

**Fill in this information to identify the case:**

Debtor 1 Hillcrest Enterprises, LLC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30047

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 FEB 04 2019

**JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA**

**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? Physicians Immediate Care - Chicago  
 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?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Physicians Immediate Care - Chicago</u> Name <u>PO Box 8799</u> Number Street <u>Carol Stream, IL 60197</u> City State ZIP Code Contact phone <u>615-741-4300</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____

4. Does this claim amend one already filed?  
 No  
 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?  
 No  
 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? \$ 1022.00 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 health care information.  
Medical Services

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)?  No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<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 4/01/19 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 1/20/2019  
MM / DD / YYYY

Jessica Lynn Lipe  
Signature

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

Name Jessica Lynn Lipe  
First name Middle name Last name

Title \_\_\_\_\_  
Company Physicians Immediate Care - Chicago  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 8799  
Number Street

Carol Stream, IL 60197  
City State ZIP Code

Contact phone 815-741-4300 Email \_\_\_\_\_



Thank you for choosing Physicians Immediate Care - Chicago for your health care needs.

Statement date: 12/19/2018  
Account Number: 1121628  
Responsible Party: JESSICA LIPE  
Due Date: 01/03/2019

### REQUEST FOR PAYMENT

#### Account Summary (All Accounts)

Total Charges	\$ 652.00
Insurance Payments / Adjustments	\$ 0.00
Patient Payments	- \$ 30.00
Insurance Pending	\$ 0.00

**AMOUNT YOU OWE \$ 622.00**

Your prompt payment is appreciated.

#### Important Message

The balance provided is your responsibility. Please remit payment promptly. If you have insurance that we have not yet billed, please provide us with your information.

Thank you for your attention to this matter.

#### Payment and Other Information



To pay online, visit [physiciansimmediatecare.com/pay-online/](http://physiciansimmediatecare.com/pay-online/)



Payment methods include mail, online and over the phone.



If you need to speak with Patient Services, please call 855-631-4563, M-F 8:00 AM - 6:00 PM EST.

Physicians Immediate Care  
- Chicago  
PO Box 8799  
Carol Stream, IL  
60197-8799

#### Pay By Mail

Account #: 1121628

Amount Due	Due Date	Amount Paid
\$ 622.00	01/03/2019	\$



Pay by credit card online at [physiciansimmediatecare.com/pay-online/](http://physiciansimmediatecare.com/pay-online/)

Physicians Immediate Care - Chicago  
PO Box 8799  
Carol Stream, IL 60197-8799

004528  
PRA002 1187604 604194122  
JESSICA LIPE  
1706 BURRY CIRCLE DR  
CREST HILL, IL 60403-2012





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Carol Stream, IL  
60197-8799

Make checks payable to Physicians Immediate Care - Chicago.

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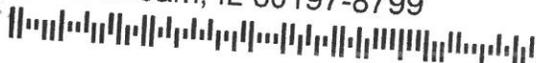
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1706 BURRY CIRCLE DR  
CREST HILL, IL 60403-2012



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PO Box 8799  
Carol Stream, IL 60197-8799



# Northern District of Illinois Claims Register

[18-30047 Hillcrest Enterprises LLC](#)

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Eastern Division                      **Last Date to file claims:**  
**Trustee:**    **Last Date to file (Govt):**

<i>Creditor:</i> (27213469) PHYSICIANS IMMEDIATE CARE- CHICAGO BILLING DEPARTMENT PO BOX 8799 CAROL STREAM, IL 60197	<b>Claim No: 45</b> <i>Original Filed Date:</i> 02/04/2019 <i>Original Entered Date:</i> 02/04/2019	<i>Status:</i> Filed by: CR Entered by: Kevin Lyons Modified:
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Amount claimed: \$622.00

*History:*

[Details](#) [45-1](#) 02/04/2019 Claim #45 filed by PHYSICIANS IMMEDIATE CARE-CHICAGO, Amount claimed: \$622.00 (Lyons, Kevin)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Hillcrest Enterprises LLC  
**Case Number:** 18-30047  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$622.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		