

Fill in this information to identify the case:

Debtor 1 <u>Morgan Administration, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30039</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 3/1/2019
 Jeffrey P. Allsteadt, Clerk

**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?	<u>WILLIAM H RAPP</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?	Where should payments to the creditor be sent? (if different)
	<u>WILLIAM H RAPP</u>	_____
	Name	Name
	<u>563 LINDA LANE LYNWOOD, IL 60411-4693</u>	_____
	Contact phone <u>7089275663</u>	Contact phone _____
Contact email <u>Bilkat2@comcast.net</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>61</u> Filed on <u>01/09/2019</u> 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? _____	

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? \$ 1861.00 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 healthcare information.
 Health services rendered at Specialty Physicians of ILLINOIS, Acct# 27218967

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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 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 3/1/2019
MM / DD / YYYY

/s/ WILLIAM H RAPP

Signature

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

Name WILLIAM H RAPP

First name Middle name Last name

Title _____

Company _____

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 563 LINDA LANE

Number Street
LYNWOOD, 60411

City State ZIP Code

Contact phone 7089275663 Email Bilkat2@comcast.net

Specialty Physicians
of Illinois, LLC

PO BOX 3475
TOLEDO, OHIO 43607-0475
RETURN SERVICE REQUESTED

002903
0101

Please Do Not Mail Payments to Above Address

WILLIAM H RAPP
563 LINDA LN
LYNWOOD, IL 60411-4693



CUSTOMER SERVICE

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ACCOUNT SUMMARY

Detail	Amount
Current Charges:	\$1,816.00
Patient Payments:	\$0.00
Patient Adjustments:	\$0.00
Insurance Payments & Adjustments:	\$0.00
Balance Due from Patient:	\$1,816.00

Please remit payment for the Balance Due. If you are uninsured or have a financial hardship you may qualify for financial assistance or an extended payment plan. Financial assistance applications may be printed from our website at **PAYMENTS.WELLGROUP.ORG** or may be requested by calling customer service.

Thank you for choosing Specialty Physicians of Illinois for your family's healthcare needs.

416977-FRANCINTBI-511627-301400129-P; 1304360-1-49; 30139227-1; 1

657970 (PC2)

PHYSICIAN PATIENT BILL

PATIENT NAME	WILLIAM H RAPP
ACCOUNT NUMBER	27218967
STATEMENT DATE	11/26/2018
ACCOUNT BALANCE	\$1,816.00
GUARANTOR	WILLIAM H RAPP
DATE(S) OF SERVICE	09/20/18 - 09/20/18
PROVIDER	Payne, William K, MD
INSURANCE CARRIER(S)	CIGNA PPO

To Access MyChart visit: www.spimychart.com

The balance due is \$1,816.00

Services Provided	Amount
ARTHROCENTESIS	\$280.00
ASPIR&/INJ MAJOR JT/ BURSA W/O US	
Synvisc or Synvisc-One	\$1,536.00
Total Charges	\$1,816.00

Your physician is employed solely by Specialty Physicians of Illinois, LLC, which purchases its billing services from Franciscan Alliance, Inc.

Specialty Physicians
of Illinois, LLC

Select one of the following payment methods or pay online anytime at **PAYMENTS.WELLGROUP.ORG**. Please make check or money orders payable to the facility above. Note account number on your checks. Credit Card payments will not be processed without completion of the amount paid in the boxes below.

Please show amount you are paying today here. \$

MASTERCARD
 VISA
 DISCOVER
 AMEX

exp. date (MM/YY)

Security Code

cardholder signature _____

Patient Name	WILLIAM H RAPP
Account Number	27218967
Due Date	12/26/2018
Account Balance	\$1,816.00

Please Remit Payments to:

SPECIALTY PHYSICIANS OF ILLINOIS
38132 EAGLE WAY
CHICAGO, IL 60678-1381



000027218967001816000

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:** 01/28/2019
Trustee: **Last Date to file (Govt):** 04/23/2019

<p><i>Creditor:</i> (27432039) WILLIAM H RAPP 563 LINDA LANE LYNWOOD, IL 60411-4693</p>	<p>Claim No: 61 <i>Original Filed</i> Date: 01/09/2019 <i>Original Entered</i> Date: 01/09/2019 <i>Last Amendment</i> Filed: 03/01/2019 <i>Last Amendment</i> Entered: 03/01/2019</p>	<p><i>Status:</i> Filed by: CR Entered by: EPoc ADI Modified: 03/01/2019</p>
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Amount claimed: \$1861.00

History:

- [Details 61-1](#) 01/09/2019 Claim #61 filed by WILLIAM H RAPP, Amount claimed: \$181600.00 (ADI, EPoc)
- [Details 61-2](#) 03/01/2019 Amended Claim #61 filed by WILLIAM H RAPP, Amount claimed: \$1861.00 (ADI, EPoc)

Description:
Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.
Case Number: 18-30039
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$1861.00
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		