

Fill in this information to identify the case:Debtor 1 Morgan Administration, Inc.

Debtor 2 _____

(Spouse, if filing) _____

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30039

FILED

U.S. Bankruptcy Court
Northern District of Illinois

2/17/2019

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>Palos Health</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Diane Loborec</u>
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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Palos Health</u>	_____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>P.O. Box 83239</u> <u>Chicago, IL 60691-0239</u>	Name _____
	Contact phone <u>708-827-2200</u>	Contact phone _____
	Contact email _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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? _____	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____						
7. How much is the claim?	\$ 814.00 <div style="float: right; text-align: right;"> 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). </div>						
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. Unpaid medical bills on health insurance premiums paid by employee but converted by debtor lapsing insurance.						
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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> 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	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.)
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.)						
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)?	<input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 814.00
	<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 2/17/2019
MM / DD / YYYY

/s/ Michael Loborec

Signature

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

Name Michael Loborec

First name Middle name Last name

Title _____

Company _____

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

Address 15332 Stradford Lane

Number Street

Orland Park, IL 60462

City State ZIP Code

Contact phone 708-305-0671 Email mikeloborec@gmail.com

Fax to Colleen regarding Palos Health Account 242871 for Diane Loborec

HOBO Insurance with Cigna/Paradigm

Please let me know if this letter will suffice to put the account on hold until everything is settled in the courts.

My email is dlobo310@comcast.net

(708) 305-0044

Case 18-30039 Claim 126-1 Part 2
PALOS HEALTH
PO BOX 83239
CHICAGO, IL 60691-0239

Payment Information Filed 02/17/19 Desc Attachment 1 Page 2 of 6

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
CARDHOLDER NAME		
CARD #	EXP DATE	
SIGNATURE		
AMOUNT \$814.00	DUE DATE March 01, 2019	AMOUNT ENCLOSED \$

Make checks payable to Palos Hospital

☐ My address or insurance information has changed. I have written the changes on the back of this form.

005216

PAL11B 1235979 621190913

Diane M Loborec
15332 Stradford Ln
Orland Park IL 60462-6741

PALOS HEALTH
PO BOX 83239
CHICAGO, IL 60691-0239



00000000000000002428719118742240000000000814002

Diane M Loborec (Acct # 242871)

Detach this portion and return with your payment

Keep this portion for your records

Palos Health

Diane M Loborec (Acct # 242871)

Statement Date: 01/30/19

Payments Received Since Last Statement	\$-60.00
Previous Balance	\$231.00
+ New Charges	\$643.00
- Insurance Payments/Adjustments	\$0.00
- Patient Payments/Adjustments	\$-60.00
New Balance	\$814.00
Thank you for choosing Palos for your health care services. This balance was determined after your insurance carrier (if any) made all applicable payments and all required adjustments (if any) were posted to your account. We are pleased to offer you a 10% discount if your entire balance is paid within 30 days of the date of this statement. Payments received or charges incurred after the date of this statement will be reflected on your next statement. If financial assistance is needed, please contact Customer Service at 708-827-2200 or 866-395-4723.	

My Chart. Manage your health online and pay your bill at mychart.paloshealth.com

MyChart questions? Please e-mail us at mychart@paloshealth.com

Pay Over the Phone at 708-827-2200 or 866-395-4723
Monday-Friday, 8:30am - 4:00pm

Pay Online at paloshealth.com

Billing Questions? Please call us at 708-827-2200 or 866-395-4723, Monday-Friday, 8:30am - 4:00pm

Financial Assistance. Please tell us if you cannot pay your bill in full and let us help you. Our Financial Assistance Policy, its summary, and application are available at PalosHealth.com/financial-assistance.

Monthly payment plans and other financial assistance programs are available for patients that meet certain financial criteria.

➡ **Please See Reverse Side for Account Detail**

HAS YOUR ADDRESS OR INSURANCE INFORMATION CHANGED?

If you have new health insurance information or a new address, please enter information below.

Address Change

RESPONSIBLE PARTY NAME	TELEPHONE NUMBER #1		
ADDRESS	CITY	STATE	ZIP

Insurance Update

POLICYHOLDER NAME	INSURANCE COMPANY NAME		
POLICYHOLDER GROUP & IDENTIFICATION NUMBER(S)	CLAIM MAILING ADDRESS		
POLICYHOLDER DATE OF BIRTH	CITY	STATE	ZIP
POLICYHOLDER'S RELATIONSHIP TO PATIENT	COVERAGE EFFECTIVE DATE		

Professional Services - Palos Medical Group
Nadia Siddiqui, MD
Loborec, Diane M

Visit #12254658

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
09/18/2018	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$44.00			
09/18/2018	TDAP VACCINE 7 YRS/> IM	\$96.00			
09/18/2018	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$271.00			
	CIGNA Payments and Adjustments		\$0.00		
	Patient Payments			\$20.00	
	Totals	\$411.00	\$0.00	\$20.00	\$391.00
	Your Responsibility				\$391.00

Professional Services - Palos Medical Group
James Geiger Jr., DPM
Loborec, Diane M

Visit #12321860

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
10/25/2018	OFFICE OUTPATIENT NEW 30 MINUTES	\$232.00			
	CIGNA Payments and Adjustments		\$0.00		
	Patient Payments			\$20.00	
	Totals	\$232.00	\$0.00	\$20.00	\$212.00
	Your Responsibility				\$212.00

Professional Services - Palos Medical Group
Jennifer Beth Zander, MD
Loborec, Diane M

Visit #12328299

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
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005216

CIGNA Payments and Adjustments				
Patient Payments			\$20.00	
Totals	\$231.00	\$0.00	\$20.00	\$211.00
Your Responsibility				\$211.00

Totals	\$874.00	\$0.00	\$60.00	\$814.00
<u>Balance Due</u>				<u>\$814.00</u>

* indicates the account is on a payment plan

**Sugar Felsenthal
Graiss & Helsinger LLP**

Jonathan Friedland
Phone: (312) 704-9400
Email: jfriedland@sfgi.com

30 N. LaSalle St., Ste. 3000
Chicago, Illinois 60602
Office: (312) 704-9400
Fax: (312) 372-7951

www.SFGH.com

Via U.S. Mail

February 4, 2019

Dear Former HOB0 Employees:

Some of you have reached out to us previously, and we have responded to individual questions as best we can and will continue to do so.

Please understand, however, that we do not represent any employee(s); nor do we represent the owners or management of HOB0 or any other single party – our duty is to HOB0's entire bankruptcy "estate." This prevents us from providing legal advice to any single employee or other creditor.

We recognize that the bankruptcy cases have moved quickly, and some people may have been (and may continue to be) confused about their rights. Recent news coverage, which we think was misleading in several respects, has led to more questions.

This letter should provide some clarity and comfort.

We are working to resolve issues arising with coverage under the CIGNA/Paradigm health care plan that was in effect from November 1, 2017 to October 31, 2018. The coverage issues arose as a result of disagreements between HOB0 and Paradigm, limitations on payments placed on the Debtors by the Bankruptcy Code, and certain restrictions in the HOB0's use of cash as a result of orders entered early in the cases related to the liquidation of the HOB0's assets.

The recent news coverage about HOB0's insurance issues simply does not fairly represent the background or complexity of these issues, or the intricacies of corporate and bankruptcy law, and we are not aware at this time of any evidence of any wrongful conduct by any officer, director, or owner of HOB0. Simply stated, we think the news coverage was careless in making some of the bald statements and innuendos it made.

We remain in discussions with Paradigm regarding administration of the open claims for the terminated plan. More importantly, now that the liquidation of the Debtors' assets has concluded, *we are pleased to report that we believe it is likely that there will be sufficient funds to pay in full medical claims that have been or will be processed under the CIGNA/Paradigm health care plan.*

SFGH

**Sugar Felsenthal
Graiss & Helsinger LLP**

Page 2

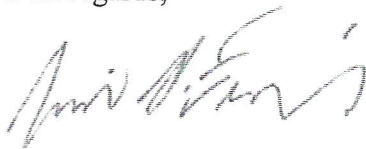
We expect to have a resolution shortly. If you would like to receive notices on this issue by email as well as first class mail, please go to <https://hobo.creditorinfo.com>, complete your information on the "Inquiries" tab, and include the inquiry message "Keep me informed about health insurance claims."

The Bankruptcy Court previously set a general claims bar date of January 28, 2019, and you should have received notice of that deadline. However, to assure that former HOB0 employees can assert health insurance claims against the Debtors, we will be seeking court approval very soon to set a supplemental bar date for employees to file claims related to the CIGNA/Paradigm health care plan.

Once that date is approved, you will be receiving a notice of the new deadline with instructions on preparing and filing such claims. Please be on the lookout for this notice; we believe we will be able to send it to you in about 30 days.

We recognize that HOB0's demise has created hardship for many of you and are working to minimize that hardship to the extent that we can within the structure imposed by the Bankruptcy Code.

Best regards,



Jonathan Friedland
Sugar Felsenthal Graiss & Helsinger LLP
Chapter 11 Counsel to HOB0

(CLAIMS
TOL) → Read all
Proof of Claim

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

Creditor: (27558838)

Claim No: 126

Status:

Palos Health

Original Filed

Filed by: CR

P.O. Box 83239

Date: 02/17/2019

Entered by: EPoc ADI

Chicago, IL 60691-0239

Original Entered

Modified:

Date: 02/17/2019

Amount claimed: \$814.00

Priority claimed: \$814.00

History:

[Details](#) [126-](#) 02/17/2019 Claim #126 filed by Palos Health, Amount claimed: \$814.00 (ADI, EPoc)
[1](#)

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*	\$814.00
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	\$814.00	
Administrative		