

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

4/3/2019

Jeffrey P. Allsteadt, Clerk

**Official Form 410
Proof of Claim**

04/19

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?	MICHAEL LOBOREC	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Diane Loborec, Heart Care Centers of IL, Palos Health, Primary Health
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)
	MICHAEL LOBOREC	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 15332 STRADFORD LANE ORLAND PARK, IL 60462	Name
	Contact phone <u>708-305-0671</u>	Contact phone _____
	Contact email <u>mikeloborec@gmail.com</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 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?	\$ <u>326.00</u> <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 from Eye Was Framed on health insurance premiums paid by employee _____						
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>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ 326.00</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies \$ _____</p>	Amount entitled to priority
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* Amounts are subject to adjustment on 4/1/22 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 4/3/2019
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 _____

Address 15332 Stradford Lane

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

Number 15332 Street Stradford Lane

City Orland Park, IL State IL ZIP Code 60462

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

Eye Was Framed
11319 W. 143rd Street
Orland Park, IL 60467-7221
708-460-2020

Statement of Charges and Payments

To: Michael Loborec
 15332 Stradford Lane
 Orland Park, IL 60462

Fee Slip Number: 45510
 Date Printed: 03/25/2019
 Provider: Dawn M Tuminello
 Office Phone: 708-460-2020
 License: 046-008835
 NPI Number: 1851469456
 TPA Number: 046008835
 Patient: 2049 Diane Loborec
 Chart #:
 Home Phone:
 Next Appt: 09/16/2019 6:00:00 PM
 Date of Birth: 03/10/1956

Date of Service	Ord #	SKU #	Qty Description	CPT	Diagnosis	Amount	Patient Balance
09/10/2018	0		1 Level IV, Exam Detailed, EP Billed Cigna	99214	E11.9	144.00 (144.00)	
09/10/2018	0		1 Refraction	92015	E11.9	32.00	
09/10/2018	0		1 Retinal Exam W/Drawing, Initial Billed Cigna	92225	E11.9	40.00 (40.00)	
09/10/2018	0		1 Retinal Exam W/Drawing, Initial Billed Cigna	92225	E11.9	40.00 (40.00)	
09/10/2018	0		1 Fundus photo w/ interpretation Billed Cigna	92250	E11.9	102.00 (102.00)	
09/10/2018	32312	788678071149	1 AK5069	V2020		189.00	
09/10/2018			Insurance Mandated Discount			(37.80)	
09/10/2018	32312		1 Varilux Comfort Billed Spectera/Optumhealth	V2303		157.50 (90.00)	
09/10/2018	32312		1 Varilux Comfort Billed Spectera/Optumhealth	V2303		157.50 (90.00)	
09/10/2018	32312		1 AR Crizal Sapphire 360 + UV Billed Spectera/Optumhealth	V2750		175.00 (85.00)	
09/10/2018	32312		1 UV Coating Billed Spectera/Optumhealth	V2755		40.00 (24.00)	
09/10/2018	32312		1 Transitions Grey MF Billed Spectera/Optumhealth	V2702		170.00 (103.00)	
09/10/2018	32312		1 Hi-Index 1.67 MF Billed Spectera/Optumhealth	V2702		205.00 (142.00)	

Total Charges (Pat. Total + Ins. Total)= 1,437.96

Total of Discounts & Packages (37.80)

NOTE: Billed to Insurance: \$860.00 plus Sales Tax of 0.00 = \$860.00

Thank you for your confidence and trust. All Cancellations are subject to restocking charges.

Total Due	326.00	Patient #	2049	Statement Date	03/25/2019
Amount Enclosed		Check #		Patient	Diane Loborec
		Chart #			

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 Chart #:
 Home Phone:
 Next Appt: 09/16/2019 6:00:00 PM
 Date of Birth: 03/10/1956

Date of Service	Ord #	SKU #	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
				Sales Tax			23.76	
				Transfer from Insurance to Patient / ADJ- Cigna			144.00	
				Transfer from Insurance to Patient / ADJ- Cigna			40.00	
				Transfer from Insurance to Patient / ADJ- Cigna			40.00	
				Transfer from Insurance to Patient / ADJ- Cigna			102.00	
				Total Current Charges			903.96	
09/10/2018				Payment Applied by Discover at Eye Was Framed			(577.96)	
				Total Payments			(577.96)	
				Balance Due				326.00
				Other Open Items				0.00
				Please Pay this Amount				326.00

Total Charges (Pat. Total + Ins. Total)= 1,437.96

Total of Discounts & Packages (37.80)

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 Orland Park, IL 60462

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: (27199452)

Claim No: 133

Status:

MICHAEL LOBOREC

Original Filed

Filed by: CR

15332 STRADFORD LANE

Date: 04/03/2019

Entered by: EPoc ADI

ORLAND PARK, IL

Original Entered

Modified:

60462

Date: 04/03/2019

Amount claimed: \$326.00

Priority claimed: \$326.00

History:

[Details](#) [133-](#) 04/03/2019 Claim #133 filed by MICHAEL LOBOREC, Amount claimed: \$326.00 (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*	\$326.00
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	\$326.00	
Administrative		