003							
10459	1/24/2003			99204	0301240000	JW	160 00
10460	1/24/2003			97033	0301240000	JW	30 00
11210	1/27/2003			99213	0301270000	JW	66 00
11311	1/30/2003			99214	0301300000	JW	125 00
11350	1/31/2003			99212	0301310000	JW	51 00
15219	4/22/2003		013003	INSPYMT	0304220000	JW	-76 36
15220	4/22/2003			INSADJ-	0304220000	JW	-48 64
15221	4/22/2003		012403	INSPYMT	0304220000	JW	-170 89